

4th International Workshop on Wound Technology

Exclusively
in English

January 15-17, 2012 • Palais des Congrès de Paris • France

Combined meeting

In 2012, we are pleased to present the first collaboration between:



International Workshop
on Wound Technology



The European Tissue
Repair Society



The Chinese Tissue
Repair Society

The International Workshop on Wound Technology (IWWT) is the English-language component of the French CPC, the biggest woundhealing congress in the world. Held annually in Paris and attracting approximately 4000 attendees, the CPC is now in its 16th year.

For the 4th year, the IWWT will feature international perspectives on wound technology, in parallel with the CPC. The main objective of this event is to reduce the learning curve of new technologies by facilitating the exchange of ideas, knowledge and experiences. Wound care practitioners and experts in new technologies are invited to participate in this transfer of information and expertise.

The European Tissue Repair Society (ETRS) is a non-profit making organisation founded in 1988, to promote knowledge and interchange between scientists, healthcare professionals, industry and other individuals that have an interest in tissue repair.

The Chinese Tissue Repair Society (CTRS) was founded in 1995 and is a non-profit organisation. It aims to create a bridge between wound care researchers and practitioners. The CTRS is dedicated to translating research from bench to bedside in wound repair and tissue regeneration in China.

> Scientific committee:

- Sadanori Akita (Nagasaki, Japan)
- Jan Apelqvist (Lund, Sweden)
- Christine Faure (Montpellier, France)
- Finn Gottrup (Copenhagen, Denmark)
- Mark S. Granick (New Jersey, USA)
- Boris Hinz (Toronto, Canada)
- Raj Mani (Southampton, UK)
- Sylvie Meaume (Paris, France)
- Hugo Partsch (Vienna, Austria)
- Marco Romanelli (Pisa, Italy)
- Luc Téot (Montpellier, France)
- Magda Ulrich (Beverwijk, The Netherlands)
- Rosine Van Den Bulck (Brussels, Belgium)

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JANUARY 15-17, 2012 • PALAIS DES CONGRÈS • PORTE MAILLOT • PARIS • FRANCE

→ **Foot salvage in diabetic foot ulcer using innovative surgical procedures.**

C. Attinger (Georgetown, USA)

Because of the medical comorbidities of diabetes and the complexity of the foot and ankle, limb salvage often demands a multi-team approach. This team ideally should consist of a vascular surgeon skilled in endovascular and distal bypass techniques, a foot and ankle surgeon skilled in internal and external (Ilizarov) bone stabilization techniques, a soft tissue surgeon familiar with modern wound healing as well as soft tissue reconstructive techniques, an infectious disease specialist to manage antibiotic therapy and an endocrinologist to help manage the glucose levels. Surgical goals include transforming the chronic wound into an acute healing wound with healthy granulation tissue, neo-epithelialization, and wrinkled skin edges. This may include ensuring a good local blood supply using the angiosome principles, addressing infection and biofilm, debriding the wound to a clean base, correcting any biomechanical abnormality, and nurturing the wound until it shows signs of healing. Wound healing adjuncts including negative pressure, biologic supplements and hyperbaric oxygen may be useful in this regard. The subsequent reconstruction can then usually be accomplished by simple techniques 90% of the time and complex flap reconstruction in 10% of cases. The appropriate role of each will be discussed by anatomic location of the ulcer or breakdown to include plantar forefoot, midfoot and heel as well as dorsum of the foot, ankle and posterior heel.

→ **Nurse management in pressure ulcers.**

P. Alves (Porto, Portugal)

Pressure ulcers are a major and global health problem. A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated¹. The pathophysiology of pressure ulcers describes four mechanisms on the soft tissue in response to mechanical loading: localized ischemia, impaired interstitial fluid flow and lymphatic drainage, reperfusion injury and sustained deformation of cells. The problem is that in all professional groups there is a practical concern focused on the wound, without considering all the characteristics and environment involving the person. A pressure ulcer is a huge problem to the team, they face difficulties as infection, heavily exudation, pain, complications and suffering. The effectiveness of the Nursing interventions is grounded on prevention: risk and skin assessment, support surfaces and repositioning. Early identification of people in risk and timely adopted preventive strategies are cost effective measures and avoid adverse health consequences of UP. Knowledge of both the etiology and risk factors associated with pressure ulcer development are the key to successful prevention strategies... The nursing interventions on treatment are based on reducing the incidence of complications, reduce time spent in treatment, reducing dressing change frequency, reducing number hospitalizations and promote appropriate treatment selections. Quality in wound care combines clinical and financial constraints. A criterious and systematic approach in a team effort leads to the success of healing.

16H00 – 16H30. COFFEE BREAK AND EXHIBITION VISIT

16H30 – 18H00. IWWT / ETRS / CTRS WORKSHOP

NEW TECHNOLOGIES

→ **Room: 342B**

Moderators: M. Granick (Newark, USA), R. Mani (Southampton, UK)

→ **A potential skin substitute constructed with hEGF gene modified HaCaT cells for treatment of full thickness burn wounds in a rat model.**

D. Hu (Xi'an, China)

This study was aimed to investigate the availability in using the infinite cell line of human keratinocyte, HaCaT cells, to effectively deliver epidermal growth factor (EGF) and construct skin substitute for treating burn wounds. The skin equivalent was constructed with the human EGF (hEGF) gene modified HaCaT cells, which were obtained through stable gene transfection, and applied to cover the full thickness burn wounds in a rat model. The results showed that the hEGF gene modified HaCaT cells could produce more than 390 ng/L of bioactive hEGF into the culture supernatant. The proteins of both K19 and integrin- β 1 as keratinocyte differentiation markers were elevated in the hEGF gene