

**World Alliance for Wound and Lymphoedema Care**  
[WWW.WAWLC.org](http://WWW.WAWLC.org)

**WAWLC SUMMER 2011 NEWSLETTER**

Greetings to our WAWLC founding members and friends from around the world. We wish to bring you up to date on the current WAWLC activities since the December 2010 Newsletter.

**To Begin--Donation from Molnlycke Health Care**

Thanks to the outstanding support of Hans Lundgren, WAWLC has recently received a grant of \$5000 US. Molnlycke now joins KCI, 3 M and Drawtex as our founding sponsors. WAWLC will remain ever grateful for the support and vision of these industry leaders!

**Wounds International, Cape Town, SA, February 1-3, 2011**

Wounds International held its first international wound care conference in Cape Town in February 2011, working in partnership with **UBUNTU** Wound Healing, **WHASA** (Wound Healing Association of Southern Africa), **WAWLC** (World Alliance of Wound and Lymphedema Care) and the **WUWHS** (World Union of Wound Healing Societies). Thanks to the efforts of Liezl Naude, Hiske Smart, David Keast, John Macdonald and Greg Weir, WAWLC was well represented and was introduced as a major player in Global Wound Care.

**Partnering Organisations**



**SAWC Symposium for Advanced Wound Care--Dallas, Texas**  
**April 13-17, 2011**

The 2011 SAWC conference offered two venues for WAWLC presentations. Dr Tom Serena moderated a 4 hour pre-conference session --AAWC Global Alliance Workshop in which the History of WAWLC was highlighted. A second session moderated by Dr Macdonald --"Volunteer--Yes you Can" featured Drs Serena and Treadwell and Robyn Bjork presenting their volunteering experiences. Both sessions were very well received.

**SOBEST Meeting--Recife, Brazil, May 15-18, 2011**

Dr Macdonald was privileged to be a guest speaker at the Brazilian Enterostomal Nurses Association--SOBEST in Recife, Brazil. The final of his 4 presentations

addressed the "History and Mission of WAWLC". This presentation stressed the opportunities for Brazil to adopt a WAWLC intervention in both Brazil and in Latin America in general. The presentation was enthusiastically received and we can look forward to future Brazilian involvement.

### **The continuing contributions of Professor Terence Ryan**

Perhaps no one has worked more diligently than Terence Ryan in promoting the mission of WAWLC. The edited, copied letters from Terence best describe his energy and dedication. WAWLC has been blessed with the continued support of Professor Ryan.

Dear John, this is a message to

- 1) I wish you a successful New Year
- 2) I have done the following with reference to WAWLC in my capacity as Chair of a: Task force for Skin Care for All.
  - a) Four weeks ago visited Podoconiosis with Clair Fuller, UK Secretary of Mossy Foot, and with Paul Matts of Procter and Gamble on water supply. Article in Press mentions WAWLC. Then went on to visit LF in Kerala, India and Leprosy ditto in Gujarat, India, WAWLC was fully appreciated.
  - b) 2 weeks ago at the Plenary I spoke at the 4th World Ayurvedic Congress in Bangalore Power point included.
  - c) This weekend at a Yoga conference 200k north of Delhi, I used Thomas Hunt's EWMA plenary to tackle problem of ischemia and reperfusion and explain how YOGA blocks sympathetic impulses. I also addressed the mission of WAWLC.
  - d) Mid January, I am preparing the attached lecture for CME in Tanzania.

I have engagements every month similarly throughout the year.  
Best Wishes, Terence

Dear John

Following on from your email to EWMA. Just a reminder of the International Society of Dermatology Task Force for *Skin Care for All: Community Dermatology Initiative*. This I chair and I have for the purposes of advocacy produced a CD of 44 chapters of evidence that we have the capacity to benefit. See attached. 12 of these will also be published in the May edition of The International Journal of Dermatology. Throughout I emphasize that WAWLC is the agency with which we should work for the purposes of wounds, burns and Lymphoedema. I regard "Legs to stand on" a branch with which to work for conditions of the foot when we need for example to generate Foot Wear.

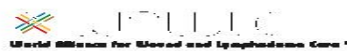
Happy times and keep well, Terence

## EWMA meeting in Brussels, Belgium May 25-28, 2011

Thanks to the continued support of EWMA, WAWLC had a very prominent role in the Brussels 2011 meeting. EWMA made a strong effort to promote WAWLC and the podoconiosis project during the conference. The attached advert was printed in the EWMA Journal May issue. During the conference 4 collection boxes were placed around the conference centre, each one presented together with a poster of the advert. The fundraising campaign was announced in the opening session by the EWMA President Zena Moore. During conference breaks a slide on the WAWLC podoconiosis project was run in the meeting halls. While the collection of € 160 was more symbolic than financially helpful, we were very pleased with the positive response of so many. David Keast and John Macdonald manned our WAWLC Booth and distributed over 100 WAWLC brochures. Multiple copies of the WHO White Paper-- *Wound and Lymphoedema Management* were distributed. The networking was superb.

John Macdonald gave a 20 minute presentation ("WAWLC--History and Mission") to the EWMA Council. He then met privately with the new President of EWMA, Jan Apelqvist, MD Department of Endocrinology University Hospital of Malmö, Sweden. Dr Apelqvist was very gracious and showed sincere support for the WAWLC mission

### FUNDRAISING CAMPAIGN DURING THE EWMA BRUSSELS CONFERENCE



#### Support the WAWLC Podoconiosis Eradication Project in Ethiopia

##### AIMS OF THE WAWLC INITIATIVE:

- Training for 200 health care providers from 50 different hospitals, clinics and organisations
- Training to Health Extension Workers and local non-medical community agents, especially women
- Provision of kit (education material and supplies) for each participant to teach & treat patients
- Meeting with Ethiopian Ministry of Health in August 2011

Donations are welcomed at the EWMA Conference or at <http://wawlc.org/donation.html>

##### About Podoconiosis:

- An endemic non-filarial elephantiasis, commonly known as "Mossy Foot".
- Affects > 1 million people in rural villages of Ethiopia.
- Listed by WHO as neglected tropical disease in 2010.



EWMA has since 2009 been part of the WAWLC initiative.

WAWLC Teaching Seminar--Port-au-Prince, Haiti, June 6-7, 2011--Report from Terry Treadwell MD, FACS

## **Haiti: Arising from Disaster**

It has been nearly a year since our last trip to Haiti during which we were honored to teach Haitian physicians, nurses, and physical therapists the basics of wound care. At that time (six months after the earthquake) everyone was struggling to come to grips with what had happened and the horrible aftermath. Although scars remain, both physical and social, the people of Haiti are slowly rebounding from the disaster. Most roads are now clear, collapsed buildings are being cleared away, and rebuilding is evident. We applaud their ongoing efforts as we were again invited to teach wound care to additional healthcare providers in Haiti. Dr. Franck Telemaque, the Chairman of the Department of Surgery and Director of the Surgical Residency Program at the Hopital De L'Universite D'Etat D'Haiti, the main government hospital in Port-au-Prince, Haiti, invited me as a WAWLC representative to return to teach a basic wound care seminar to the surgical residents and the staff of their hospital. My wife and I were honored to be asked to help with this program.

The program at the hospital was two days of lecture and hands-on sessions about basic wound care. I was honored to have Dr. Adler Francius, the Assistant Chief Resident in Surgery who had recently completed a six weeks preceptorship in my wound center in the United States, Jason Miller, a physical therapist working at the Mevs Hospital in Port-au-Prince, and Jeff McNutt, also a physical therapist at the Mevs Hospital in Port-au-Prince, assist me with the program. They provided invaluable assistance with the lectures and hands-on sessions. Over 50 attendees were at the program. At the completion of the seminar, I was asked to give an exam to evaluate what had been learned. Thirty-five of the participants chose to take the exam and all passed! It seems they were truly paying attention even though I was not speaking in their native language of French.

After the "official" program was completed, I was asked to make hospital rounds with the surgical residents on the surgical wards and the emergency room. This led to lively discussions about care of wounds and patients with a variety of surgical problems and wounds. I was, also, asked to speak to the medical students at the main hospital and several other medical schools in Port-au-Prince. We had large crowds for the two hour session at the hospital medical school and the four hour session at the Universite of Notre Dame D'Haiti. The interest and attention of all the attendees was amazing. It was estimated that about 170 physicians, nurses, and students attended the sessions taught that week.

The excitement about treating patients with wounds was apparent even with the hospital administrative staff. During one of our many "after hours" discussions, the hospital committed to establish a wound center and staff it and asked us, the WAWLC, to train the workers in the wound center. We quickly agreed to do that and are currently working on other educational programs for them to be done in the next few months as they get ready to start their wound treatment center. This will be a great advance for them and the people of Haiti in the treatment of wounds.

All in all, I would say this was a very successful trip. We look forward to continuing the work in Haiti through the WAWLC to advance the quality of wound care provided there.



The "Graduating Class" of the WAWLC Wound Care Seminar taught at the Hopital De L'Universite D'Etat D'Haiti, June 6-7, 2011



Jason Miller, PT, CWS, presenting a lecture on preventing burn contractures at the wound conference.



Making wound care rounds with the surgical residents at the Hopital De L'Universite D'Etat D'Haiti.



Lecturing to the medical students at the Universite of Notre Dame D'Haiti



Students attending the seminar at the Universite of Notre Dame D'Haiti  
(All photos courtesy of Sheryl Treadwell)

## **Ethiopia--WAWLC Podioconiosis Initiative**

We are very pleased to report that the Ethiopia initiative now directed by the team of Robyn Bjork and Tom Serena, is progressing very nicely. Robyn and Tom, with financial support from WAWLC, will be traveling to Ethiopia in August for the initial WAWLC site visit. This initiative provides a fine opportunity to involve each of the WAWLC Working Groups. Robyn has contacted the Research and Monitoring Working Group headed by Christine Moffatt and the Country Support Group headed by Jan Rice. The input of their Working groups into the Ethiopia initiative will be essential. This will also prepare the working groups for involvement in Kuwait and Swaziland. Terry Treadwell, Chair of the Program Development Working Group, has been involved with the Ethiopia project from the beginning,

### **HIGHLIGHTS:--- From Robyn Bjork**

\*confirmed appointment with MOH

\*confirmed site visit in N. Ethiopia where there is a collaborative initiative at the village level between NGO and MOH toward treatment of Podoconiosis in an underserved and endemic area. We will be delivering some formal education while we are there.

\*confirmed initiative to start a wound clinic at the largest public gov't hospital in the capital city (I am assuming Tikur Anbessa is the Black Lion Hospital), with focus on Diabetic foot ulcers.

\*confirmed collaboration with the existing NGOs working in Ethiopia on Podo control initiatives.

I just also talked with the founder of the Soddo Christian Hospital and they want to pursue training with us to be a regional treatment/teaching/research site for wound and lymphedema care as well. What is really neat about this is that they already have a relationship established as an intern rotation for medical students from the Black Lion Hospital where we will be helping to start a wound center. Cool.

Cheers. Robyn

### **Kuwait--September 9-14, 2011**

WAWLC has received a formal invitation from the Kuwait Ministry of Health to come to Kuwait in September for the initial WAWLC site visit. Dr David Keast and Dr John Macdonald will represent WAWLC. It is intended that arrangements will be finalized for two seminars to take place in 2012. # 1 A three day seminar on the basics of modern wound and lymphedema management. #2. This will then be followed at a later date by a two day seminar devoted to the "Diabetic Foot." Upon our return from Kuwait, we will begin to create the faculty for both events. Also during this special visit to Kuwait, we will meet with representatives of The Red Crescent for discussion of possible future WAWLC involvement in the Middle East. We will also explore the potential for the WHO White Paper to be offered in an Arabic edition

## **Swaziland--Fall-Winter 2011.**

WAWLC has been advised that the **Drawtex --Beier Drawtex Healthcare (PTY) Ltd.**, South Africa, has proposed a \$50,000 US grant in support of a WAWLC intervention in Swaziland. Gregory Weir, MD, President of the Wound Healing Association of South Africa -WHASA has agreed to have WHASA assume the lead in this effort as the representative for WAWLC. It is anticipated that the site visit will take place before the end of the year. Exciting news--more to follow.

## **Cameroon—September 2011,**

Dr Hubert Vuagnat (University Hospitals of Geneva, UHG) and Dr Eric Comte (Medecins sans Frontières, MSF) will visit Akonolinga Hospital where MSF has been running a Buruli Ulcer program since 2000. Modern wound care was introduced there in 2006 and makes it an ideal ground to transfer and develop knowledge on wound care in under resourced settings in WAWLC spirit. First efforts were made in describing wounds and treating them in a modern but simple way. Then a few current modern dressings could be used showing great effects on wound healing, pain and reducing the frequency of dressing's changes.

A second step was achieved in collaboration with the help of Geneva University of applied sciences in health whose professors gave a full week course in Cameroon's capital, Yaoundé, to local nurses including those working for MSF Buruli program. Furthermore, Buruli ulcer's being a source of heavy disability, Dr Vuagnat brought his expertise in rehabilitation for disability prevention and treatment.

MSF collaborators have had the opportunity to come to Geneva University Hospitals either for basic practical training or for more in depth training.

Last visit in Geneva was that of a nurse who stayed for one month and worked with our wound specialists. Creating a very fruitful exchange on both sides.

Of course this experience is shared as much as possible at international (EWMA, French wound care society, American Congress of Rehabilitation Medicine...) and local (Swiss society, Geneva University Hospitals wound care group, Swiss Society of Rehabilitation,...) meetings.

Among goals of the next visit in September, the following topics will be addressed:

Assessing wound care program improvements and needs

Improving compression therapy

Developing wound care outside the hospital, in the primary care centers

Improving data collection

Improving telemedicine



First modern wound dressing in Akonolinga



First arm compression bandage in Akonolinga



Jeanine Mfoumou, from Akonolinga Cameroon, is guest star at the Swiss Association for Wound Care Congress.



Rehab and wounds in Akonolinga

## **WAWLC Web Site**

Thanks to the efforts of EWMA, Jan Kristensen and Henrik Nielsen, the WAWLC web site is greatly improved. We can now refer potential donors to the site for on line contributions. However, WAWLC would very much encourage any of you with computer skill, or access to someone with computer skill, to step forward and become our Web site "Guru"! What a help that would be.

## **WAWLC Board of Executive meeting Fall, 2011**

We are now in the process of setting a date for the Fall Board meeting in Geneva. This meeting, of course is open to all interested supporters of WAWLC.

## **New Opportunities**

The continuation and expansion of the WAWLC mission must rely on the insight and imagination of each one of you. WAWLC can provide the education template and the global support mechanism. You and your organization must provide the opportunities that best meet your group needs. Just as the WHASA will lead the Swaziland initiative and the AAWC and CAWC will lead the Kuwait initiative. We now have serious inquiries from Portugal, Poland, Argentina, Uganda, Republic of Congo, Malaysia and Iran. Let us know if you or your society would be interested in working with one of these countries. Even more valuable, chose an area that because of location or need offers a meaningful opportunity for you and your organization. Your involvement will be a gift to both your group and to the recipients of your efforts.

In Closing--

Hopefully, this Newsletter will find you all in good health and high spirits as we enter the Summer of 2011. WAWLC has been blessed in these formative years. But, obviously, we have so much to do in all phases to enable WAWLC to fulfill it's mission. I thank you for your support, your imagination, your future contributions and your prayers.

WAWLC has a special place in Global Wound and Lymphoedema Management

You have a special place in WAWLC.

Best to All, John

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