



# Tissue Viability Bulletin

# April/May 2024

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## Articles

### **Decision-making on the use of compression hosiery and compression bandaging: a systematic review**

This systematic literature review was carried out by a final-year nursing student in response to clinical experience, and to understand the rationale and evidence around managing venous ulcers.

British Journal of Community Nursing 2024 29 (Supp 3) S20-S25

### **Integrated lymphoedema and tissue viability service: improving patient and wound outcomes**

Wound care represents the third highest area of expenditure in the NHS. A historically uncoordinated and inefficient approach to wound care across the country is exacting a heavy toll on NHS finances, its workforce and patients (Guest et al, 2015, 2020; Public Policy Projects, 2023).

British Journal of Community Nursing 2024 29 (Supp 4) S19-S26

### **Skin tone diversity in healthcare: making equity in care a reality**

Health inequalities experienced by patients because of their ethnicity have been increasingly highlighted in research and the media, with the implementation and promotion of inclusive strategies becoming a key concern.

British Journal of Healthcare Management 2024 30 (3) 2 March



### **Addressing the skin care needs of the older person**

The process of ageing leads to skin changes, which may have a detrimental impact on health and wellbeing (Cowdell and Garrett, 2014). Skin problems in older people can have a substantial impact on all aspects of daily living, yet the Associate Parliamentary Group on Skin (2000) reported that healthcare services often do not give sufficient attention to the skin care needs of older patients.

British Journal of Healthcare Management 2024 30 (3) 1 March

### **Ultrasound measurement of traumatic scar and skin thickness: a scoping review of evidence across the translational pipeline of research-to-practice**

To identify the ultrasound methods used in the literature to measure traumatic scar thickness, and map gaps in the translation of these methods using evidence across the research-to-practice pipeline

BMJ Open 2024 Apr 9;14(4):e078361

## **Best Practice and Guidelines**

NICE 2024

### **Meningitis (bacterial) and meningococcal disease: recognition, diagnosis and management**

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service.

Available from: [Overview | Meningitis \(bacterial\) and meningococcal disease: recognition, diagnosis and management | Guidance | NICE](#)

Cochrane Library 2024

### **Treatments for Morton's neuroma**

Morton's neuroma (MN) is a painful neuropathy resulting from a benign enlargement of the common plantar digital nerve that occurs commonly in the third webspace and, less often, in the second webspace of the foot. Symptoms include burning or shooting pain in the webspace that extends to the toes, or the sensation of walking on a pebble.

Available from: [cochranelibrary.com/cdsr/doi/10.1002/14651858.CD014687.pub2/epdf/full](https://cochranelibrary.com/cdsr/doi/10.1002/14651858.CD014687.pub2/epdf/full)

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### **Purse-string skin closure versus linear skin closure in people undergoing stoma reversal**

Stoma reversal is associated with a relatively high risk of surgical site infection (SSI), occurring in up to 40% of cases. This may be explained by the presence of microorganisms around the stoma site, and possible contamination with the intestinal contents during the open-end manipulation of the bowel, making the stoma closure site a clean-contaminated wound.

Available from: [cochranelibrary.com/cdsr/doi/10.1002/14651858.CD014763.pub2/epdf/full](https://cochranelibrary.com/cdsr/doi/10.1002/14651858.CD014763.pub2/epdf/full)



Cochrane Library 2024

**Compression for preventing recurrence of venous ulcers**

Up to 1% of adults will have a leg ulcer at some time. Most leg ulcers are venous in origin and are caused by high pressure in the veins due to blockage or damaged valves. Venous ulcer prevention and treatment typically involves the application of compression bandages/stockings to improve venous return and thus reduce pressure in the legs. Other treatment options involve removing or repairing veins. Most venous ulcers heal with compression therapy, but ulcer recurrence is common. For this reason, clinical guidelines recommend that people continue with compression treatment after their ulcer has healed.

Available from: [Compression for preventing recurrence of venous ulcers - de Moraes Silva, MA - 2024 | Cochrane Library](#)

NICE 2024

**Dupilumab for treating moderate to severe prurigo nodularis**

The recommendations in this guidance represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take this guidance fully into account, alongside the individual needs, preferences and values of their patients.

Available from: [Dupilumab for treating moderate to severe prurigo nodularis \(nice.org.uk\)](#)

Cochrane Library 2024

**Debridement for surgical wounds**

Surgical wounds that become infected are often debrided because clinicians believe that removal of this necrotic or infected tissue may expedite wound healing. There are numerous methods of debridement available, but no consensus on which one is most effective for surgical wounds

.Available from: [cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006214.pub5/epdf/full](https://cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006214.pub5/epdf/full)

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