

CO18-002-e

**Set-up of a multidisciplinary care for neurologic patients' pressure sores**D. Bensmail<sup>a,\*</sup>, C. Rech, C. Hugeron, H. Chaussard, A. Meugniot, C. Jacmard  
Service de MPR, hôpital R.-Poincaré, AP-HP, 104, boulevard  
Raymond-Poincaré, 92380 Garches, France

\*Corresponding author.

E-mail address: [djamel.bensmail@rpc.aphp.fr](mailto:djamel.bensmail@rpc.aphp.fr).

Multidisciplinary care of pressure sores is organized in the department of physical medicine and rehabilitation of R.-Poincaré hospital since 2010. The patients' selection is performed after a telephone conversation (214 patients in 2011). Patients from île de France area with neurological pathologies are selected for the follow-up (spinal cord injury, multiple sclerosis, spina bifida). A physician and a nurse see together the patients the first time. The follow-up is secondary performed essentially by a nurse. Two times per month, patients with a surgical indication are showed to a plastic surgeon. Two thirds of the patients need a medical healing, one third need a surgical procedure. One important part of the follow-up is dedicated to prevention and information of patients. A physiotherapy or occupational therapy evaluation is proposed to patients according to their needs (transfers, wheelchair choice, cushion, home and car layouts. ...). A social, psychological and dietetic follow-up is proposed to the patients. A program of therapeutic education is organized since 2011, validated by the regional health agency. Among 110 patients followed-up during 2011, 84 benefit from a therapeutic education program. One multidisciplinary consultation is organised each month including PMR physicians, plastic surgeon, nurses, physiotherapist, occupational therapist, dietician, social worker. Five to six patients with complex medical history are seen each month to discuss the therapeutic strategy. Collaboration is also necessary with internal medicine department (infectious and nutritional disorders) and orthopedic surgery department (bone infection). If urological or bowel-stomy are necessary, specialized surgeons are requested. Pressure sores care need a multidisciplinary team involving numerous stakeholders. Prevention, therapeutic education, medical and surgical care are the different elements to organize in order to ensure an optimal care of patients.

<http://dx.doi.org/10.1016/j.rehab.2012.07.366>

CO18-003-e

**Negative pressure wound therapy (NPWT) in 2012, debate?**B. Barrois<sup>a,\*</sup>, P. Guerreschi<sup>b</sup><sup>a</sup> Service de MPR, centre hospitalier de Gonesse, rue B.-Fevrier,  
BP 30071, 95503 Gonesse, France<sup>b</sup> CHRU Lille, Lille, France

\*Corresponding author.

E-mail address: [brigitte.barrois@ch-gonesse.fr](mailto:brigitte.barrois@ch-gonesse.fr).**Keywords:** Chronic wounds; Healing; NPWT**Introduction.**– Wound cleansing is good for healing. Experimental skills have been developed. From 1993, negative pressure wound therapy was used for chronic wounds.**Objective.**– Clarify indications and risks for using NPWT from international recommendation in wound therapy.**Methods.**– Method is built on exhaustive literature review, Agency for Healthcare Research and Quality (AHRQ) in 2009 and l'IQWiG in 2011 (Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen).

Purpose is assessing the RCT levels and systematic reviews.

**Results.**– AHRQ finds among 1875 papers, 221 clinical cases, only seven RCT, and three systematic reviews.

NPWT drain exudates and maintain adequate moisture.

But, oedema reduction, blood flow improving, bacterial number reduction are argued.

Clinical cases show NPWT positive effect.

RCT and reviews show no higher effect for NPWT on any precise indication according to modern dressings (acute or chronic wounds, engraftments, diabetics wounds, mediastinitis. ...).

FDA identify serious adverse effects, sometimes deadly between 2000 and January 2012 (97 bleedings, 61 infections, 75 foam problems. ...).

The origin of iterate recommendations in USA and in France are based on the adverse effects (Haute Autorité de santé-2010 [HAS]).

**Conclusion.**– Positive results with NPWT are emerging from some publications. Methodologic bias (heterogenous indications), adverse effects (dead) and conflicts of interests force through a critical look. NPWT interest faced with modern dressings is still a debate subject.**Further reading**<http://www.ahrq.gov/clinic/ta/negpresswtd.pdf>.<http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/PublicHealthNotifications>.[http://www.has-sante.fr/portail/upload/docs/application/pdf/2010-02/fiche\\_de\\_bon\\_usage\\_traitement\\_des\\_plaies\\_par\\_pression\\_negative.pdf](http://www.has-sante.fr/portail/upload/docs/application/pdf/2010-02/fiche_de_bon_usage_traitement_des_plaies_par_pression_negative.pdf).<http://dx.doi.org/10.1016/j.rehab.2012.07.367>

CO18-004-e

**Impact of the perception of bed sores in patients with neurological pathology on medical practice: Preliminary results of an exploratory survey in a PMR department**I. Barth<sup>a,\*</sup>, D. Bensmail<sup>b,\*</sup>, P. Hlavackova<sup>c</sup>, Y. Payan<sup>d</sup>, N. Vuillerme<sup>e</sup><sup>a</sup> Laboratoire AGIM, FRE 3405, CNRS-UJF-UPMF-EPHE, domaine de la  
Merci, faculté de médecine, cedex 38706 La Tronche, France<sup>b</sup> Service de MPR, hôpital R.-Poincaré, AP-HP et GRCTH,

EA 4497, université de Versailles-Saint-Quentin, France

<sup>c</sup> Laboratoire AGIM, FRE 3405, CNRS-UJF-UPMF-EPHE, fondation  
Garches, France<sup>d</sup> Laboratoire TIMC-IMAG, UJF-CNRS UMR 5525, France<sup>e</sup> Laboratoire AGIM, FRE 3405, CNRS-UJF-UPMF-EPHE, et GRCTH,

EA 4497, université de Versailles-Saint-Quentin, France

\*Corresponding authors.

E-mail address: [iwan.barth@agim.eu](mailto:iwan.barth@agim.eu).**Keywords:** Bed sores; Representations; Practices; Care; Prevention**Objective.**– To evaluate how medical and paramedical staff perceive bed sores in patients with neurological pathology, relative to experience in the workplace and factors which facilitate or block management or prevention.**Method.**– Questionnaire-based survey of 30 medical and paramedical staff in the PMR department of Raymond-Poincaré Hospital at Garches (four auxiliaries, nine nurses, four doctors, one manager, eight physiotherapists and three occupational therapists, mean experience 14 years).**Results.**– Bed sores in patients with neurological pathology were a high concern for all the staff who responded: two thirds responders felt very anxious and reported feelings of despondency or discouragement; one third even reported a feeling of personal failure and the same number felt that it put their professional competence into question. Furthermore, although none of the responders considered that bed sores were inevitable one fifth felt that they were unavoidable. There was complete consensus that efforts should be prioritized towards prevention while just under two thirds agreed that treatment was a priority. In response to the open question regarding changes in the work place which could 'improve prevention or management of bed sores', organization of work (staffing levels, collaboration, working hours, etc.) was most frequently evoked. The other points evoked were communication, equipment (improved access, use, adaptation etc), staff training, therapeutic education and the problem of time.**Discussion.**– The results of this survey highlight: (a) the significant impact of bed sores related to neurological pathology on experiences and practices and (b) that prevention as a means of action is perceived as necessary by all staff. This survey should be extended in order to validate the results and to take a larger diversity of situations (type of department, bed sores and practices) into account. Qualitative interviews should also be included. These results will improve understanding and optimization of preventative measures and treatment of bed sores related to neurological pathologies.<http://dx.doi.org/10.1016/j.rehab.2012.07.368>