LIVE day Q&A

Name	Location	Question	ASSIGNED TO	ANSWER
Maxine McManus	Stevenage Hertfordshire	What's the best moisture to use on the elderly and with non healing sacrum would what would you pack it with and best dressing	Mark Collier	Many thanks for your question. The most important action is to initiate a good skin care regimen from admission, which would involve the use of an emolient that the patient was not allergic too.
Lydia stokwisz	Cambridgeshire	When patients arrive onto a ward through A&E sometimes wound care is missed. Stock is often very limited on a ward and wounds are left exposed upon arrival. What wound dressing would you recommend on using as a general dressing until the pt is reviewed by a wound specialist nurse?	Mark Collier	Many thanks for your question. Best practiice of course would be that any wound management should be further to a full holistic assessment of the wound and patient either by yourself or a Tissue Viability Nurse if availabie. However to assist your patient on admision, if they have a wound with no dressing on, it would be helpful to have a range of genreic interatcive dressings available in your clincial area that could be sourced and are listed on your formulary and that have identifed uses for the same.

Lydia Conner	Cambridgeshire	Is tap water just as acceptable as sterile water pods to clean wounds? What would you recommend.. I've found different hospitals practice differently. Many thanks	n/a	Many thanks for your question. The three main wound cleansing products in current clincial use are tap water (sterile or unsterile), normal saline and solutions that have antimicrobial actions. Although there has been a comparison of the value of Tap Water v Normal Saline and the use of wound cleansing solutions with antimicrobial actions have also been well reported, unfortunately to date there has not been a comparison of all three. We would therefore recommend you undertake an update literature review and evaluate the evidence you see with your local Tissue Vability specialist or reserach team or your local policy. If your patient however has a history to recurrent wound infections or is in 'at risk' group (eg for SSIs) the use of a sterile would cleansing solution would be recommended.
Lydia conner	Cambridgeshire	Do you think medical adhesive removers should be used as standard practice on all patients to fully minimise any risk of skin trauma? Thankyou	Fiona Downie	Thank you for your question. When thinking of using a medical adhesive remover you should assess your patient for being at risk of a MARSI or they have any pain or discomfort at dressing removal; then use a medical adhesive remover based on this assessment. If you are unsure after this assessment you could discuss with your TVN or TV link nurse.
Joe	Ipswich	Why was it felt necessary to amend the 2013 MARSI definition?	Fiona Downie	Thank you for your question.This slight change to the definition of a MARSI from the 2013 definition was based on a consensus discussion when the 2020 JWC consensus document was in development. The slight change was based on making the MARSI definition more user friendly and applicable to everyday practice.
Harry	UK	Can a risk assessment be undertaken to assess whether a patient can self-care/ undertake their own dressing changes safely?	Fiona Downie	Thank you for your question. The National Wound Care Strategy group have put some resources around patients/carers carrying out their own wound care, and these are available on their web page if you google. These resources were developed in response to the pandemic.

Claudia	Dorset	How would you treat pain due to a MARSI?		Many thanks for your question. The most impoirtant action would be to try to prevent any pain occuring at the time of the removal of any device with an adhesive by the use of a medical adhesive remover at the time of removal. Further to that, if the patient reports associated pain then this should be assessed using your local pain assement strategy and the appropriate measures taken after that.
Ellie	UK	Can you recommend any guidance for patients to maintain their own skin health (e.g. moisturising, drinking water, etc)?	Fiona Downie	Thank you for your question. If you look at the 2020 MARSI JWC consesnsus document there are resources within this document that talk about patient prevention strategies, including a patient checklist. This webinar covers this topic too.
Niamh Nyoni	Royal Brompton Hospital	is there a skin assessment tool for assessing dark skin, we do paediatric cardiac surgery where patients can be sedated for several days or weeks on PICU and also braids in hair - unable to do head assessment. Some advice would be fantastic - Thank you.	Mark Collier	Many thanks for your question. Unfortunately to date there is no specific information related to skin assessment and MARSI, however the principles of Assessing dark skin have been well documented in the Pressure Ulcer Literature. It might help you to access Courtney Lyders wourk (NPUAP - USA) and link to the EPUAP website, also this subject will be included in this years annual Wounds UK conference programme.
S	UK	Do you have any tips for helping patients deal with anxiety around dressing change?	Fiona Downie	Thank you for your question. We have covered patient anxiety in the 2020 JWC MARSI consensus document. In addition, it is about individualised assessment and at this stage assessing the patient for anxiety and reassuring them about the strategies you are using to prevent pain at dressing change; for example a medical adhesive remover and dressing removal technique.
Lydia Conner	Cambridgeshire	Are there any dressings you can advise for a pt I have that is extremely sensitive to many dressings who has multiple allergies?	Mark Collier	Many thanks for your question. In short, the use of an interactive dressing with a very low tack adhesive to minimise skin striping on removal, combided with the use of a sterile adhesive remover at the time of dresing change should minimise (but not totally eliminate) the risk of sensitivity. Of course also check, as I am sure you do, before use if the patient is allergic to any of the ingredients listed in either of the two products.

Linda Canner	Lichfield DN Team	The sterile medical adhesive removers, are they available on all formularies?	CliniMed	Hi Linda, thank you for your question. The availability of sterile medical adhesive removers can be formulary dependent but is available to purchase via NHS Supply Chain and on prescription. If you are happy to, I can pass on your details to the CliniMed Product Specialist in your area to discuss further. Alternatively, please drop the CliniMed careline team an email at info@clinimed.co.uk
Hannah	Kent	Is there anything specific you could do to prevent MARSI caused by ECG electrodes?		Thank you for your question. To prevent any MARSI it is about individualised assessment, but also the whole multidisciplinary team being aware of MARSI prevention, particularly in the at risk patient. In essence prevention would also be about using a skin barrier product before putting the ECG electrode in place, and using a medical adhesive remover when removing. Education on the prevention of MARSI for the whoile team is essential.
Alex Flach	London SMH	Just to say your presentation has really given me food for thought. We apply cannulas to patients regularly for one off procedures and often our patients are elderly. I will take back the idea of making medical adhesive removers available to our manager. Thank you.	Fiona Downie	Thank you. That is really positive feedback and very happy that you have ideas and tips to take back to practice.
Dj	UK	Could you advice on best practice to clean wounds tap water or sterile water	Mark Collier	Many thanks for your question. The three main wound cleansing products in current clincial use are tap water (sterile or unsterile), normal saline and solutions that have antimicrobial actions. Although there has been a comparison of the value of Tap Water v Normal Saline and the use of wound cleansing solutions with antimicrobial actions have also been well reported, unfortunately to date there has not been a comparison of all three. We would therefore recommend you undertake an update literature review and evaluate the evidence you see with your local Tissue Vability specialist or reserach team or your local policy. If your patient however has a history to recurrent wound

				infections or is in 'at risk' group (eg for SSI's) the use of a sterile would cleansing solution would be recommended.
Maria Smith	Cumbria	It's a few years now since the launch of the 2013 consensus on MARSI – why do you think there is such poor reporting and documentation of MARSI? Do you think other countries are better at reporting MARSI's compared the the UK?	FIona Downie	Thank you for your question. The hope is that the 2020 JWC consensus document will stimulate some discussion about reporting MARSIs. It is certainly one of the recommendations in the document from the consensus panel. I am not aware of any countries who do report. There are HSE National Wound Management Guidelines - MARSI published in Ireland.
Lydia Conner	UK	Some patients I have use olive oil or coconut oil as skin moisturiser can this still be used to moisture around wound area?	Fiona Downie	Thank you for your question. It would not be recommended to use a product that isn't licensed for wound care usage as a skin protector/moisturiser. If a product is to be used at the wound margins the patient must be assessed for their risk of infection and a sterile skin protector should always be used if they are deemed at being at risk of infection.
Mark Povey	Ashford, Kent	As a Podiatrist, I adhere a lot of dressings with Hypafix tape. At the removal of the dressings, I will often use Chlorhexidine spray to wet the edges of the tape and then slowly remove the dressing, which seems to reduce the risk of MARSI in my clinical practice. Are you aware of this being used as an adhesive remover and do you have any reservations about its use in this way?	Mark Collier	Many thanks for your question. Hypafix has been reported to have a high tack adhesive (increased risk of skin stripping) and Chlorhexidine is licensed as a skin cleanser not as an adhesive remover. To date we are not aware of Chlorhexidine being used as an adhesive remover and would always prefer to use a product that was 'evidence based' or at least whose use had been advocated in the literatiure on a number of occasions.

Danielle Hughes	Wrexham	Hi, I work as a stoma specialist nurse within my hospital setting and found the webcast interesting. As a tissue viability nurse are you often asked by stoma nurses to assess for possible MARSI in patients from their stoma adhesive pouch? or is this something for the stoma nurse to manage? Thanks	Mark Collier	Thank you for your question. If the patient has a wound involved then the care of the patient should be joint between the TVN and stoma nurse.
Lydia Conner	Uk	I find it more challenging to assess dark skin any tips or advice you could give me or any articles you think would benefit me to read? Thanks	Mark Collier	Many thanks for your question. Unfortunately to date there is no specific information related to skin assessment and MARSI, however the principles of Assessing dark skin have been well documented in the Pressure Ulcer Literature. It might help you to access Courtney Lyders wourk (NPUAP - USA) and link to the EPUAP website, also this subject will be included in this years annual Wounds UK conference programme.
Danielle Hughes	Wrexham	My question is related to assessing MARSI in peristomal skin. Would you generally recommend a skin barrier for all patients in the at risk category if the skin currently has no signs of MARSI? Currently we only advocate a skin barrier once an issue has been identified rather than a preventative. Thanks.	Fiona Downie	Thank you for your question. We would always advocate that any patient identified as being at risk of a MARSI should have skin protection put in place as prevention.