Improving patient wellbeing through dressing choice: Webcast questions and answers

Introduction
The following questions have been selected from those submitted during the webcast, Improving patient wellbeing through dressing choice, which was introduced by Professor Keith Harding CBE and featured presentations from Trudie Young and Tarnia Harrison.

The webcast is available to watch in English. Accompanying slides in French, German, Portuguese, Spanish and Italian are available to download courtesy of Smith and Nephew, supporter of the webcast.

Question: For which group of patients has the moodometer been found to be most useful? Elaine, Christchurch, UK

The moodometer is a new tool that has only recently been introduced. Although clinicians in the UK are using the tool, there is no specific data as of yet regarding its effectiveness for use in specific patient groups. The tool was designed so as to be suitable for a wide patient population, including for patients with literacy issues. Similar tool designs have been used effectively in patients with cognitive impairment and in the paediatric population. We look forward to receiving feedback from patients and clinicians about their experiences when using the moodometer.

Question: When should I ask a patient about their wellbeing? Jo, Brisbane, Australia

Questions should be asked as part of the initial assessment and then should form part of the ongoing evaluation of care.

Question: Trudie, what was the success of the patient diaries pilot study and what lessons were learned? Have you evaluated any alternatives for patients not suited to this format, eg those with language issues or disabilities? Anon, UK
As with the moodometer, it is early days for the diaries. It is important to build on the successful use of diaries in other areas, such as for pain assessment and management. The pilot study was conducted with healthcare teams and feedback focused on the language used within the tools. It was assessed as being too technical and, thus, not attractive to the general population. Therefore, the language has been amended, with ‘plain english’ used instead. As for the format, the clinician and the patient may choose to use every aspect of the diary or to slowly build up to using the complete document. The section containing the diagnosis of the wound type gives the clinician and patient a starting point for dialogue and offers potential for health education and health promotion. If used alongside the moodometer, the diary can be valuable for patients who have communication difficulties.

**Question: How can we build good relationships with patients in short appointment slots?** Anon

I would ask the patient what is was that most concerned them about their wound and what it was I could do to help. They would then feel involved within the process and a therapeutic relationship based on trust would start to develop. We would still need to establish what mattered to them as a patient, as this forms the basis of their treatment plan.

**Question: What type of bed would you recommended for a debilitated patient with a bed sore, say a sacral sore? Let us say that he is recovering from cardiac surgery but is weak and unable to get up from bed on his own or turn himself in the bed and requires assistance.** Satish Kumar, India.

As always, the choice of intervention will be influenced by local availability. The best possible bed you can access should be chosen for the case you outline.

**Question: What is the composition of ALLEVYN™ Life? Is it a silicone material?** Sheila Palermo, Melbourne, Australia

ALLEVYN™ Life (Smith & Nephew) is made up of five layers — a silicone wound contact layer, a hydrocellular foam layer, a hyperabsorbent core, a masking layer and a top film.

**Question: Is the Wellbeing Consensus document available in Portuguese?** Anon

At present it is available in French, French-Canadian, Japanese and German

**Question: Are there any studies on outcomes and wellbeing?** Anon
At the moment there are no specific studies on outcomes and wellbeing, this may be because, until now, we did not have access to tools that specifically measured wellbeing. Validation of these tools will be an important part of the process to facilitate the development of wellbeing studies. However, studies that examine concordance may well provide insight into wellbeing from a different perspective.

**Question:** Clearly Tania is an experienced and skilled nurse who is an expert in optimising wellbeing in patients. What advice would you give to the over-worked, less experienced clinician? How can we ensure more patients get this standard of care? Anon, UK

Experience has shown me that spending a few extra minutes on the initial consultation will mean the patient feels well cared for and gets the right treatment. This, in turn, means they are less likely to need as many future visits. Spending time initially to gain time in the future will protect the wellbeing of both the patient and the clinician.

**Question:** Do you offload pressure in sacral pressure injuries as well as offloading in people with diabetes and foot ulcers? Monika, Australia

Yes, indeed we do. It is essential to ensure offloading with any pressure-related injury.

**Question:** Are there any guidelines available for dressing selection? Dr Sushma, India

Wounds International offers lots of resources on appropriate dressing selection as well as advice on different types of wound dressings and devices, especially the Made Easy series and clinical guidelines.

*Please visit: www.woundsinternational.com. All resources are free to download.*

**Question:** Are there concerns about the time it takes to implement these guidelines and get through the workload? Rob Nelson, New Zealand

This is a concern felt by other clinicians and I have looked at this in my own clinical practice. I work in a GP surgery as a family physician and have 10 minutes per patient consultation. The issue for me has been integrating wellbeing into all aspects of patient dialogue so it does not become an additional thing to implement. The diary and moodometer are things the patients can take away and read and then discuss at subsequent consultations. I tend to find the dialogue regarding wellbeing is something we do intuitively with patients and the guidelines give a more systematic framework for taking this forward.

**Question:** How long can ALLEVYN™ Life stay on? Sheila, Melbourne, Australia
It would depend on the levels of exudate and whether the wound was infected, but it can generally stay in place for up to seven days.

**Question: What makes ALLEVYN™ Life different from the other products in the range?** Anon

ALLEVYN™ Life has a masking layer which hides the exudate and a hyperabsorbent lock-away core.

**Question: Would you recommend ALLEVYN™ Life for burns? What type of wounds is it most suitable for?** Nina, Melbourne

ALLEVYN™ Life is indicated for first- and second-degree burns. Please follow local clinical protocols.

**Question: You mentioned that ALLEYVN™ Life was antimicrobial. What properties does it contain other than the layers you mentioned to provide this antimicrobial action?** Anon, Queensland, Australia

An antimicrobial dressing was needed and the ALLEVYN™ life was then used as a secondary dressing.

**Question: Usually when using a dressing has a silicone interface, the advice is to not use a skin barrier as this prevents adhesion. Is this not the case with ALLEVYN™ Life?** C, Melbourne, Australia

In my experience with the particular patient, I used the spray barrier cream and it did not appear to interfere with the ability of the dressing to adhere. However, some barrier film products that are water soluble can present issues with dressing adhesion.

**Question: Are there specially designed footwear or insoles for diabetic/tropic ulcers?** Dr Sushma, India

Specially designed offloading footwear is available; in our hospital we have them made to order by the orthotic department. When special offloading footwear is not available locally, some healthcare professionals recommend using more common types of footwear to take the pressure off the wound, for example trainers. The choice depends on what is available locally.

*Further information on the diabetic foot and offloading footwear can be found at www.woundsinternational.com and www.wounds-uk.com.*
**Question: Is a silver-based dressing best for burns?** Helen Murphy, Victoria, Australia

Antimicrobial dressings are an important part of managing burn wounds. Silver-based dressings are often used in this situation.

**Question: Are there any other good products that can absorb high exudate amounts?** Nitika Talwar, Melbourne, Australia

Yes, clinicians need to determine the reasons behind dressing selection and the absorption of high exudate levels provides a common clinical challenge.

**Question: If one is unable to see strikethrough with ALLEVYN™ Life, how should you assess when to change the dressing?** Emma, Johannesburg, South Africa

The visual mask softens the visibility of exudate strikethrough but generally is still visible upon inspection. The indicator feature means that, once the exudate has reached the outer pad area below the masking layer, it is time to change the dressing. However, in some cases this might not occur due to reduced exudate levels. Thus, local clinical protocols must be followed at all times.

**Question: Are there any contraindications to using ALLEVYN™ Life?** Denise Wilson, UK

There are no specific contraindications but full details about how to use the product are provided in the information leaflet.

*Information is also available on the website www.allevynlife.com and an app that can be downloaded from there.*

**Question: What would be the best option of dressing a wound between the buttocks? Is a dressing necessary?** John, New Zealand

As with all wounds, the diagnosis and identification of the cause should be the starting point. Linear breaks in the skin between the buttocks may be classed as a moisture lesion, therefore assessment and treatment of continence issues could be important. It can be difficult to keep a dressing in place in the area you mention and often adhesive dressings are better able to protect from urine and faeces if the patient is incontinent. The exudate levels will influence the dressing choice as well as the need to debride non-viable tissue. Barrier films have a role in this type of wound. Also, if necessary, remember pressure relief if appropriate.
Question: Are you recommending ALLEVYN™ Life for all wounds or only those wounds that are not, or no longer, infected? Lynn, Port Macquarie, Australia

ALLYVEN Life can be used for either infected or non-infected wounds but there is no one dressing that covers the needs of all wounds. Thus, it is necessary to establish the individual needs of the patient. Wounds should be treated subject to local clinical protocol, which for infected wounds may include the use of topical antimicrobials and/or systemic antibiotics.

Question: Does the new quadralobe shape and wider border help with dressing security? Mary, New Zealand

I certainly had no problems with the retention of the dressing during the time I was evaluating it; it stayed in place very well.

Question: I like the concept of the wound diary. I see it as a vital part of providing holistic care, which gives the patient greater control and involvement. Where would I obtain this tool? Jackie Masciantonio, Melbourne, Australia

There is an example of a wellbeing diary and how to use it in the International Consensus Document available at www.woundsinternational.com. The diary featured in this webcast will shortly be available online at www.wellbeingwithawound.com

Question: Tarnia, did you find with Mr J that the antimicrobial gel leaked out or was it just absorbed by dressing? Julie, Ireland

The gel was quite viscous and so did not leak.

Question: What are the most common bacterial infections in Category 3/4 pressure ulcers? Bianca, Italy

Deep pressure ulcers usually contain a mixture of Gram positive, Gram negative and anaerobic organisms.

Question: Where are the majority of your patients seen for wound care in the UK? Wound patients form a high percentage of patients treated by rural District Nurses in South Island, New Zealand. Jackie, New Zealand

We can echo that, as the majority of people with wounds are cared for in their homes by our district nurses. They may be supported by a tissue viability nurse, however, not all tissue viability nurses work in the community setting so there is not equity of support for all patients. We do have leg ulcer clinics and complex wound clinics along
with Lindsay Leg Clubs (www.legclub.org) that provide leg ulcer advice and care in a non medical environment. There are Lindsay Leg Clubs in Australia.

**Question:** Can you please give details regarding how you carry out a wound measurement? Anon, India

We photograph the wound and then use the longest length and width, and then measure the depth to the deepest point. We measure the size of the wound at every consultation to monitor the ongoing changes. Monitoring a wound also includes the measuring the levels of exudate, odour and periwound health.

**Question:** Is ALLEVYN™ Life completely occlusive? Lynn, Port Macquarie, Australia

Allevyn™ Life is a semi occlusive range of silicone adhesive dressings that are designed along with other aspects to manage exudate. This is helped by the range being silicone adhesive, the dressing has a high moisture vapour transmission rate that allows the fluid to evaporate from the dressing while providing an antimicrobial barrier.

**Question:** I would like to know what absorbent antimicrobial dressings were used. Tony Muller, South Africa

We have a number of antimicrobial dressings available on our formulary so we would have used the one most appropriate to the patient; product choice should always be tailored to individual need.

**Question:** What should I do if I have a diabetic patient with a wound and fractures? Ibrahimsalah, Qatar

For diabetic patients, if there is a fracture also present then this is a complex case that will require the involvement of a multi-professional team.

**Question:** What is the best way to assess the wellbeing of patients with dementia or those who are unable to communicate well? Emma, UK

A sense of wellbeing is something perceived by the individual. A full assessment of wellbeing therefore requires the individual to self report and so the ability of a healthcare professional to assess wellbeing will be hampered if there are difficulties in communication. Even so, a comprehensive clinical assessment and awareness of the four domains of wellbeing (physical, mental, social and spiritual/cultural), as defined in the Wellbeing Consensus Document, should provide insight and guide interactions that endeavour to optimise wellbeing. Self reporting is the mainstay of assessment of pain, but observational tools are used when individuals are unable to communicate
the quantity and quality of their pain. Therefore, if patients cannot self report wellbeing, it is the responsibility of the healthcare practitioner to monitor the patient’s demeanour and behaviour, and to act to manage anything identified as negatively influencing wellbeing. The family of the patient may provide an important measure of whether any observations made are normal or abnormal for the patient.

Further information on this specific area of wellbeing can be found on the Wounds International website at www.woundsinternational.com. Search ‘Guest Lecture’.

**Question:** Why is wellbeing important for concordance? Anon

Concordance is mentioned frequently in the International Consensus Document, and the section that discusses the five-point action plans for clinicians, patients, organisations and industry recognises the need to involve patients and offer genuine choice in their treatment options. Patients are encouraged to take an active role in decisions relating to their wound management plan. Patients can expect to be asked about their wellbeing and to prioritise their concerns. If these recommendations are integrated into clinical practice it is hoped that concordance will follow, as issues surrounding wellbeing will be addressed.

**Question:** What protective periwound barrier do you use? Is there a particular company/brand I could be directed to? We have foams and gels, but not sprays. Rubie, Sydney, Australia

I used a well-known non-sting barrier spray which is on our formulary.

The website www.woundsinternational.com carries free information on all aspects of wound care, including barrier preparations to protect the skin, and this will point you onwards.

**Question:** The patient wellbeing moodometer in the diary is different to the moodometer mentioned previously in the webinar. Is this intentional? Jane Van Horne, Campbellton, Canada

The moodometer was developed separately from the one in the diary and although the facial pictures are the same, the feedback from the diary pilot suggested a switch in the numerical ordering. However, this should not hinder the use of either tool.

**Question:** I am a private podiatrist mainly concentrating on elderly footcare. I have great problems when trying to refer patients to district nurses or GPs for wound dressing and find I often have to go down several routes before I get
the required outcome. Is there any advice you can give a private practitioner to make this process easier and more efficient? Elderly patients often get ignored. Andrea Hunt, South Manchester, UK

I think the key is to build relationships with the teams in question — ask to have a chat with the district nursing team, for example. Ask them for support and enquire as to the best way for them to receive a referral from you.

Question: What do you use for perinatal/sacral ulcers due to faecal incontinence in bedridden geriatric patients? Eleanor Letran, Philippines

The selection would need to be based on an individual assessment of patient needs. We use a variety of different products depending on the type of stool.

Question: Where can I find the trigger questions? Anon

There are the five trigger questions:
1. Has your wound improved or got worse? Please describe. If new, how did it happen?
2. Has your wound stopped you from doing things in the last week? If so, what?
3. What causes you the most disturbance/distress and when does this occur?
4. Do you have anyone to help you cope with your wound?
5. What would help to ease/improve your daily experience of living with a wound?

The questions are on page 8 of the consensus document which can be accessed free of charge from www.woundsinternational.com

Question: In all the case studies, ALLEVYN™ Life was used as the dressing of choice for the wounds. Is there an advantage to using this dressing on a wider range of wounds? Jack Smith, Australia

Dressing use depends on wound and patient assessment, and what you are trying to achieve. ALLEVYN™ Life can be used on a wide range of wounds (instructions for use can be found at www.allevynlife.com or the mobile app available there), but it is an individual choice driven by presenting factors. Things to consider would be level of mobility, exudate, infection, wound site and lifestyle choices.

Question: I work in a cancer hospital and some of the patients have chronic wounds. Sometimes it is challenging to manage the malodour and exudate, and to continue treatment at home. Also, the dressings are expensive and some health centres do not stock them. Miguel Oliveira, Porto, Portugal

Palliative care patients with wounds are very challenging to manage and I congratulate you for trying to keep them comfortable at home. ALLEVYN™ Life has the ability to manage high levels of exudate and contributes to odour management. I found it more
successful than other dressings I have tried to date. Where a dressing is conformable and manages exudate well, the cost may be less in the long term. It might be worth putting together a business case for this dressing’s use and trying to get the teams at the health centres on board.

**Question: What should nurses do if the patient will not cooperate?** Liz, UK

I think the nurse should work with the patient and explore what their issues are, they may not understand everything about their wound care, it may not fit with their way of life or it may just be that they feel they have lost control of what is happening to them. You need to go back and start by building a therapeutic relationship with your patient.

**Question: What was the name of the website that had free, downloadable resources?** Peruth, Canada

There are free resources on the following websites: [www.wellbeingwithawound.com](http://www.wellbeingwithawound.com) [www.woundsinternational.com](http://www.woundsinternational.com)

**Question: Do you have specific suggestions for pediatric patients and on involving families?** Julie Lin, Texas, USA

The page in the wellbeing diary that mentions the different facets of wellbeing which include social activities, pain, security, bathing, family, clothing choice, dressing body image, work, sleep, nutrition and confidence could be explored with children and young people to establish what wellbeing means for them. Patients’ families could take a lead and help in elucidating and developing this information. It is there to provide a useful framework within which to solicit answers.

**Question: Are the diaries available or still being piloted?** Allie, Aberdeen

The patient diary discussed in the webcast will be available on [www.wellbeingwithawound.com](http://www.wellbeingwithawound.com) shortly.

**Question: Do patients really express their daily experiences in the wellbeing diary? Do they find it helpful?** Patricia, Portugal

Yes they do because it gives the patients a process to follow. Sometimes starting the initial process can be difficult. Subsequently, there is a variation of use. Some people fill the diary in diligently and other people focus on a particular aspect that is influencing their wellbeing and monitor that on a daily basis using the moodometer to rate the impact. Other people find the section on ‘did your wound and dressing allow or stop you from doing anything today?’ a good point to start thinking about their wellbeing. The section for the patient to write down
questions for their healthcare professional is also helpful, especially if there is to be a long break until the next consultation. The moodometer can be downloaded as an app (www.2gether.nhs.uk/moodometer-app) so that people can rate their wellbeing during the day and transfer the information to the diary at a convenient time.

**Question: How can we monitor patient wellbeing when patients will often not say what really bothers them and just say they are fine?** Jo, Scotland

This is a good point and I think it requires a change in attitude. By integrating wellbeing into all patient interface opportunities, patients will hopefully realise this is an important factor on the agenda of the healthcare team. The aim is that they will come to see that we value their wellbeing and want to invest in improving their situation. The trigger questions are a really good place to start a dialogue and, hopefully, they will answer the questions rather than give us the usual platitudes of ‘fine thanks’. However, it is important that the trigger questions do not become a checklist or tick box exercise; if used individually they should open up a dialogue on a patient’s wellbeing.

**Question: Is the Cardiff Wound Impact Scale useful for measuring wellbeing?** Anon

The CWIS is designed to measure quality of life. There is a section that looks at this but it is not a tool designed to measure wellbeing.

**Question: How does the panel promote the importance of off-loading for foot ulcers; making an orthotic referral is good practice but off-loading can often involve reducing mobility. In case one, I imagine that would go against what the patient wanted. In addition, with regard to the same case, Tarnia said community nursing was involved in the dressing change process. Was podiatry involved, as best practice states podiatry involvement can reduce amputation risk?** Sandra Jones, NHS Highland, Scotland

Offloading is essential to wound healing. In case one, our orthotics department worked closely with the gentlemen to ensure that he received something that worked with his lifestyle. It allowed him to regain his freedom, take his children to the park and live his life in the way he wanted. District nurses were there to support his care. We value podiatry input but in this case felt it was not necessary.

**Question: What antimicrobial gel did Tarnia use in the treatment of patients? Did she use the ALLEVYN™ Life as a secondary dressing?** Omar, Puerto Rico

An antimicrobial was chosen based on its ability deal with the bacterial load. It was
an antimicrobial gelling fibre dressing and was chosen also for its ability to absorb exudate. ALLEVYN™ Life was used as a secondary dressing.

**Question:** What dressings were the patients using prior to the ALLEVYN™ Life applications? Anita McCalla, London

Foam dressings with a gelling fibre dressing were being used.

**Question:** Pain was mentioned in a couple of the case studies and how ALLEVYN™ Life reduced pain. Was it necessary to use any other pain relief at dressing change or any other time? Sandra Jones, NHS Highland, Scotland

No pain relief was used. The ALLEVYN™ Life removed the excess exudate, which then reduced irritation and inflammation of the periwound skin. Prior to ALLEVYN™ Life being used the patient had been receiving analgesia but still experienced pain.

**Question:** How can we achieve aseptic dressing changes in the community setting? We have been advised you can only achieve a clean technique. Julia, Somerset, UK

It is common practice to soak patients legs in buckets of warm water which is not an aseptic technique ( Scottish Intercollegiate Guideline Network (SIGN) clinical guideline on the management of chronic venous leg ulcers). SIGN recommends washing legs in tap water and carefully drying them. Asepsis and sterility are important for patients with a compromised immune status.

*Guidance on the aseptic non touch technique that can be used in all care settings is available on the site www.antt.org*

**Question:** Is there a product similar to ALLEVYN™ Life available in Canada? Judy, Toronto, Canada

ALLEVYN™ Life is available in Canada.

**Question:** Concerning the first patient, did you not consider negative-pressure wound therapy (NPWT) after debridement? Marino Ciliberti, Italy

We considered it but as part of the patient’s assessment it was highlighted that NPWT would not fit in with his lifestyle. He wanted to be able to pick up/hold his young children and carrying around the machine would have been a hinderance and would have caused difficulties, reducing his wellbeing.
Question: Why did the patient, Ben, not have a dressing applied to his lower leg as well? BJ, Canada

Ben was less concerned about the wound on his outer calf. The wound on the thigh was causing considerable pain, sticking to clothes and bed sheets.

Question: I work with a varied multicultural diabetic population. Are the wellbeing diaries available in different languages? Anita McCalla, London

This is a good point. At the moment the diary is only available in English, however plans for translation are being reviewed, so, hopefully, the diaries will be available in other languages in the near future.

Question: Is ALLEVYN™ Life available in the USA? Mark, USA

Yes it is, please go to www.allevynlife.com for further information.

Question: When the diary becomes available, will it be something that we must order or will it be something that we would print out instead? Angela, USA

The diary will be available as a free download. Copies can also be obtained from Smith and Nephew.

Question: What levels of exudate is ALLEVYN™ Life recommended for? Sandra Jones, Scotland

The dressing is indicated for moderately and highly exuding wounds.

Question: What is the unit cost of Alleyvn Life per dressing? Marion, Ayrshire

If you are based in the UK you can refer to the drug tariff website for the unit cost of each size of dressing in GBP.

Question: What about the patient who says they don’t want to be in pain but seem to relish the attention it brings? Allie, Aberdeen, Scotland

I would suggest setting aside more time to talk with the patient and fully assess
them. Try and find out what the issues are — for example, are they just lonely and looking for a reason to connect with people, or do they have a deep-seated psychiatric problem? If the latter is the case, an onward referral is necessary.

**Question:** What about patients that have difficulties in accepting professional treatment (for example, multilayer compression) because they can not wear their usual shoes. It is sometimes frustrating to have to see how it is not working. Uta, Neuss, Germany

Have you considered using two-layer compression? As frustrating as it might be not to employ the most effective treatment, body image is everything to some people, so we must adapt our care to them. We have to respect the patient’s views.

**Question:** Does the ALLEVYN™ Life dressing have odour control properties? If so, what are they and how long do they last? Edna Bigio, Puerto Rico

ALLEVYN™ life has a hyper-absorber lock away core that has been shown to absorb common wound odour when tested *in vitro* on representative compounds.

**Question:** In my podiatry clinics I use a very basic version of a wellbeing diary with my patients. I have noted that they either forget to complete it, lose it, do not take care of it, etc. Also, I have found that the pain scale conflicted with other medical issues a patient may have. Is a wellbeing diary cost- and time-effective? Gary Todd, Tyne and Wear, UK

Well done for being a step ahead. Some people value the resource while others use it less diligently. It is important to integrate the diary into the care of the patient and ensure it relates to the patient’s involvement in care planning and that it helps to judge the effectiveness of outcomes. Hopefully, once patients see the value of its integration in their wound care, they may begin to value the tool and use it more.

**Question:** Is ALLEVYN™ Life available in Mexico? Luz Maria, Mexico

As at May 2013, ALLEVYN™ Life is not available in Mexico.

**Question:** Do you find that wound patients with a history of non-compliance (not keeping them clean, etc) show greater compliance when documenting their experiences and moods in the wound diary? Andrea Mahon, Galway, Ireland

The section in the consensus document that defines what a patient and clinician can expect in relation to wellbeing relates very much to using the therapeutic relationship to
achieve wellbeing and, hopefully, concordance can follow on from this. I recommend the document as a very helpful guide to achieving wellbeing and the addition of the diary will provide the patient with a record that demonstrates improvement in their wellbeing.

**Question:** Can we use the documents presented, namely the diary and moodometer, in Portugal? Should we use a document for people living with a wound, which is based on quality of life scales and patient opinion to effectively direct our interventions, rather than using our good sense and sensitivity? Ester Malcato, Sintra, Portugal

Please do use the diary with your patients. In addition, the moodometer requires no translation. It may be helpful for you to keep in touch with your local Smith & Nephew team, which can keep you informed of whether the diary is translated into Portugese. The wellbeing diary includes a scale for measuring wellbeing which is slightly different from quality of life tools, as many are generic and not wound-specific — apart from the Cardiff Wound Impact Schedule. The wellbeing diary captures information from patients directly so it will help to validate the information you have collected using your good sense and sensitivity. It is important to validate your thoughts with direct information from the patients themselves.

**Question:** How is ALLEVYN™ Life different from the rest of the ALLEVYN™ dressings? Nicole, Puerto Rico.

The main differences are that it contains a masking layer to minimise the visibility of exudate strikethrough and has a hyperabsorbent lock away core layer that helps to prevent leakage.

**Question:** Is ALLEVYN™ Life a bordered dressing? Betty, Indiana, USA

Yes, it is a silicone bordered dressing.

**Question:** When teaching clients with wounds on the balls of their feet, how do you reinforce correct technique? Barbara, British Columbia, Canada

Consider time, patience and repetition, and be sure that they fully understand what is being taught to them. Allow for more than one means of communication if necessary.

**Question:** Learning about the different types of dressings is all well and good. Getting them prescribed is a problem due to costs and lack of knowledge of the dressings availability by GPs. Is there a way of getting round this other than sending information to the main prescriber or can it be solved by
**becoming a nurse prescriber?** Jane, Scotland

It is very important to provide a rationale for using the products we choose and being able to discuss this openly and honestly with GPs. Present the cost-saving benefits of dressings in the long term. Nurse prescribing is one way of overcoming those obstacles.

**Question: How can the diary be tailored to meet the needs of the blind diabetic person — ie, is there a version in braille?** Anita McCalla, London

That is a challenge and one that we will have to look into. Perhaps in the interim, carers and family may be a helpful starting point?

**Question: Are there any tools that can measure wellbeing in wound patients that we can use to see how the patient is improving with the selected treatment? For some people, their wounds improve although they may feel the same or, at times, worse.** Cesar, Puerto Rico

When you get the chance to examine the diary in detail you will see that it allows you to capture the information you mention. It is an important point you make, as moving towards healing may not automatically result in an improvement in wellbeing and we have to capture that information in the diary. It may improve the wellbeing of the nurse to see the wound healing but it is the patients experience that we need to capture.

**Question: In Italy, nursing staff do not have guidelines for supporting chronic patients, and there are no such courses at the national level.** Isabel, Argentina

I appreciate your difficulty but work such as this can help support the development of systems for those involved in treating patients with wounds.

**Question: With the sacral ulcers it looked like there was tunneling; was no packing required? If not, does ALLEVYN™ Life heal from the inside out or would it just be superficial?** Pat, Canada

The antimicrobial gelling fibre was used inside the cavity, which was not very deep. There was no tunneling. The ALLEVYN™ Life was used as a secondary dressing.

**Question: Is it alright in the home setting to use water to wash a wound instead of saline?** John, New Zealand

It is common practice to immerse the legs of patients with venous leg ulcers into buckets of warm water and, in addition, it is common practice for patients with sacral pressure ulcers who are incontinent of urine and faeces to bathe.
It is important that the rationale for any cleansing is clear as not all wounds require routine cleansing. A useful reference is the Cochrane Review on water for wound cleaning.

**Question:** Do you think that introducing a strong focus on patient wellbeing might lead to practitioners paying less attention to wound bed presentation and how this relates to underlying aetiology and pathophysiology? If so, how might we guard against this? Kate Bowers, Hull, UK

I suggest that this shows the need to consider all factors that might be important in managing patients with wounds. We need to be consistent and comprehensive in our approach to patients.

**Question:** If patient's aims for wellbeing are completely unrealistic/unachievable, how do we start them on a more realistic path? Allie, Aberdeen, Scotland

It might be best to separate the aims into short, medium and long-term, giving smaller and more achievable targets while keeping the patient’s overall aim in the picture.

**Question:** What size is the smallest ALLEVYN™ Life? Is it on the drug tariff in the UK? Do you know if it is on the Scottish contract? Sandra Jones, Scotland

Please go to www.allevynlife.com for more information on the product range. It is on drug tariff now. I cannot comment if it is on the Scottish contract but please contact your local Smith & Nephew representative for more information.

**Question:** In the treatment of infected wounds, in relation to patients that self care, which antimicrobial dressings (foam/gels) do you find them to be most compliant with? Daniel, York, UK

I have used the range of antimicrobial agents; iodine, silver, honey, PHMB. I find the choice of antimicrobial agent depends upon the needs of the wound and whether the antimicrobial agent can also deal with the issue, for example a foam that can also absorb exudate, then concordance tends to follow. Going back to the wellbeing document and the patients’ 5 point plan, this sets out their expectations and talks about patient choice and patients taking an active part in the decision making process. This is key to achieving concordance.

**Question:** ALLEVYN™ Life comes in how many types of dressing? Beside the Gel, are they adhesive or non adhesive dressings? Has it been used in Australia? Anon, Melbourne, Australia

ALLEVYN™ Life has four choices of quarilobe dressings and also two sizes of
sacral dressings within the range. All ALLEVYN™ Life dressings benefit from silicone gel adhesive to provide minimal pain and discomfort on dressing removal. ALLEVYN™ Life is available in Australia.

**Question:** Have you found patients hesitant about the cost of wound care and how did you convince them that this was the best alternative? Lina, Melbourne, Australia

We would use the first dressing initially to allow them to evaluate how effective the product was so that they could assess whether they would require fewer dressings and whether, in the long run, this would make it cheaper for them.

**Question:** I work in community nursing and frequently use ALLEVYN™ Lite for wounds as the majority of clients find this dressing the most comfortable. Maceration of the periwound, even with protective barrier creams/swabs, is an issue. Dressings are usually changed every second day as the majority of clients cannot afford daily dressing changes. Can you suggest a way other than daily dressing changes to reduce maceration? Doreen, Mackay, Australia

I would not use ALLEVYN™ Lite for a patient with wounds that require dressing more than twice a week. If using it for comfort reasons only I would reassess the wound and dressing choice, and perhaps consider a more absorbent dressing and continue with the barrier products. Although these may be more costly, fewer dressing changes might be cheaper for patients in the long run.