



Tissue Viability bulletin

February 2025

The aim of this current awareness bulletin is to provide a digest of recent articles and guidelines on Tissue Viability

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Access the **Journal of Wound Care** and **Journal of Tissue Viability** online at the
[NHS Knowledge and Library HUB](#)

‘Made Easy’ Series - Available from Wounds UK

[Made Easy – Wounds UK](#)

Articles

Evidence-based practice

In this paper, the first in a mini-series about evidence-based practice, we will consider what we actually mean by evidence and, more importantly, evidence-based practice (EBP).

Wounds UK 2024 20(3) 76-79

Evidence-based practice 2: Hierarchies and barriers

In this paper, we will consider the research hierarchy of evidence and what this might mean for the practice of EBP. We will also start to consider some of the barriers that get in the way of applying EBP

Wounds UK 2024 20(4) 82-84

Biflex Self Adjust: a compression wrap system for lymphoedema and venous leg ulcers

Traditionally, the lymphatic system has not received the attention it deserves, despite its critical biological and clinical significance (Borst et al, 2024; Greener, 2024). The lymphatic system includes a network of endothelial tubes (lymphatic capillaries), nodes and other organs, including the spleen and thymus (Borst et al, 2024; Panara et al, 2024).

British Journal of Nursing 2025 30(2) 60-66



Understanding the physiology of wound healing and holistic wound assessment

Approximately 3.8 million people in the UK are affected by acute or chronic wounds each year and it is essential that nurses are equipped with the knowledge and skills to assess and manage these patients. This article covers the main aspects that nurses need to consider to provide evidence-based care to patients with a wound, including skin anatomy, normal wound healing physiology and the factors that can delay healing

Nursing Standard 2025 40(1) 41-49

Healing of diabetic neuropathic foot ulcers receiving standard treatment in randomised controlled trials: A random effects meta-analysis

This meta-analysis aimed to systematically assess and synthesise healing rates within a 12- to 24-week treatment period among patients with diabetic foot ulcers receiving standard-of-care interventions in randomised controlled trials. This meta-analysis included 32 randomised controlled trials conducted between 1996 and 2023, with sample sizes ranging from 9 to 169 patients.

Wound Repair and Regeneration 2025 33(1) e13237

Patient and wound factors associated with WOUND-Q scales measuring health-related quality of life: An international cross-sectional study

The WOUND-Q is a patient-reported outcome measure for individuals with any type of chronic wound. This study aimed to identify patient and wound factors associated with the four WOUND-Q health-related quality of life (HRQL) scales: Life impact, Psychological, Sleep, and Social

Wound Repair and Regeneration 2025 33(1) e13245

Best Practice and Guidelines

The Cochrane Library 2025

Prophylactic transarterial embolization in patients with bleeding peptic ulcers following endoscopic control of bleeding

Bleeding peptic ulcer is a serious condition that often requires immediate endoscopic or surgical intervention to stop the bleeding (haemostasis). Following haemostasis, patients are at risk of rebleeding, leading to reintervention and risk of morbidity or mortality. In order to prevent rebleeding and associated complications, prophylactic measures have been developed and investigated

Available from:

cochranelibrary.com/cdsr/doi/10.1002/14651858.CD014999.pub2/epdf/full



The Cochrane Library 2024

Excisional surgery versus ablative surgery for ovarian endometrioma

Endometrioma are endometriotic deposits within the ovary. Laparoscopic management of endometriomas is associated with shorter hospital stay, faster recovery, and decreased hospital costs compared with laparotomy. The previous version of this systematic review (2008), including randomised controlled trials (RCTs) of surgical interventions for endometrioma, concluded that laparoscopic cystectomy (excision) was preferable to drainage and ablation of endometrioma. We aimed to update the evidence comparing excision with drainage and ablation for improving pain and fertility-related outcomes

Available from: [Excisional surgery versus ablative surgery for ovarian endometrioma - Kalra, R - 2024 | Cochrane Library](#)