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WOUNDS AND CHRONIC OEDEMA

Multiple factors contribute to the development of wounds, delayed wound healing, and/or to the development of oedema in these patients. Due to the complex nature of these conditions, they can present a diagnostic and therapeutic challenge for the clinician. Despite the efforts and recommendations over the last decades that support compression therapy as the core intervention to reduce oedema and stimulate wound healing, a substantial percentage of the patients have been shown not to have well-controlled oedema. This presentation will discuss important factors in the assessment and management of these patients, to provide a holistic, individualized and realistic care plan. As the wound healing process can be unpredictable and challenged by complications, regular re-evaluation of the treatment outcomes is necessary. Management requires an interdisciplinary approach to the assessment and management, to prevent delayed wound healing

Generating research in this area is challenging. This presentation will draw on recent research in a cross-sectional study (LIMPRINT), 40 sites in nine countries, 2014–2017. A recent study conducted by the International Lymphoedema Framework in 9 countries with 7077 patients with chronic leg oedema found that 12.70% had wounds. Independent risk factors were: peripheral arterial disease (OR 4.87, CI 95% 3.63–6.52), cellulitis within the past 12 months (OR 2.69, CI 95% 2.25–3.21), secondary lymphoedema (OR 2.64, CI 95% 1.93–3.60), being male (OR 2.08, CI 95% 1.78–2.44), being over 85 years of age (OR 1.80, CI 95% 1.23–2.62), underweight (OR 1.79, CI 95% 1.14–2.79), bed bound (OR 1.79, CI 95% 1.01–3.16), chair bound (OR 1.52, CI 95% 1.18–1.97), diabetes (OR 1.47, CI 95% 1.23–1.77) and walking with aid (OR 1.41, CI 95% 1.17–1.69). 43.22% of those with wounds had clinically defined well-controlled oedema, which was associated with a significantly lower risk of wounds, OR 0.50 (CI 95% 0.42–0.58, $P < 0.001$). Hard/fibrotic tissue (OR 1.71, CI 95% 1.19–2.48) and a positive Stemmers sign (oedema of the toes) (OR 1.57, CI 95% 1.05–2.35) were associated with wounds. The study supports a strong association between chronic leg oedema and wounds. It reinforces the importance of measures to control oedema. Controlled swelling was associated with a 50% lower risk of wounds.

Curriculum Vitae

Christine is currently Professor of Clinical Nursing in Skin Integrity at Nottingham University Hospital and was made Emeritus Professor of Nursing at the University of Nottingham, School of Health Sciences, UK, in June 2018. She holds other visiting chairs at the following: University of Glasgow; Cardiff University Medical School Wound Healing Institute; Kanazawa University, Japan; Montpellier University, France; Western Ontario University, Canada and LOROS Hospice UK.

She has been involved in wound healing research and practice for 30 years and Lymphoedema for 20 years. She has undertaken extensive research in this field using mixed research methods including running national and international clinical trials. She currently heads the International lymphoedema Framework, an international charity, whose mission is to develop effective Lymphoedema care throughout the world. Her areas of research include compression therapy; service development and evaluation; psychosocial impact of disease; chronic wounds and Lymphoedema. She has presented and published internationally. She edited the EWMA position document series and the International

Lymphoedema Framework Best Practice Document (2006) and is a member of international editorial boards, NICE boards on leg ulcer management and advisory panels.

She was awarded a CBE in the 2006 New Year's Honours List and made a life fellow of the Royal College of Nursing that same year. She has received 6 life time achievement awards between 2006 and 2015 in recognition of her work. In December 2008 she received a Nursing Times Diamond 20 Award as one of the 20 most influential nurses in the last 60 years. She received the Vice Chancellor's medal in 2015 from Nottingham University and the Nottingham University Global Knowledge and Impact Exchange Award in 2016. She has recently led the LIMPRINT study an international epidemiology study with 9 countries that has defined the size and impact of the condition on health services.