Selected abstracts from the 25th Biennial WCET® Congress in Vancouver, Canada

Delegates at the WCET™ Congress, in Vancouver, Canada in April, were treated to a very successful scientific programme with diverse, stimulating and high-quality content.

For the benefit of the many members who were unable to attend, here is a sample of poster presentations from around the world. A sample of oral presentations will appear in the December issue of the journal.

DOI https://doi.org/10.33235/wcet.46.3.44-48

POSTER PRESENTATIONS

A CONCEPTUAL FRAMEWORK FOR WOUND CARE EDUCATION IN CANADA

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Background: Over the past two decades wound care education throughout Canada has evolved with new educational programs and approaches. Building upon previously developed models of wound care education and professional education frameworks, this study introduces a new conceptual framework that maps the current Canadian education landscape and emphasizes how knowledge is both created and disseminated through both academic and experiential learning.

Methods: A qualitative descriptive design was utilized along with qualitative content analysis. The authors reviewed literature on professional education frameworks and conducted a review of Canadian wound care education programs. Data were synthesized into a conceptual model represented through a tree metaphor to illustrate the learning pathways and opportunities for developing wound care knowledge.

Results: The Canadian Wound Care Education Framework and the presented Model of Canadian Wound Care Education identify multiple pathways for professional development, beginning with self-directed learning and advancing through academic programs and experiential opportunities. These pathways progress to research and inquiry which represent the development and dissemination of new wound care knowledge. Educational gaps are also identified within the framework, particularly at the undergraduate and doctoral levels, and recognizes opportunities for integration of mentorship, fellowship, and applied inquiry to promote lifelong learning.

Conclusions: This framework provides an adaptable, evidence-informed roadmap for clinicians, educators, and institutions to strengthen wound care education in Canada. Through the integration of professional education frameworks, and ensuring a dynamic and adaptable approach to the development of wound care knowledge through continuous learning, research and education, this framework will support clinicians at all levels of practice seeking to develop knowledge in wound care.

STRUGGLING WITH MOISTURE BALANCE IN A VARIETY OF WOUND ETIOLOGIES? CONSIDER SHIFTING YOUR PRACTICE UPWARD UTILIZING A SOFT SILICONE FOAM WITH PROPRIETY DIMPLED SURFACE. A CASE SERIES

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Abstract: Clinical situation: Exudate management is an essential ingredient for creating a moist wound environment that promotes optimal healing, especially in highly exuding wounds.[1] It is important for clinicians, in the presence of considerable to exudate, to choose an appropriate wound dressing to handle high volumes exudate. One such tailored intervention to address both exudate control and protection of periwound skin includes the use of a soft silicone foam (SSF) with propriety dimpled surface.

Actions taken: This case series includes the application of a SSF on various wound etiologies that had considerable wound exudate including: two cases of lower leg venous insufficiency, a lower leg trauma with associated edema, a pressure injury on the thoracic spinal vertebra, peristomal ulcer, large abdominal surgical wound with dehiscence, a diabetic foot ulcer, a dermal substitute on a chronic wound.

Outcomes: In all instances the SSF demonstrated consistent exudate handling and helped maintain a moist wound environment without maceration. Additionally, there was the added benefit of frequency of dressing change was modified to every two to three days shortening length of stay in hospital. No adverse reactions were reported and patient feedback highlighted comfort and reduced pain during dressing changes.

Implications for practice: Both excessive and insufficient moisture levels can impede wound healing.[2] The use of a SSF dressing with propriety dimpled surface proved effective in managing a range of wound etiologies and also enhanced quality of life as it pertained to reducing the frequency of dressing changes. The versatility, ease of application support the integration of this dressing in wound management protocols especially where exudate control and skin protection are critical.

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SECONDARY INTENTION HEALING OF NASAL ALA DEFECTS: SCAR QUALITY AND PATIENT SATISFACTION IN A RETROSPECTIVE CASE SERIES

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Abstract: The nasal ala is a common site for basal cell carcinoma due to chronic sun exposure.[1] Surgical excision is the standard treatment.[2]

The nasal ala presents with reconstructive challenges due to its curvature and limited skin laxity,[3] risking distortion or scarring with conventional closure such as suturing.

Secondary Intention Healing (SIH) allows wounds to heal naturally through granulation and epithelisation[4] and may be an alternative, as evidence on outcomes of nasal ala defects is limited.

Aim: To evaluate the scar quality, healing time and patient satisfaction in patients with nasal ala defects managed by SIH with overall scar impression as the primary outcome.

Methodology: A retrospective case series of all consecutive patients undergoing nasal ala excision managed with SIH (Jan 2024- Sept 2025). Patients were contacted in October 2025 (median 8 months postprocedure) to complete a questionnaire. Scar characteristics using patient component from POSAS Scale 5. (1= best, 10=worst), healing time, complications (bleeding, crusting, infection), nasal symptoms and overall patient satisfaction were assessed. Primary outcome was patient's overall scar impression. Verbal consent obtained from all patients.

Results: 26 patients included. Mean scores (1 = best, 10 = worst) for scar quality: pain 1.6 ± 1.1, stiffness 1.7 ± 1.4, itching 2.1 ± 1.9, colour 2.8 ± 3.0, thickness 2.4 ± 2.0, irregularity 2.5 ± 2.5, overall opinion 2.5 ± 2.3. Healing occurred within six weeks in 66% of patients. Most patients reported no nasal symptoms (73%); complications included minor bleeding (11%), crusting (19%), and breathing difficulties (7%). Overall satisfaction was high (85% very satisfied, 15% satisfied), with 88% choosing the same treatment again.

Conclusion: Within the limitations of this case series, SIH appeared to yield satisfactory cosmetic appearances with minimal complications for nasal ala excisions. Larger comparative studies are needed to further evaluate the role of SIH in nasal ala reconstruction.

CASE REPORT OF PRESSURE ULCER HEALING THROUGH HOME CARE

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Aims This report aims to present two clinical cases of pressure ulcer management in home care settings, highlighting the effectiveness of individualized nursing interventions for patients with complex oncologic conditions.

Purpose The purpose is to demonstrate how structured, home-based nursing care contributes to wound healing and improves the quality of life in high-risk patients following intensive cancer treatment and critical care.

Background Pressure ulcers are common complications among patients with chronic illness, immobility, immunosuppression, and poor nutritional status. Cancer patients, in particular, face delayed wound healing due to chemotherapy, radiotherapy, and prolonged hospitalization. Case 1 involved a 68-year-old female with multiple myeloma who developed a stage 3 pressure ulcer after chemotherapy and intensive care for COVID-19 pneumonia. Case 2 involved a 55-year-old female with cervical cancer who developed an unclassified pressure ulcer following concurrent chemoradiation therapy (CCRT) and interstitial brachytherapy.

Methods Home visits were conducted twice weekly. Nursing interventions included negative pressure wound therapy (NPWT), regular repositioning, nutritional counseling, and caregiver education for self-care. Interventions were individualized according to each patient's condition and integrated into the home care setting to ensure continuity of wound management.

Conclusion Both cases demonstrated favorable healing outcomes through consistent, individualized home-based interventions. The findings suggest that home care nursing plays a critical role in managing complex pressure ulcers among oncology patients. By combining wound care, nutritional support, and caregiver involvement, home-based nursing can prevent complications, promote recovery, and improve overall patient quality of life.

ASSESSMENT OF SPECIALIZED INTERPROFESSIONAL WOUND CARE TEAMS ACROSS ONTARIO: CURRENT MODELS AND SERVICE GAPS 2026

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Abstract:

Introduction: Chronic wounds are often associated with additional health challenges, leading to complex systematic assessment and diagnoses [1-3]. Interprofessional wound care teams consisting of two or more disciplines, provides comprehensive chronic wound management, improving diagnostic proficiency and patient outcomes[1]. In 2011, THETA identified 44 interprofessional wound care teams across Ontario [4]. Following a 14-year interval, this project aimed to identify current Ontario-based interprofessional and single-profession wound care teams, assess team dynamics, service models and provide care recommendations to the Ministry of Health.

Methods: 1295 healthcare team leaders from diverse settings (hospitals, clinics, etc.) were contacted via phone/email to complete an online survey. Of those contacted, 148 agreed to participate and 124 completed the survey (84%).

Results: 74 interprofessional teams and 50 single-profession teams were identified. Interprofessional teams were located primarily within the Northeast, Champlain and Toronto Central health districts, and exist as either free-standing clinics (45%) or within hospitals (35%). The median interprofessional team size was 4 and the common discipline makeup was nursing (RN, NP, RPN) 99%, MD (generalists/specialists) 89%, registered dietician 46%, and chiropody 23%. Interprofessional teams assess a median of 300 wounds patients annually, with chronic wounds totalling 40-50% of visits. Single-profession teams assess a median of 100 wound patients annually, with 35-60% representing chronic wounds. Both teams had a majority of patients in their care coordination for 1-3 months. Analysis of team members revealed 50-60% had additional training in wound care, and 30-50% were without Ministry of Health funding. Many teams (30-50%) wanted to expand their interconnected practice, however barriers included funding, physical infrastructure and staffing.

Conclusion Interprofessional and single-profession wound care teams have expanded across Ontario. There is difficulty funding these teams to adequately coordinate care for complex wound patients. This data should guide future recommendations for the Ministry of Health's policies.

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COMPREHENSIVE ROLE OF WOUND, OSTOMY, AND CONTINENCE NURSES (ENTEROSTOMAL THERAPISTS)

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Abstract:

Background: Enterostomal Therapy Nurses (ETNs) play a vital role in the prevention, management, and education related to wounds, ostomy, and continence disorders and also prevention. At the University Medical Centre Ljubljana (UMCL), the ETN Collegium was established in 2021, currently comprising 42 certified specialists. The Collegium operates across various clinical departments and contributes significantly to patient-centered care, staff education, and interdisciplinary collaboration.

Objectives: To present the scope of ETN practice, the structure of the Collegium, and its contribution to quality improvement, prevention initiatives, and professional development within UMCL.

Methods: Data were collected from departmental activity reports, interdisciplinary project documentation, and educational event records (2021–2025). The Collegium also organizes the annual World Pressure Injury Prevention Day and participates in continuous professional education under the WCET framework.

Results: Members of Collegium are active in clinical, educational, and consultative roles throughout UMCL. Meetings are held every two months, where current issues and various professional topics related to wounds, ostomy, or continence care are discussed. The group presents its work at various events for both professional and general audiences. The members of the committee also serve as mentors to participants in the ETNEP programs. Preventive programs have improved awareness among nursing staff and reduced the incidence of wound-related complications. Collaborative events—such as Pressure ulcer prevention day—enhanced multidisciplinary engagement and knowledge dissemination.

FROM EVIDENCE GAPS TO CONSENSUS: THE PROCESS OF UPDATING THE BC MATTRESS ALGORITHM FOR PRESSURE INJURY PREVENTION AND TREATMENT

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Abstract: The BC Provincial Interdisciplinary Skin and Wound Committee (PISWC) identified that the existing provincial mattress algorithm required revision to reflect evolving evidence and practice. A working group of one NSWOC and two occupational therapists was tasked with this project. The team began by critically reviewing the current algorithm and considered the challenges associated with it. A literature review was completed, including Wounds Canada consensus documents, Linda Norton's work, and the NPIAP/EPUAP/PPPIA International Guidelines.

Due to the limited strength of available evidence, expert opinion and clinical expertise were integral in shaping the revision. Using this combined approach, Draft 1 of the updated algorithm was developed, with a focus on decision-making pathways for both prevention of pressure injuries (PIs) and management of individuals with existing PIs as well as guiding principles and reassessment indicators. Significant time was dedicated to refining mattress selection to ensure clinical relevance and practicality across all care environments.

Terminology clarification emerged as a key priority to ensure the algorithm could be interpreted consistently by clinicians with varied levels of expertise, from bedside nurses to experienced occupational therapists. The team prioritized ensuring the tool could be applied across the continuum of care, including acute care, community, and long-term care settings.

The draft was presented to the PISWC for review. Feedback was carefully evaluated, and revisions were either incorporated or respectfully declined with rationale provided. Following a second committee discussion, consensus was reached to add clarifying content and supplementary pages to enhance usability.

The revised mattress algorithm represents an evidence-informed, consensus-based tool that integrates limited research evidence with expert opinion. This process highlights the importance of interdisciplinary collaboration, iterative feedback, and alignment of language and content to clinical practice. The updated algorithm is expected to improve consistency in mattress selection, ultimately advancing pressure injury prevention and management across British Columbia.

THE STATE OF HEALTH OF PEOPLE WITH STOMA: PRELIMINARY DATA FROM A NATIONAL REGISTER

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Abstract:

Introduction: Approximately 70,000 Italians, 700,000 Europeans, and 1 million Americans live with urinary or intestinal stomas. Main causes include cancer, inflammatory bowel disease, volvulus, trauma, obstruction, and familial adenomatous polyposis. In Italy ~48,000 new colorectal and 28,000 bladder cancer cases were reported. Having a stoma is often a life-saving measure, but it has a considerable physical, psychological and social impact on the person's life. By learning self-care skills people with a stoma can achieve good levels of quality of life and adapt to this new condition.

Aim: To describe the preliminary data of the ONIS-STOMA multicenter study regarding sociodemographic, clinical, and quality of life variables collected from patients with stomas attending the stoma outpatient clinic of one of the center involved in the study. The aim of the study is to create a national registry of people with stomas.

Methods: The ONIS-STOMA study is a prospective observational study based on a registry containing clinical and instrumental data collected from patients with stomas attending specialized outpatient clinics in participating centers. This study is a preliminary analysis of the data collected from 180 people with stomas, attending the ostomy clinic from April to December 2025. The data were collected through a data collection form and the Charlson Comorbidity Index, for sociodemographic and clinical variables, the Self-Care Index for people with stomas and the Stoma QoL to investigate the level of self-care and quality of life. Descriptive analyses were then performed.

Results: The participants in the study are mainly elderly, retired people, who live close to the clinic and who have the support of a caregiver. Most of the participants stated that they are independent in managing their stoma and that they have good levels of self-care and quality of life. These data suggest that having regular contact with stoma nurses could have a positive impact on self-care and self-management skills and in preventing complications.

Conclusions: Continuing the study will allow us to contribute to the creation of a national registry of patients with stomas and to compare with the definitive analyses regarding the prevalence and association between the type of stoma and sociodemographic, clinical, self-care and quality of life characteristics in order to identify personalized paths for patient profiles.