



The Lindsay Leg Club Foundation: update

The Leg Club joins forces with RAFT

The Leg Club Foundation is constantly striving to promote our vision, part of which is to continue to implement best practice for the prevention and treatment of leg ulcers and associated conditions in partnership with health professionals, patients and the local community.

To further promote this, we have developed working relationships with other organizations that have similar aims, and that keep the patient at the heart of their objectives. Our latest partnership is with RAFT, (Restoration of Appearance and Function Trust). This registered charity is an independent organization carrying out 'pioneering research into practical and affordable ways to save and repair skin' and is dependent on charitable donations. The main aim of the charity is to improve the lives of people affected by skin disfigurement and damage such as burns, wounds, limb amputations and skin cancer. To this aim RAFT fund a research laboratory that is currently working on the development of an artificial skin scaffold. When applied to a wound this material will allow the growth of new blood vessels into it to encourage the development of the dermal layer to encourage skin cover and reduce healing time.

RAFT also has affiliations with the Douglas Bader Foundation, which focuses on limb amputation, and other organizations involved in the development of ground-breaking work associated with skin cancer. This plainly compliments the ideals of the Leg Club as our joint objectives are to improve the lives of those living with skin damage in one way or another.

New recruit: Dr. Bawden

To ensure we have a broad representation on the Foundation Board of Trustees we have recently enlisted a GP, Dr. Rob Bawden. Dr. Bawden's day-to-day observation of the morbidity, distress and social isolation resulting from chronic leg ulceration has led

to his enthusiastic support for Ellie Lindsay's research into an alternative approach to the management of this debilitating condition. This enthusiasm has continued as he has seen the results of this research produce remarkable results both in clinical healing and social reintegration in his local Leg Club and many others throughout the country and worldwide. He is a welcome addition to the team.

Resignation

Unfortunately Mary-Rose Fawkes has recently resigned from the board and her input will be greatly missed. As an ex-patient and active Leg Club member, she represented the views of all those treated in Leg Clubs around the country. Fortunately she will continue to work with us as a consultant to the Foundation.

Australia: adverse weather conditions

Many Leg Clubs are now established in the Southern continent. Following the hazardous weather conditions the Australian people have experienced, an approach was made to our colleagues to discover how they had been affected. Pat Matthews from Spiritus Community Care, Brisbane North has sent this update-

'I can only comment on our own area, as I am not sure where the other Leg Clubs are in Queensland. If they are in Townsville or Cairns area they are likely to have been affected by the cyclone.'

'We have clients living in areas that were affected by the floods, including I believe one of the people who attends Leg Club. Areas around the Brisbane River, particularly large flat areas were inundated - in some cases houses were up to the roof line in water. In other cases people were flooded in, and/or had no power for days. Many were able to go to relatives or friends - in the case of our clients (an elderly target group) relatives pretty much stepped in to help.'

Leg clubs

The local leg club in St Colombs Church Hall, Clayfield, Brisbane is growing slowly. We have several new people waiting to enrol for treatment but space is limited and there is not enough room for 2 nurses to perform wound care at the same time as the assessment process. Recently we have acquired an extra room and a church hall, so in future we will be able to fit in everyone who wants to come and will enable us to be more creative with the use of social time. A couple of the attendees find sitting around a bit hard on their backs, so we have obtained more comfy chairs which have improved things.

The age group is quite elderly and very much in the mode of 'nurse knows best'. Because of this we are trying to encourage the attendees to take ownership in an attempt to try and build on the social component. As our area is so widespread, it is difficult to support a small community with a basic public transport system. This results in many members saying that they cannot come unless we transport them. Despite this, a recent survey of our members gave very positive responses about their experience.

From a nursing perspective we believe healing times have reduced which is optimistic but this is only anecdotal at this stage. However, a report last year by Edwards, Gibb and Finlayson (2010) have described 'results from a randomized trial found that in comparison to people receiving individual home care, people attending leg clubs had significantly:

- Improved healing rates
- Reduced levels of oedema and venous eczema
- Reduced levels of pain
- Improved quality of life
- Improved independence in daily activities
- Improved morale and self-esteem.

In addition to improved outcomes, the model was shown to be a cost-effective alternative for health service providers.

References

Edwards H, Gibb M, Finlayson K (2010) Innovations in the care of leg ulcer patients in Australia. *Wounds International*, 1: 3 <http://tinyurl.com/4z4wqwq> (Accessed 22 February 2011)