



# The Australian Wound Management Association Inc

# The New Zealand Wound Care Society Inc

## Call for Comment on Draft National Clinical Practice Guideline on Prevention and Management of Venous Leg Ulcers

The Australian Wound Management Association and the New Zealand Wound Care Society will soon be releasing a new guideline on Prevention and Management of Venous Leg Ulcers

Part of the process required by the National Health and Medical Research Council is for a national consultation to be conducted on the draft guideline and provide opportunities for submissions.

You are invited to make a submission to the Australian Wound Management Association and the New Zealand Wound Care Society on the draft guideline.

## How to make a submission

You may make a submission in writing by completing this form and sending it via:

**Post:** Australian Wound Management Association

P.O. Box 621

Woden, ACT 2606

**Fax**: 02 – 6260 5240

Email: <u>secretary@awma.com.au</u>

(An electronic version of this form is also available on the website)

The Chair of the Venous Leg Ulcer Guideline Development Committee is A/Professor David Hardman.

Contact person: Ms Judith Barker

Email: <u>secretary@awma.com.au</u>

**Phone:** 02 – 6205 1821

## **Closing date**

The consultation on the draft guideline will commence on 30<sup>th</sup> October 2010 and submissions must be received by COB **30<sup>th</sup> November 2010**.

### Further information

A copy of the draft guideline can be obtained from:

http://www.awma.com.au/

http://www.nzwcs.org.nz/

#### Public domain of responses

- □ Please tick the box if you would prefer your comments remain anonymous
- □ Please tick the box if you are agreeable to be contacted for further information or clarification regarding your submission
- \* Indicates a mandatory field for NHMRC reporting requirements

First name*:	Last name*:	
Address:		
Email:		
Phone*:		
Occupation:		
Organisation/Employer:		
Date:		

General feedback and comments:

(It is not a requirement that all sections are completed. You can complete only the areas of interest/relevance to you)

Please provide general feedback and comments on the style, format and scope of the guideline

What is your publication preference for this guideline? (Can indicate more than one)

- **Full guideline**
- Abridged version
- Pocket guide/Quick reference guide
- **Summary**
- Printed (hard copy) version
- Downloadable version
- Consumer version
- Other (please specify)

What strategies do you believe would be most effective in implementation of this guideline?

- Website based
- Endorsement by professional bodies
- Presentation at seminars and conferences
- Dublication in professional journals (*state which journals*)
- Electronic reminders
- Promotion by key opinion leaders
- Printed reminders (e.g. magnets, pamphlets)
- Other (please specify)

#### Guideline specific feedback and comments

1	INTRODUCTION
1.4	Commonly used abbreviations Is the abbreviation list comprehensive? Yes No (state why not)
1.5	Glossary Is the glossary comprehensive Yes No (state why not)  Are the explanations Easy to understand Not easy to understand (state why not)
	Easy to understand

3	BACKGROUND
3.1	Venous leg ulcers
3.2	The need for a guideline
3.3	Scope and target population
3.4	Focus of the guideline
3.5	Process
3.6	Limitations of the guideline
	General comments on any aspect of the 'Background' section
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4	RECOMMENDATIONS FOR PRIMARY PREVENTION
<b>4</b> 4.1	RECOMMENDATIONS FOR PRIMARY PREVENTION Management of venous hypertension Adequate prevention and management of venous hypertension includes: <ul> <li>early detection and management of deep vein thrombosis</li> <li>deep vein thrombosis prophylaxis</li> <li>access to venous surgery and phlebology interventions (EBO)</li> </ul>
-	Management of venous hypertension Adequate prevention and management of venous hypertension includes: early detection and management of deep vein thrombosis deep vein thrombosis prophylaxis
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-	Management of venous hypertension Adequate prevention and management of venous hypertension includes: • early detection and management of deep vein thrombosis • deep vein thrombosis prophylaxis • access to venous surgery and phlebology interventions ( <i>EBO</i> ) To what extent do you agree that this advice is appropriate? • Agree • Undecided • Disagree To what extent do you think health professionals implement this in practice?
-	Management of venous hypertension         Adequate prevention and management of venous hypertension includes:         • early detection and management of deep vein thrombosis         • deep vein thrombosis prophylaxis         • access to venous surgery and phlebology interventions (EBO)         To what extent do you agree that this advice is appropriate?         • Agree       • Undecided         • To what extent do you think health professionals implement this in practice?         • Very often       • Sometimes         • Rarely         General comments on the above recommendation, including potential barriers to
4.1	Management of venous hypertension         Adequate prevention and management of venous hypertension includes:         • early detection and management of deep vein thrombosis         • deep vein thrombosis prophylaxis         • access to venous surgery and phlebology interventions (EBO)         To what extent do you agree that this advice is appropriate?         • Agree       • Undecided         • To what extent do you think health professionals implement this in practice?         • Very often       • Sometimes         • Rarely         General comments on the above recommendation, including potential barriers to implementation:         Compression therapy         Applying compression therapy is effective in preventing the initial development of
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4.3	Phlebotics There is inconsistent evidence on the effectiveness of phlebotics in preventing the development of VLUs in patients with venous disease. (Grade C)
	To what extent do you think health professionals use this therapy in practice? Very often Sometimes Rarely
	General comments on the above recommendation:
5	RECOMMENDATIONS FOR ASSESSMENT, DIAGNOSIS AND REFERRAL
5.1	Initial and ongoing assessment
5.1.1	Patient assessment All patients presenting with a leg ulcer should receive a comprehensive assessment by a health professional trained in the assessment and management of VLUs. <i>(EBO)</i>
	To what extent do you agree that this advice is appropriate? Agree Undecided Disagree
	To what extent do you think health professionals implement this in practice?Uvery oftenSometimesRarely
	General comments on the above recommendation, including potential barriers to implementation:
	CEAP classification could be used to evaluate and classify venous disease. (EBO)
	To what extent do you agree that this advice is appropriate? Agree Undecided Disagree
	To what extent do you think health professionals use this in practice? Uvery often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
<b>540</b>	
5.1.2	Wound assessment A comprehensive assessment should be made of the leg ulcer on initial presentation and at regular intervals thereafter to guide ongoing management. (EBO)
	To what extent do you agree that this advice is appropriate? Agree Undecided Disagree
	To what extent do you think health professionals implement this in practice?Very oftenSometimesRarely
	General comments on the above recommendation, including potential barriers to implementation:

5.2	Diagnosing a VLU
5.3	Referral Local guidelines should provide clear indication of appropriate circumstances for referral to specialist health professionals. <i>(EBO)</i>
	To what extent do you agree that this advice is appropriate? Agree Undecided Disagree
	To what extent do you think health professionals implement this in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
6	RECOMMENDATIONS FOR MANAGEMENT
6.1	Compression therapy There is good evidence that applying compression therapy is effective in promoting healing in VLUs. (Grade B)
	To what extent do you think health professionals implement this in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
6.2	Dressings and topical treatments
6.2.1	Dressings There is excellent evidence that no specific dressing product is superior for reducing healing time in VLUs. Dressings should be selected based on clinical assessment of the wound, cost, access and patient/health professional preferences. (Grade A)
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	There is excellent evidence that no specific dressing product is superior for reducing healing time in VLUs. Dressings should be selected based on clinical assessment of the wound, cost, access and patient/health professional preferences. (Grade A) To what extent do you think this is evident in practice? <ul> <li>Very often</li> <li>Sometimes</li> <li>Rarely</li> </ul> <li>General comments on the above recommendation, including potential barriers to</li>
6.2.1	There is excellent evidence that no specific dressing product is superior for reducing healing time in VLUs. Dressings should be selected based on clinical assessment of the wound, cost, access and patient/health professional preferences. (Grade A) To what extent do you think this is evident in practice? <ul> <li>Very often</li> <li>Sometimes</li> <li>Rarely</li> </ul> <li>General comments on the above recommendation, including potential barriers to</li>
	There is excellent evidence that no specific dressing product is superior for reducing healing time in VLUs. Dressings should be selected based on clinical assessment of the wound, cost, access and patient/health professional preferences. ( <i>Grade A</i> ) To what extent do you think this is evident in practice? <ul> <li>Very often</li> <li>Sometimes</li> <li>Rarely</li> </ul> <li>General comments on the above recommendation, including potential barriers to implementation: <ul> <li>Zinc-impregnated bandages</li> <li>The use of dressings or bandages impregnated with water soluble zinc may provide comfort and promote epithelialisation of a healthy granulated superficial</li> </ul></li>
	There is excellent evidence that no specific dressing product is superior for reducing healing time in VLUs. Dressings should be selected based on clinical assessment of the wound, cost, access and patient/health professional preferences. ( <i>Grade A</i> ) To what extent do you think this is evident in practice? <ul> <li>Very often</li> <li>Sometimes</li> <li>Rarely</li> </ul> <li>General comments on the above recommendation, including potential barriers to implementation: <ul> <li>Zinc-impregnated bandages</li> <li>The use of dressings or bandages impregnated with water soluble zinc may provide comfort and promote epithelialisation of a healthy granulated superficial VLU. (<i>EBO</i>)</li> <li>To what extent do you agree that this advice is appropriate?</li> </ul></li>
	There is excellent evidence that no specific dressing product is superior for reducing healing time in VLUs. Dressings should be selected based on clinical assessment of the wound, cost, access and patient/health professional preferences. (Grade A) To what extent do you think this is evident in practice?          Ito what extent do you think this is evident in practice?       Rarely         General comments on the above recommendation, including potential barriers to implementation:       Rarely         Zinc-impregnated bandages       The use of dressings or bandages impregnated with water soluble zinc may provide comfort and promote epithelialisation of a healthy granulated superficial VLU. (EBO)         To what extent do you agree that this advice is appropriate?       Disagree         To what extent do you think health professionals implement this in practice?

6.2.3	Miscellaneous topical treatments There is some evidence that topical pale sulphonated shale oil is more effective than standard care for promoting healing in VLUs. ( <i>Grade C</i> )
	To what extent do you think health professionals use this in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
6.3	Skin management
6.3.1	Skin and wound hygiene Cleansing the leg and wound when dressings and bandages are changed is recommended. (EBO)
	To what extent do you agree that this advice is appropriate? Agree Undecided Disagree
	To what extent do you think health professionals implement this in practice?Very oftenSometimesRarely
	General comments on the above recommendation, including potential barriers to implementation:
6.3.2	Management of venous eczema Venous eczema and impaired peri-wound skin should be treated promptly. <i>(EBO)</i>
	To what extent do you agree that this advice is appropriate? Agree Undecided Disagree
	To what extent do you think health professionals implement this in practice?Very oftenSometimesRarely
	General comments on the above recommendation, including potential barriers to implementation:
	There is weak evidence that topical barrier preparations reduce peri-wound erythema in patients with VLU. (Grade D)
	To what extent do you think health professionals use these preparations in practice?
	General comments on the above recommendation, including potential barriers to implementation:
	practice?       Image: Comparison of the above recommendation, including potential barrier         General comments on the above recommendation, including potential barrier

6.4	Antimicrobial therapy
6.4.1	Cadexomer iodine There is some evidence that cadexomer iodine is more effective than standard care in the treatment of VLUs. ( <i>Grade C</i> )
	To what extent do you think health professionals use this in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
6.4.2	Silver
6.4.2	There is good evidence that silver products offer no benefit over standard care in reducing the healing time for VLUs. (Grade B)
	To what extent do you think health professionals use these products in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
6.4.3	Taniaal hanay
0.4.3	Topical honey There is evidence that honey offers no benefits over standard care in promoting healing in VLUs. ( <i>Grade A</i> )
	To what extent do you think health professionals use this agent in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
6.4.4	Other topical antimicrobials
	There is some evidence that other topical antimicrobial agents offer no advantage over standard care in improving VLUs healing. (Grade C)
	To what extent do you think health professionals use these agents in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
	There may be a role for judicious use of topical antimicrobials when there is
	known or suspected increased microbial burden. (EBO)
	To what extent do you agree that this advice is appropriate? Agree Undecided Disagree
	To what extent do you think health professionals use these in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:

6.4.5	Topical antibiotics There is a concern that the use of topical antibiotics is associated with antibiotic resistance and sensitivities. Topical antibiotics have a very limited place in management of VLUs. Their use should be judicious. <i>(EBO)</i> To what extent do you agree that this advice is appropriate?
	<ul> <li>Agree</li> <li>Undecided</li> <li>Disagree</li> <li>To what extent do you think health professionals use these agents in practice?</li> <li>Very often</li> <li>Sometimes</li> <li>Rarely</li> </ul>
	General comments on the above recommendation, including potential barriers to implementation:
6.4.6	Systemic antibiotics There is some evidence that systemic antibiotics offer no advantage over standard care for reducing healing time of VLUs that show no clinical signs of infection. (Grade C)
	To what extent do you think health professionals use these agents in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
6.5	Wound debridement There is weak evidence that enzymatic debriding agents have no effect in promoting healing in VLUs. (Grade D)
	To what extent do you think health professionals use these agents in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
6.6	Elevation
	There is evidence that the benefits of leg elevation are related to changes in microcirculation in patients with VLUs. <i>(Grade D)</i> Elevation is recommended to reduce lower limb oedema and promote VLU healing. <i>(EBO)</i>
	To what extent do you agree that this advice is appropriate? Agree Undecided Disagree
	To what extent do you think health professionals recommend this in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:

6.7	Exercise There is evidence that exercise improves calf muscle function and promotes venous blood flow. ( <i>Grade D</i> ) Exercise is recommended as part of a management plan to promote healing in VLUs. ( <i>EBO</i> )
	To what extent do you agree that this advice is appropriate? Agree Undecided Disagree
	To what extent do you think health professionals recommend this in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
6.9	
6.8	Nutrition and hydration Optimising nutrition and hydration is important to the healing of VLUs. <i>(EBO)</i>
	To what extent do you agree that this advice is appropriate? Agree Undecided Disagree
	To what extent do you think health professionals implement this in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
6.9	Skin grafting There is some evidence that bi-layered bioengineered skin grafts are more effective than standard care in promoting healing in persistent VLUs. ( <i>Grade B</i> )
	To what extent do you think health professionals use this in practice? <ul> <li>Very often</li> <li>Sometimes</li> <li>Rarely</li> </ul>
	General comments on the above recommendation, including potential barriers to implementation:
6.10	Pain management There is excellent evidence that EMLA® cream is effective in reducing pain associated with the debridement of VLUs. (Grade A)
	To what extent do you think health professionals use this in practice? Uvery often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
	There is some evidence that an ibuprofen impregnated dressing reduces pain
	associated with VLUs. (Grade C)
	To what extent do you think health professionals use this in practice? Uvery often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:

	There is weak evidence that electrotherapy may have an effect in reducing pain from VLUs. (Grade D)
	To what extent do you think health professionals use this in practice? <ul> <li>Very often</li> <li>Sometimes</li> <li>Rarely</li> </ul>
	General comments on the above recommendation, including potential barriers to implementation:
6.11	Therapeutic ultrasound There is good evidence that therapeutic ultrasound therapy is not related to an improvement in total ulcer healing but may slightly improve the percentage of healed ulcer area when used in combination with compression therapy. (Grade B)
	To what extent do you think health professionals use this in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
6.12	Education and psychosocial support
6.12.1	Health professional education There is some evidence that health professionals benefit from appropriate education on VLUs and their management. Patient outcomes may be superior when ulcer care is conducted by an appropriately trained health professional. (Grade C)
	To what extent do you think this occurs in practice? Very often Sometimes Rarely General comments on the above recommendation, including potential barriers to implementation:
6.12.2	Patient education There is weak evidence that patients with VLUs benefit from appropriate education on their condition and its management. (Grade D)
	To what extent do you think health professionals undertake this in practice? Uvery often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
6.12.3	Psychosocial support Psychosocial assessment and support is an essential component in the patient's management. <i>(EBO)</i>
	To what extent do you agree that this advice is appropriate? Agree Undecided Disagree
	To what extent do you think health professionals implement this in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:

6.13	Pharmacological management
6.13.1	Pentoxifylline There is good evidence that pentoxifylline is effective in promoting healing in VLUs. (Grade B)
	To what extent do you think health professionals use this in practice? Very often Sometimes Rarely
	General comments on the above recommendation, including potential barriers to implementation:
6.13.2	Micronised purified flavanoid fraction There is weak evidence that micronised purified flavanoid fraction may decrease the healing time for VLUs. (Grade D)
	To what extent do you think health professionals use this in practice? <ul> <li>Very often</li> <li>Sometimes</li> <li>Rarely</li> </ul>
	General comments on the above recommendation, including potential barriers to implementation:
7	RECOMMENDATIONS FOR PREVENTING RECURRENCE
7 4	
7.1	
/	Maintenance of leg care The risk of VLU recurrence is reduced through the maintenance of practices that promote the health of the legs. <i>(EBO)</i>
	The risk of VLU recurrence is reduced through the maintenance of practices that
	The risk of VLU recurrence is reduced through the maintenance of practices that promote the health of the legs. <i>(EBO)</i> To what extent do you agree that this advice is appropriate?
	The risk of VLU recurrence is reduced through the maintenance of practices that promote the health of the legs. <i>(EBO)</i> To what extent do you agree that this advice is appropriate?
7.2	The risk of VLU recurrence is reduced through the maintenance of practices that promote the health of the legs. <i>(EBO)</i> To what extent do you agree that this advice is appropriate?
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	The risk of VLU recurrence is reduced through the maintenance of practices that promote the health of the legs. <i>(EBO)</i> To what extent do you agree that this advice is appropriate? Agree Undecided Disagree To what extent do you think health professionals implement this in practice? Very often Sometimes Rarely General comments on the above recommendation, including potential barriers to implementation: Ongoing compression therapy There is some evidence that compression systems are effective in reducing the risk of recurrence of VLUs. <i>(Grade C)</i> To what extent do you think health professionals implement this in practice?

8	TREATMENTS NOT CURRENTLY RECOMMENDED
8.1	Electromagnetic therapy There is conflicting evidence on the effectiveness of electromagnetic therapies for promoting healing in VLUs. (Grade C)
	To what extent do you think health professionals use these therapies in practice? Very often Sometimes Rarely
	Do you agree that this treatment should not be recommended? Yes No
	General comments:
8.2	Electrotherapy There is weak evidence that electrotherapy offers no benefit over standard care in promoting healing in VLUs. (Grade D)
	To what extent do you think health professionals use this therapy in practice?
	Very often   Sometimes   Rarely
	Do you agree that this treatment should not be recommended?
	General comments:
8.3	Low level laser therapy There is some evidence that low level laser therapy offers no benefit over standard care in promoting healing in VLUs. ( <i>Grade C</i> )
	To what extent do you think health professionals use this therapy in practice? Very often Sometimes Rarely
	Do you agree that this treatment should not be recommended?
	General comments:
0.4	
8.4	Topical phenytoin There is some evidence that topical phenytoin is more effective than standard care for promoting healing in VLUs. ( <i>Grade C</i> ) Topical phenytoin is not recommended by the Expert Working Committee due to the risk of serious adverse events. ( <i>EBO</i> )
	To what extent do you think health professionals use this therapy in practice? Very often Sometimes Rarely
	Do you agree that this treatment should not be recommended? Yes No
	General comments:

8.5	<ul> <li>Oral zinc</li> <li>There is excellent evidence that oral zinc offers no benefit over standard are in improving healing of VLUs. (Grade A)</li> <li>To what extent do you think health professionals use this in practice?</li> <li>Very often</li> <li>Sometimes</li> <li>Rarely</li> </ul>		
	Do you agree that this treatment should not be recommended?		
	General comments:		
8.6	Horse chestnut seed extract There is good evidence that horse chestnut seed extract is not more effective than standard care in promoting healing in VLUs. (Grade B)		
	To what extent do you think health professionals use this in practice? Very often Sometimes Rarely		
	Do you agree that this treatment should not be recommended?		
	General comments:		
9	INTERVENTIONS WITH INSUFFICIENT EVIDENCE There is insufficient evidence to make a recommendation on the effectiveness of the following therapies in the management or prevention of VLUs: (EBO)		
10	EMERGING TREATMENTS		
10.1	Protein-derived treatments		
10.2	Growth factor treatments		
10.3	Intravenous prostaglandin E1		
	General comments on emerging treatments		

11	REFERENCES		
	General comments on references		
APPEN	DIX ONE	Expert Working Committee	
APPEN	DIX TWO	Process report	
APPENDIX THREE Excluded studies			
APPENDIX FOUR AWMA Conflict of interest declaration form			
Any other comments			

Thank you for your time and contribution.