Imagination, Innovation, and Integration, the Power of WOC Nursing
Introducing SenSura® Mio with BodyFit Technology

Leakage is the number one problem for all people with a stoma. Poor appliance fit to body is the main cause of leakage and skin irritation. Getting a secure fit is therefore key to preventing leakage and skin issues.

SenSura Mio’s unique elastic adhesive follows body movements. Whether the patient is bending down, stretching or twisting, this appliance maintains a secure fit.

The baseplate is designed with BodyFit Technology that secures the right fit for your patient’s body, no matter their body shape and specific challenges.

For more information visit us at the APENTA Coloplast booth.

References: 1. Coloplast, Market research, OLS 2016
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Welcome Message

Dear APETNA Colleagues,

On behalf of the WCET® Executive Board and our members in 65 countries, I bring you warm greetings, congratulations and best hopes for a very successful congress.

“Education changes lives”. I am sure that the learning that will take place during your congress sessions will enrich the congress attendees’ practice knowledge and ultimately improve the care of their patients.

WCET® wishes you the very best as your gather together, network, share ideas, research and information.

I look forward to being part of your special celebration.

Sincerely,

Elizabeth A. Ayello, PhD, MS, BSN, RN, CWON, ETN, MAPWCA, FAAN
WCET® President 2018-2020
Dear Colleagues and Friends,

It is our great pleasure to welcome you to the 8th Asia Pacific Enterostomal Therapy Nurse Association (APETNA 2019) which will be held on November 21 to 24, 2019 in Taipei, Taiwan.

The APETNA 2019 Conference is the meeting for Enterostomal Therapy in the Asia region which serves as the platform for experts in this field with practical training to exchange their experiences. During this meeting, you will share the state-of-art of information of Enterostomal Therapy. The meeting consists of 6 sessions of keynote speech, oral presentations for free paper and exhibiting e-posters. We would like to promote the educational exchanges between hospitals and countries through the conference.

We wish you an enjoyable stay in Taipei, and hope you bring home the most beautiful memories during your stay.

Sincerely yours,

Po-Jui Yu
Chairman
APETNA 2019
Dear colleagues and friends,

On behalf of the President of Taiwan Wound, Ostomy and Continence Nurses Association (TWOCNA), we are delighted to welcome all of you to attend the 8th Asia Pacific Enterostomal Therapy Nurse Association (APETNA 2019).

This meeting, organized by Taiwan Wound Ostomy and Continence Nursing Association, will provide one of the most influential and educational conferences that will enable unique platforms for exchange of novel information and share the latest in evidence based practice.

I would like to invite the attendees to enjoy the vibrant atmosphere of this flourishing metropolis, Taipei. The city combines sophisticated urbanity with the unpretentious natural surroundings. I hope all the attendees could cherish this precious friendship in this conference and forever.

Sincerely,

Ai-Ling Chang
President of TWOCNA
Organization

Local Committee

Chairman
Po-Jui Yu Fu Jen Catholic University Hospital

Secretary General
Wen-Pei Huang Chi Mei Medical Center

Vice Secretary General
Yuh-Yun Lee Taiwan Wound Ostomy and Continence Nurse Association

Scientific Chairman
Chin-Wen Shiao National Taiwan University Hospital

Scientific Vice Chairman
Jui-Ping Lin Taipei Veterans General Hospital

Treasurer & Exhibition
Mei-Li Chen Taipei Veterans General Hospital

Accommodation & Transportation
Shih-Hsin Hung Taipei Veterans General Hospital

Website & Computer Equipment
Kai-Li Lee Chi Mei Medical Center

Social Program
Mei-Yu Hsu Hualien Tzu Chi Hospital

International Advisory Board

Keryln Carville Australia Silver Chain Group and Curtin University
Kevin Woo Canada Queen’s University
Honglian Xu China Shanghai Changhai Hospital
Meichun Zheng China Sun Yat-Sen University Cancer Center
Michelle Lee Hong Kong N/A
Chak Hau Pang Hong Kong Yan Chai Hospital
Widarsari Sri Gitarja Indonesia Indonesian Wound Care Clinician Association
Hiromi Sanada Japan The University of Tokyo
Mariam Hj. Mohd Nasir Malaysia M&T Network Consultancy
Ong Choo Eng Singapore Singapore General Hospital
Yuwadee Kestsumpun Thailand Thai Enterostomal Therapy Nurse Society
Elizabeth A. Ayello United States World Council of Enterostomal Therapists
Denise Nix United States M Health Fairview Hospitals and Clinic Minneapolis
Organizers

World Council of Enterostomal Therapists
Taiwan Wound Ostomy and Continence Nursing Association

Co-organizers

Society of Colon and Rectal Surgeons, Taiwan
Taiwanese Continence Society
Taiwan Society for Wound Care

Government Support

Bureau of Foreign Trade, Ministry of Economic Affairs
Department of Information and Tourism, Taipei City Government
Department of Health, Taipei City Government

Ministry of Education, Republic of China (Taiwan)
Ministry of Foreign Affairs, Republic of China (Taiwan)
Ministry of Science and Technology

Secretariat, Taipei City Government
Corporate Sponsors

Diamond Sponsors

Coloplast’s business includes Ostomy Care, Continence Care, Wound & Skin Care and Interventional Urology. We operate globally and employ about 12,000 employees. From getting to the grocery store to biking up a mountain, users’ hopes and aspirations fuel our passion of finding new ways to help make their lives easier. We constantly question the status quo across every aspect of intimate healthcare and seek to understand our users, to better anticipate and advocate for their needs. Ever since the founding of Coloplast in 1957, we have worked closely with healthcare professionals and the users of our products to discover new solutions as well as new ways to create solutions that are sensitive to their special needs. Together, we move care forward.

ConvaTec is a global medical products and technologies company focused on therapies for the management of chronic conditions, with leading market positions in advanced wound care, ostomy care, continence and critical care, and infusion devices.

Our products provide a range of clinical and economic benefits including infection prevention, protection of at-risk skin, improved patient outcomes and reduced total cost of care.

We are a global Group, with 9,500 employees doing business in over 110 countries. In 2017, our Group generated revenues of over $1.765 billion.
Platinum Sponsors

ALCARE Co., Ltd. is a Japanese medical device company, driving business to contribute to the medical front and specializing in 5 categories of Ostomy, Orthopedics, Nursing, Wound and Healthcare, to become the essential partner of the aged society.

The founder, Shigeo Suzuki, wanted to help orthopedic surgeons struggling to apply casts to patients, then invented and manufactured Speed Gyps in 1955. He also saw nurses having trouble finding ideal stoma products in Japan, so he developed the first stoma products in Japan in 1965. Today, we deliver a wide range of products for care, in Ostomy, Orthopedics, Nursing and Wound.

We have own R&D laboratory and manufacturing plants to ensure creating values and delivering safe and reliable products for customers. Our mission is to provide the best care to all who hope for better health. We strive to seek the best care in cooperation with medical professionals and patients.

Hollister Incorporated is an independent, employee-owned company that develops, manufactures, and markets healthcare products and services worldwide.

We offer advanced medical products for Ostomy Care, which includes two strong global brands – Hollister Ostomy and Dansac Ostomy; Continence Care; and Critical Care. We also provide innovative healthcare programs and services, as well as educational materials for patients and healthcare professionals.

Hollister has been serving healthcare professionals and patients for more than 95 years — making a difference in the journey of life for people throughout the global community.

With its corporate headquarters in Libertyville, Illinois, Hollister Incorporated has manufacturing and distribution centers on three continents and sells in more than 90 countries around the world.

Our Mission
To make life more rewarding and dignified for the people who use our products and services.

Our Vision
To grow and prosper as an independent, employee-owned company and in the process become better human beings.
Mölnlycke is a world-leading medical solutions company. Our purpose is to advance performance in healthcare across the world. We have the heritage of our proprietary Safetac technologies which we continue to improve the treatment outcome of our products by the innovative solutions starting with the needs of our customers.

Around the world, healthcare systems and professionals are under pressure to deliver better care, to more people, for better value. We are here to advance performance in healthcare. So we are always on the lookout for new ways to improve. Our focus: providing effective solutions and offering better value for money.

Healthcare professionals inspire our wound management, prevention and surgical solutions. Their relentless search for new and better ways to care for patients drives us to innovate. They have what it takes to make a difference to the lives of their patients. And they are proving it every day.

### Gold Sponsor

3M is committed to integrating and applying science to improve a better life. With more than 90,000 employees worldwide, 3M works hand-in-hand with customers around the world to meet a wide range of industry needs. 3M has been deeply involved in Taiwan since 1969. At present, more than 1,000 employees provide customer service in various fields such as manufacturing, R&D, Healthcare and business marketing, and sell more than 30,000 products in Taiwan.

### Silver Sponsors

We believe every individual deserves the opportunity to live the healthiest life possible and our priorities guide us to bring value to healthcare professionals, to innovate and positively impact the lives of patients. APEX Medical Corporation was founded in 1990, it has become a patient-focused, innovation-driven global medical solution provider during the development over two decades. With its devotion to healthcare, APEX products have been developed as a range of solutions: from the prevention and treatment of pressure ulcers and wounds, continuous positive airway pressure devices (CPAP) for treating obstructive sleep apnea to medical equipment for providing full-line products.
Zhende Medical Co., Ltd was founded in 1994, is dedicated to manufacturing, researching and distribution of medical dressings and other healthcare supplies. China A-share listed company. (Stock Code: 603301.SH)
We have registered with FDA, ISO13485, CE as well as CFDA certification.
With a focus on new product development and high quality products in the fields of cleaning and disinfection, ostomy care, sports protection and rehabilitation, we contribute to providing more healthcare products to make life better.
To be the most reliable partner in the field of medical supplies is our vision.
We look forward to working with our outstanding partners to build a harmonious, symbiotic and healthy business ecosystem, and become one of the most valuable enterprises in the medical dressing industry.

**Regular Sponsors**

Abbott Laboratories is a global, broad-based health care company devoted to developing new medicines, new technologies, and new ways to manage health.
Proper nutrition is the foundation for living your best life. That’s why we develop science-based nutrition products for people of all ages. With proper nutrition, you can enjoy an active, healthy life throughout your adult years. Our broad line of nutritional products helps people achieve their unique nutrition goals, whether that’s maintaining strength and energy or recovering from illness. And our specialized medical nutritionals help those with chronic illnesses, such as diabetes, cancer and kidney disease, get the important nutrients they need.
Abbott Taiwan was established in 1983 and is headquartered in Taipei with offices in north, south, and central Taiwan, along with a warehouse in Taoyuan City. With more than 400 employees, Abbott Taiwan provides a range of products from nutrition and laboratory diagnostics through medical devices and pharmaceutical therapies.
AMED Biomedical focus on the research and development of UV-Cross-linked Hydrogel, and is a professional R&D and manufacturing company for wound dressing launched in the market under the product brand of “HeraDerm”. The HeraDerm wound care dressing product collection was developed using the unique UV hydrogel, featuring advantages including high absorbent capacity, high biocompatibility and usage convenience, and is suitable for wound care after surgery, as well as wound care applications such as bedsores, diabetic feet and venous ulceration as a result of old age. Currently, we are obtaining medical equipment selling permits from China, Southeast Asia and Brazil in succession. As for distributing tactic, we are actively extending our efforts to Japan, India, South Africa, Central and South America as well as Europe in addition to China and Southeast Asia, devoting in creating AMED’s global marketing network.

Anscare is the brand of medical materials and supplies founded by BenQ Materials Corporation in 2009. Anscare is a combination of ‘answer’ and ‘care’. Under a continuous development, it has expanded the product lines of Clinical Solution, Hemorrhage Management, Wound Care and Negative Pressure Wound Therapy series to meet the needs for professional clinical and family usage. Anscare is committed to offer safe, healthy and comfortable healthcare solutions to healthcare professionals and patients. On top of its solid basis in Taiwan, Anscare has globally marketed in Europe, the Americas, Asia and Africa. Anscare’s products have widely used by medical professionals and patients. Anscare SIMO Negative Pressure Wound Therapy System was further awarded with the Taiwan Excellence Silver Award 2019 and the 15th National Innovation Awards in 2019. For more information, please visit http://www.anscare.co/

EASY JIE Co.,Ltd. was established in early 1995, Taichung. In the beginning, we sold medicines to hospitals in Taiwan, then we sold collagen wound dressing that produced by TAIYEN BIOTECH Co.,Ltd. in 2002. Later, we entered the wound dressing market. In 2015, we independently developed elastic bandage that can apply multiple pressure to the wound and it is also clinically useful to prevent edema or to be a adjuvant treatment for edema. If you are interested in multi-pressure elastic bandage, please contact us by the following.
E-mail: easy.sung@msa.hinet.net
Fax:+886-4-22991459
Acelity L.P. Inc is a global advanced wound care company committed to developing innovative healing solutions for customers and patients across the care continuum. Its subsidiary, KCI, is the most trusted brand in advanced wound care. The unsurpassed KCI product portfolio is available in more than 90 countries and delivers value through solutions that speed healing and lead the industry in quality, safety and customer experience. Committed to advancing the science of healing, KCI sets the standard for leading advanced wound therapy innovation.

KERAIA International Development Co. Ltd was established in August of 1996 by the General Director Mr. Lin Chih-Chieh and the Design Director Ms. Tsai Li-Yu. The company is still under this couple’s leadership and devotes itself to develop products mainly on the high-end designer brands. KERAIA not only offers combinations of ordinary clothing and party dresses, but also makes high-end fashion apparels, formal outfit, as well as functional outdoor and leisure clothing. Following the international trend, it also launches various products such as plentiful accessories, fashion leather products, shoes, handbags, jewels, ornaments and so on in different seasons. 2019 is KERAIA’s 24th anniversary. Upholding the concept of “Pursuing Excellence, Customer Oriented”, KERAIA continues to enhance its service quality with innovation, to strengthen its competitive advantages, and to reach its target of promoting the brand image simultaneously.

The HARTMANN GROUP has pioneered healthcare and hygiene products since 1818 in Germany, designing ground-breaking solutions for over 200 years. The group mission is to rethink healthcare by constantly looking for ways to improve treatments, outcomes and healthcare experiences in both the professional sector and at home. It has five divisions encompass a broad spectrum of healthcare related products and services: wound management, incontinence management, disinfection, risk prevention and personal healthcare. PAUL HARTMANN Taiwan – joined Hartmann global family in 2018 and paves the way for further expansion in Asia.

Smith & Nephew is a leading portfolio medical technology company, operating in around 100 countries globally. Our Advanced Wound Management portfolio provides a comprehensive set of products to meet broad and complex clinical needs, to help healthcare professionals get CLOSER TO ZERO human and economic consequences of wounds.
TEAM POWER HEALTHCARE LTD. established since 2002, a professional medical consumable supplier. Headquarter located at New Taipei City and the offices are widely distributed all area in Taiwan. Our major pathway includes hospitals, pharmacies and nursing organization, also dedicate to integrate of 020 (OnLine & Off Line) constantly! TEAM POWER provides thousands medical products, and the main product includes medical consumables, surgical and wound caring products, which include variety material with consistent production process! Our vision is dedicating to providing effective medical products with economic benefit for every kind of living includes human being and animals for shorted treatment and expense burden.

Founded in 1978, the WOCNCB® is an international nursing organization, certifying over 9,000 nurses who are specialists in Wound, Ostomy, Continence and Foot Care. WOCNCB® is the only certification for Wound, Ostomy, Continence and Foot Care nursing that is accredited by both the National Commission for Certifying Agencies (NCCA) and the American Board of Specialty Nursing Certification (ABSNC). Board certified nurses are prepared to lead the way to quality and cost-effective patient care. The following general and advanced practice credentials offered:

**RN Level**
- CWOCN® (Certified Wound Ostomy Continence Nurse)
- CWON® (Certified Wound Ostomy Nurse)
- CWCN® (Certified Wound Care Nurse)
- CCCN® (Certified Continence Care Nurse)
- COCN® (Certified Ostomy Care Nurse)
- CFCN® (Certified Foot Care Nurse)

**Advanced Practice NP or CNS Level**
- CWOCN-AP®
- CWON-AP®
- CWCN-AP®
- CCCN-AP®
- COCN-AP®

**LPN/LVN Level**
- WTA-C® (Wound Treatment Associate-Certified)

Contact us: info@wocncb.org or www.wocncb.org
WS FAR IR is the origin and brand owner of FIRAPY, Far-infrared therapy unit. FIRAPY is a safe, non-invasive treatment for limb ischemia and chronic wound. Evidence shows that FIRAPY radiation is able to improve angiogenesis in ischemic tissue, inhibit chronic inflammation, decrease oxidative stress and protect tissue from ischemia-reperfusion injury. A recent animal study demonstrates the effectiveness of FIRAPY by shorten wound healing time about 10% of DM rat. In clinical practice, FIRAPY treatment restores circulation of ischemic site, ease ischemia pain, and reduce swelling and edema by external irradiation. As an adjunctive treatment, FIRAPY is able to be combined with any other treatment, including traditional or novel dressing, NPWT, HBOT, endovascular treatment, even cell therapy. The research outcomes and case studies are published on SCI journals. Currently FIRAPY is adopted in UK, Japan, Taiwan, China, South Korea, Malaysia and Philippine.

We have been dedicated to promote pelvic health concept and marketing conservative (behavioral) therapy in managing pelvic dysfunction and incontinence products for years. We sells and promotes the continence relative device and acts as a professional consultant, not only an ordinary salesperson, we also provides warmly advices to needed patients. We let customers feel comfortable and win their trust by establishing long term rapport.

Zuellig Pharma is one of the largest healthcare services groups in Asia. We provide world-class distribution, digital and commercial services to support the growing healthcare needs in this region. The company was started almost a hundred years ago and has grown to become a US$10 billion business covering 13 markets with over 10,000 employees. Our people serve over 320,000 medical facilities and work with over 1,000 clients, including the top 10 pharmaceutical companies in the world. We will continue to grow by being true to our mission of making healthcare more accessible. Since 2015, we have been on a journey of transformation to bring new solutions to the industry, building on our capabilities as a specialist healthcare distributor. Our focus in Asia makes us familiar with its diverse culture and needs. We tap into our strong local network of healthcare facilities, professionals and regulators for reliable market intelligence.
General Information

Conference Information

Conference Venue
Taipei International Convention Center (TICC)
Address: No. 1, XinYi Rd., Sec. 5, Taipei, Taiwan
Tel: +886-2-2725-5200

Conference Official Language
English

Badge
For recognition, delegate should wear the badge all the time during the conference.

Registration Counter
Location: Lobby, 1F
Service Hours:
Thursday, November 21 13:00-17:30
Friday, November 22 08:00-18:00
Saturday, November 23 08:00-15:30

Secretariat & Preview Room
Location: Room 105, 1F
Service Hours:
Thursday, November 21 13:00-17:00
Friday, November 22 09:00-18:00
Saturday, November 23 08:00-15:30
Conference Event

Opening Ceremony

<table>
<thead>
<tr>
<th>Date</th>
<th>Friday, November 22, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>09:00-10:20</td>
</tr>
<tr>
<td>Location</td>
<td>Room 101, 1F, TICC</td>
</tr>
</tbody>
</table>

**Opening Show:**

Electric-Techno Neon Gods (Chinese: 電音三太子) is a subcultural dance performance which combines a traditional Taiwan folk dance performance with modern pop music.

According to reliable sources, some people dressed up as bodyguards of the gods and performed similar dances during religious parades at local temples. As many of the dancers were young people who enjoyed going clubbing, they began combining the traditional dances with electronic music. Later on, professional dance teams specializing in Electric-Techno Neon Gods dancing were formed. The costumes worn by dancers are based on traditional outfits with trendy elements added to them, such as oversized sunglasses and LED lights. White gloves are commonly worn as in Taiwan it is popular to wear gloves while dancing.

Apart from being performed during religious rituals, Electric-Techno Neon Gods dances now often take place during many secular events in Taiwan.

Social Events

**President Dinner (by Invitation)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Thursday, November 21, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>18:00-20:00</td>
</tr>
<tr>
<td>Location</td>
<td>The Residence, 2F, Grand Hyatt Hotel</td>
</tr>
</tbody>
</table>

**Conference City Tour**

<table>
<thead>
<tr>
<th>Date</th>
<th>Friday, November 22, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>16:00-18:00</td>
</tr>
<tr>
<td>Meeting Point</td>
<td>Lobby, 1F, TICC</td>
</tr>
<tr>
<td>Meeting Time</td>
<td>15:45</td>
</tr>
<tr>
<td>Itinerary</td>
<td>TICC→ Sisi Nancun→ Taipei 101 Observatory</td>
</tr>
</tbody>
</table>

**Gala Dinner**

<table>
<thead>
<tr>
<th>Date</th>
<th>Friday, November 22, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>18:00-20:30</td>
</tr>
<tr>
<td>Location</td>
<td>Banquet Hall, 3F, TICC</td>
</tr>
</tbody>
</table>
Exhibition Information

Location: North & South Foyer, 1F

Opening Hours:
- Friday, November 22: 09:00-18:00
- Saturday, November 23: 09:00-15:30

Exhibition Booth Layout

<table>
<thead>
<tr>
<th>Booth No.</th>
<th>Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Coloplast Taiwan Co., Ltd.</td>
</tr>
<tr>
<td>A2</td>
<td>ConvaTec</td>
</tr>
<tr>
<td>B1</td>
<td>Molnlycke Health Care</td>
</tr>
<tr>
<td>B2</td>
<td>ALCARE Co., Ltd.</td>
</tr>
<tr>
<td>B3</td>
<td>Hollister</td>
</tr>
<tr>
<td>C1 &amp; C2</td>
<td>KCI</td>
</tr>
<tr>
<td>C3</td>
<td>Zhende Medical Co., Ltd.</td>
</tr>
<tr>
<td>C4</td>
<td>APEX Medical Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Booth No.</th>
<th>Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>C5</td>
<td>3M (Minnesota Mining and Manufacturing Company)</td>
</tr>
<tr>
<td>C6</td>
<td>EASY JIE CO., LTD</td>
</tr>
<tr>
<td>C7</td>
<td>Paul Hartmann</td>
</tr>
<tr>
<td>C8</td>
<td>BenQ Materials / Anscare</td>
</tr>
<tr>
<td>C9</td>
<td>Smith+Nephew</td>
</tr>
<tr>
<td>C10</td>
<td>Team Power Healthcare Co. Ltd.</td>
</tr>
<tr>
<td>K1</td>
<td>KAWOCN</td>
</tr>
<tr>
<td>K2</td>
<td>APETNA 2021</td>
</tr>
<tr>
<td>K3</td>
<td>TWOCNA</td>
</tr>
</tbody>
</table>
### Floor Plan

**TICC 1F**

<table>
<thead>
<tr>
<th>Rooms</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 101</td>
<td>Opening Ceremony/ Keynote Speech/ Lunch Symposium/ Symposium/ Closing Ceremony</td>
</tr>
<tr>
<td>Room 102</td>
<td>Pan Pacific Ostomates Symposium/ 台灣傷口照護學會冬季學術研討會</td>
</tr>
<tr>
<td>Room 103</td>
<td>Moderated Poster/ APETNA Countries Meeting Academia</td>
</tr>
<tr>
<td>Room 105</td>
<td>Secretariat &amp; Preview Room</td>
</tr>
<tr>
<td>Hospitality Room</td>
<td>Let’s Locomo check for your beautiful life!! (Sponsored by ALCARE Co., Ltd.)</td>
</tr>
</tbody>
</table>
### Rooms and Functions

<table>
<thead>
<tr>
<th>Rooms</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 201ABC</td>
<td>Lunch Symposium/ Symposium/ Free Paper</td>
</tr>
<tr>
<td>Room 201DEF</td>
<td>Lunch Symposium/ Symposium/ Free Paper</td>
</tr>
<tr>
<td>Rooms</td>
<td>Function</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------</td>
</tr>
<tr>
<td>Banquet Hall</td>
<td>Gala Dinner</td>
</tr>
</tbody>
</table>
## Invited Faculties

### Australia

<table>
<thead>
<tr>
<th>Faculties</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keryln Carville</td>
<td>Silver Chain Group and Curtin University</td>
</tr>
</tbody>
</table>

### Canada

<table>
<thead>
<tr>
<th>Faculties</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kevin Woo</td>
<td>Queen’s University</td>
</tr>
</tbody>
</table>

### Hong Kong

<table>
<thead>
<tr>
<th>Faculties</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hin Moon Chong</td>
<td>Tuen Mun Hospital</td>
</tr>
<tr>
<td>Michelle Lee</td>
<td>N/A</td>
</tr>
<tr>
<td>Chak Hau Pang</td>
<td>Yan Chai Hospital</td>
</tr>
</tbody>
</table>

### Indonesia

<table>
<thead>
<tr>
<th>Faculties</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widasari Sri Gitarja</td>
<td>Indonesian Wound Care Clinician Association</td>
</tr>
</tbody>
</table>

### Japan

<table>
<thead>
<tr>
<th>Faculties</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hiromi Sanada</td>
<td>The University of Tokyo</td>
</tr>
<tr>
<td>Gojiro Nakagami</td>
<td>The University of Tokyo</td>
</tr>
</tbody>
</table>
### Malaysia

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mariam Hj. Mohd Nasir</td>
<td>M&amp;T Network Consultancy</td>
</tr>
</tbody>
</table>

### Singapore

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ong Choo Eng</td>
<td>Singapore General Hospital</td>
</tr>
</tbody>
</table>

### South Korea

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mi Ju Lee</td>
<td>Asan Medical Center</td>
</tr>
</tbody>
</table>

### Taiwan

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ai-Ling Chang</td>
<td>Changhua Christian Hospital</td>
</tr>
<tr>
<td>Mei-Li Chen</td>
<td>Taipei Veterans General Hospital</td>
</tr>
<tr>
<td>Su-Ying Chen</td>
<td>Linkou Chang Gung Memorial Hospital</td>
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<td>Nai-Chen Cheng</td>
<td>National Taiwan University Hospital</td>
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<td>Mei-Yu Hsu</td>
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<td>Lee-Shia Hu</td>
<td>Taiwan Wound Ostomy and Continence Nurse Association</td>
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Imagination, Innovation, and Integration, the Power of WOC Nursing

THE 8th ASIA PACIFIC ENTEROSTOMAL THERAPY NURSE ASSOCIATION

Ting-Kuang Wang
Wan Fang Hospital
Taipei Medical University

Shu-Jung Wong
China Medical University Hospital

Yu-Lin Wu
St. Mary’s Junior College
of Medicine, Nursing and Management

Po-Jui Yu
Fu Jen Catholic University
Hospital

Thailand

Yuwadee Kestumpun
Thai Enterostomal Therapy
Nurse Society

United States

Elizabeth A. Ayello
World Council of
Enterostomal Therapists

Denise Nix
M Health Fairview Hospitals
and Clinic Minneapolis
## Program at a glance

<table>
<thead>
<tr>
<th>Nov. 21 (Thu.)</th>
<th>Lobby, 1F</th>
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**Nov. 22 (Fri.)**

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**Opening Ceremony**

**Tea Break (North & South Corridor, 1F)**

**Keynote Speech 1**

Elizabeth A. Ayello (United States)

**Keynote Speech 2**

Hiromi Sanada (Japan)

**Lunch Symposium I**

(Sponsored by ConvaTec (Singapore) Pte. Ltd.)

**Lunch Symposium II**

(Sponsored by 3M (Minnesota Mining and Manufacturing Company))

**Lunch Symposium III**

(Sponsored by ALCARE Co., Ltd.)

**Symposium A**

Stoma Care: How Can We Improve the Quality of Life with Ostomates? Your Country Opinions

**Symposium B**

Wound Management: Pressure Injury Prevention for Country Strategy

**Symposium C**

The Chronic Wound Management in Community

**Pan Pacific Ostomates Symposium**

**Moderated Poster I**

**APETNA Countries Meeting Academia**

**Free Paper I**

**Free Paper II**

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**Gala Dinner**

(3F Banquet Hall, TICC)
### Nov. 23 (Sat.)

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<td>Registration</td>
<td>Exhibition Hours</td>
<td>Secretariat Room &amp; Preview Room</td>
<td>Keynote Speech 3 Yur-Ren Kuo (Taiwan)</td>
<td>Keynote Speech 4 Keryln Carville (Australia)</td>
<td>Keynote Speech 5 Denise Nix (United States)</td>
<td>Keynote Speech 6 Kevin Woo (Canada)</td>
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### Nov. 24 (Sun.)

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<td>Workshop B (Hosted by Coloplast Taiwan Co., Ltd.)</td>
<td>Workshop C (Hosted by 3M (Minnesota Mining and Manufacturing Company)</td>
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# Daily Program

## Friday, November 22, 2019

### Opening Ceremony
- **Date:** Nov. 22 | **Time:** 09:00-10:20
- **Room:** 101, 1F

### Keynote Speech 1
- **Date:** Nov. 22 | **Time:** 10:40-11:20
- **Moderator(s):** Kevin Woo (Canada), Michelle Lee (Hong Kong)
- **Room:** 101, 1F
- **FRI-101-1-1** 10:40-11:20
  - **FRI-101-1-1**
  - **The Development of WOC Nurses in the Future**
  - Elizabeth A. Ayello (United States)

### Keynote Speech 2
- **Date:** Nov. 22 | **Time:** 11:20-12:00
- **Moderator(s):** Keryln Carville (Australia), Chak Hau Pang (Hong Kong)
- **Room:** 101, 1F
- **FRI-101-2-1** 11:20-12:00
  - **FRI-101-2-1**
  - **Nursing Innovation of Wound Management**
  - Hiromi Sanada (Japan)

### Symposium A
**Stoma Care: How Can We Improve the Quality of Life with Ostomates? Your Country Opinions**
- **Date:** Nov. 22 | **Time:** 14:00-15:30
- **Room:** 101, 1F
- **Moderator(s):** Elizabeth A. Ayello (United States), Chak Hau Pang (Hong Kong)
- **FRI-101-3-1** 14:00-14:05
  - **FRI-101-3-1**
  - **Introduction**
  - Elizabeth A. Ayello (United States)

- **FRI-101-3-2** 14:05-14:20
  - **FRI-101-3-2**
  - **The Colorectal Cancer Surgery in Taiwan**
  - Jin-Tung Liang (Taiwan)

- **FRI-101-3-3** 14:20-14:35
  - **FRI-101-3-3**
  - **Hong Kong Experience**
  - Chak Hau Pang (Hong Kong)

- **FRI-101-3-4** 14:35-14:50
  - **FRI-101-3-4**
  - **Korea Experience**
  - Mi Ju Lee (South Korea)

- **FRI-101-3-5** 14:50-15:05
  - **FRI-101-3-5**
  - **Thailand Experience**
  - Yuwadee Kestsumpun (Thailand)

- **FRI-101-3-6** 15:05-15:20
  - **FRI-101-3-6**
  - **Taiwan Experience**
  - Ting-Kuang Wang (Taiwan)

- **FRI-101-3-7** 15:20-15:25
  - **FRI-101-3-7**
  - **Comment**
  - Chak Hau Pang (Hong Kong)

- **FRI-101-3-8** 15:25-15:30
  - **FRI-101-3-8**
  - **Panel Discussion**
Pan Pacific Ostomates Symposium
Date: Nov. 22 | Time: 14:00-17:30
Room: 102, 1F

Moderated Poster I
Date: Nov. 22 | Time: 14:00-15:30
Room: 103, 1F
Moderator(s): Ying-Yiing Sang (Taiwan), Shih-Hsin Hung (Taiwan), Nai-Chen Cheng (Taiwan), Jui-Ping Lin (Taiwan)

FRI-103-1-1 14:00-14:05 Characteristics of Patients with Kennedy Terminal Ulcer in a Long-Term Care Hospital in Japan
Toshiaki Takahashi (Japan)

FRI-103-1-2 14:05-14:10 A Kennedy Terminal Ulcer in a Palliative Care
Ji Hyeon Hwang (South Korea)

FRI-103-1-3 14:10-14:15 Application of Centella Asiatica Extract to Managing Wound with Bone Exposed
Asrizal Asrizal (Indonesia)

FRI-103-1-4 14:15-14:20 Management of Pressure Injury Among Dementia Patients
Hidemi Nemoto (Japan)

FRI-103-1-5 14:20-14:25 The Effectiveness of Using Antimicrobial Polyurethanefoam Hypochlorous Wound Irrigation Solution and Haemoglobin Spray in Pemphigus Vulgaris Wound
Suratchada Burapamongkolchai (Thailand)

FRI-103-1-6 14:25-14:30 Effective Care of Medical Device Related Pressure Injury in Neonatal
Thipmas Pomsen (Thailand)

FRI-103-1-7 14:30-14:35 The Effect of Dalethyne on Reducing the Number of Bacteria and Wound Healing in Diabetic Foot Ulcer Patients
Suriadi Jais (Indonesia)

FRI-103-1-8 14:35-14:40 Clinical Application of Topical Oxygen Accelerates Healing Time in Chronic Wounds-Retrospective Chart Review
Peiting Lai (Singapore)

FRI-103-1-9 14:40-14:45 Reduce the Incidence of Pressure Injury in Respiratory Care Centers with Innovative Devices Bundle Care
Yu-Ping Chen (Taiwan)

FRI-103-1-10 14:45-14:50 Incidence of Foot Ulcers in Patients with Diabetes at a Diabetic Foot Outpatient Clinic in Tokyo Over a 10-Year Period
Makoto Oe (Japan)

FRI-103-1-11 14:50-14:55 Relationship Between Type Iv Collagen Positivity via Skin Blotting and Conventional Risk Factors of Skin Tears
Ayano Nakai (Japan)

FRI-103-1-12 14:55-15:00 Intra-Rater Reliability of Albumin Measurement by Skin Blotting in Healthy Volunteers
Takeo Minematsu (Japan)

FRI-103-1-13 15:00-15:05 Continuous Measurement and Automatic Control of Interface Pressure by a Robotic Mattress
Aya Kitamura (Japan)
FRI-103-1-14  15:05-15:10  | Learning Curve in Technique to Applied Platelet Rich Plasma Injection for Effective Wound Healing  
Jaraspas Wongviseskarn (Thailand)

FRI-103-1-15  15:10-15:15  | Characteristics of Patients with Pressure Injuries from Home Found Upon Hospitalization  
Midori Nagano (Japan)

FRI-103-1-16  15:15-15:20  | Prevention Project of Acute Care Settings in the Republic of Korea: Results from Using a Prevalence Rate of Pressure Injuries  
Eun Jin Han (South Korea)

FRI-103-1-17  15:20-15:25  | Effectiveness of Siriraj Concurrent Trigger Tool by Modified Early Warning Signs for Hospital Acquired Pressure Injury Prevention in Tertiary Hospital  
Chulaporn Prasungsit (Thailand)

FRI-103-1-18  15:25-15:30  | In-Parallel Measurement of Pressure and Sharing Force on Heel and Its Effect on Applying Dressing for Pressure Injury Prevention  
Hidemi Nemoto (Japan)

Symposium B  
Wound Management: Pressure Injury Prevention for Country Strategy  
Date: Nov. 22 | Time: 14:00-15:30  
Room: 201ABC, 2F  
Moderator(s): Hiromi Sanada (Japan), Denise Nix (United States)

14:00-14:05  Introduction  
Hiromi Sanada (Japan)

FRI-201ABC-1-1  14:05-14:20  | Hong Kong Experience  
Michelle Lee (Hong Kong)

FRI-201ABC-1-2  14:20-14:35  | Indonesia Experience  
Widasari Sri Gitarja (Indonesia)

FRI-201ABC-1-3  14:35-14:50  | Advanced Preventive Strategy against Pressure Ulcers in Japan  
Gojiro Nakagami (Japan)

FRI-201ABC-1-4  14:50-15:05  | Measurement for Pressure Injury Continue Quality Improvement  
Su-Chen Pong (Taiwan)

15:05-15:10  Comment  
Denise Nix (United States)

15:10-15:30  Panel Discussion  

Symposium C  
The Chronic Wound Management in Community  
Date: Nov. 22 | Time: 14:00-15:30  
Room: 201DEF, 2F  
Moderator(s): Keryln Carville (Australia), Po-Jui Yu (Taiwan)

14:00-14:05  Introduction  
Keryln Carville (Australia)

FRI-201DEF-1-1  14:05-14:20  | Wound Management in the Community in Australia  
Keryln Carville (Australia)
FRI-201DEF-1-2  14:20-14:35  The Network between Hospital and Nursing Home  
Jack Hsiao (Taiwan)
FRI-201DEF-1-3  14:35-14:50  The Chronic Wound Management in Community in Taiwan  
Yu-Lin Wu (Taiwan)
FRI-201DEF-1-4  14:50-15:05  The Chronic Wound Management in Community in Malaysia  
Mariam Hj. Mohd Nasir (Malaysia)
15:05-15:10  Comment  
Po-Jui Yu (Taiwan)
15:10-15:30  Panel Discussion

APETNA Countries Meeting Academia
Date: Nov. 22 | Time: 16:00-17:00  
Room: 103, 1F

Free Paper I
Date: Nov. 22 | Time: 16:00-17:30  
Room: 201ABC, 2F
Moderator(s): Nai-Chen Cheng (Taiwan), Wen-Pei Huang (Taiwan)
FRI-201ABC-2-1  16:00-16:15  Effect of the Use of Antiseptics on the Dysbiosis of Pressure Ulcers Microbiota  
Mao Kunimitsu (Japan)
FRI-201ABC-2-2  16:15-16:30  Biofilm-Based Wound Care System for Treating Chronic Wounds  
Gojiro Nakagami (Japan)
FRI-201ABC-2-3  16:30-16:45  Effect of Education for Prevention of Skin Tears to Nurses in a Long-Term Medical Facility in Japan: A Prospective Study  
Nao Tamai (Japan)
FRI-201ABC-2-4  16:45-17:00  Evaluation of a Sheet for Seamless Transition of Pressure Ulcers Care in Japanese Patients  
Makiko Tanaka (Japan)
FRI-201ABC-2-5  17:00-17:15  Ipswich Touch Test (IpTT) Method by Touching Contralateral Foot in Detecting Neuropathy in Diabetes Mellitus Patients: Cross  
Saldy Yusuf (Indonesia)
FRI-201ABC-2-6  17:15-17:30  Retrospective Review on the Effectiveness of Compression Therapy in Venous Ulcer Healing at a Wound Care Centre in Hong Kong  
Michelle Wai-Kuen Lee (Hong Kong)

Free Paper II
Date: Nov. 22 | Time: 16:00-17:30  
Room: 201DEF, 2F
Moderator(s): Su-Ying Chen (Taiwan), Kai-Li Lee (Taiwan)
FRI-201DEF-2-1  16:00-16:15  Implementation Potential of Siriraj Concurrent Trigger Tool by Modified Early Warning Signs for Hospital Acquired Pressure Injury Prevention  
Kanchana Rungsangjun (Thailand)
FRI-201DEF-2-2  16:15-16:30  Does the Implementation of a Prone Positioning Checklists for Operation Theatre Nurses Improve Compliance with Prone Position Pressure Point Protection?  
Wai Yan Erica Wong (Hong Kong)
FRI-201DEF-2-3 16:30-16:45  Feasibility of a Constipation Point-Of-Care Ultrasound Educational Program in Observing Fecal Retention in the Colorectum: A Prospective and Descriptive Study
Masaru Matsumoto (Japan)

FRI-201DEF-2-4 16:45-17:00  Effectiveness of Pelvic Floor Muscle Training on Faecal Incontinence to Do before or after Reversal of Stoma
Nur Madalinah Tan (Singapore)

FRI-201DEF-2-5 17:00-17:15  Diabetic Foot Ulcers on Plantar Dextra Metatarsal 4Th and 5Th Related Tight Shoes: Case Report
Sukmawati Kasim (Indonesia)

FRI-201DEF-2-6 17:15-17:30  Nursing Staff’s Experience with External Female Urinary Catheter
Holly Shui (United States)

APETNA 2019 Lunch Symposium

Lunch Symposium I: Pathogenesis, Diagnosis and Treatment to Biofilms in Chronic Wounds
Sponsored by ConvaTec (Singapore) Pte. Ltd.
Date: Nov. 22 | Time: 12:30-14:00
Room: 101, 1F
Moderator(s):
12:30-14:00  Cherng-Kang Perng (Taiwan)
Pathogenesis, Diagnosis and Treatment to Biofilms in Chronic Wounds
Nai-Chen Cheng (Taiwan)

Lunch Symposium II: Think Skin Deeper: MARSI
Sponsored by 3M (Minnesota Mining and Manufacturing Company)
Date: Nov. 22 | Time: 12:30-14:00
Room: 201ABC, 2F
Moderator(s):
12:30-14:00  Chin-Wen Shiao (Taiwan)
A Comprehensive Guide to Understanding and Reducing the Risk of MARSI (Medical Adhesive-Related Skin Injuries)
Debra Thayer (United States)

Lunch Symposium III: Let’s Try Design-R to Innovate Your Pressure Injury Management in Asia!!
Sponsored by ALCARE Co., Ltd.
Date: Nov. 22 | Time: 12:30-14:00
Room: 201DEF, 2F
Moderator(s):
12:30-12:45  Hiromi Sanada (Japan)
Developmental Background of Assessment Tool with Renovated Pressure Injury Management in Japan and Its Values
Hiromi Sanada (Japan)
12:45-13:30  Let’s try DESIGN-R to Innovate Your Pressure Injury Management
Hitomi Kataoka (Japan)
### Saturday, November 23, 2019

#### Keynote Speech 3
**Date:** Nov. 23 | **Time:** 09:00-09:40  
**Room:** 101, 1F  
**Moderator(s):** Denise Nix (United States)  
**SAT-101-1-1**  
**09:00-09:40**  
**Current and Future: The Treatments for Recalcitrant Wounds**  
Yur-Ren Kuo (Taiwan)

#### Keynote Speech 4
**Date:** Nov. 23 | **Time:** 09:40-10:20  
**Room:** 101, 1F  
**Moderator(s):** Yuwadee Kestsumpun (Thailand), Denise Nix (United States)  
**SAT-101-2-1**  
**09:40-10:20**  
**The New International Pressure Injury Guideline**  
Keryln Carville (Australia)

#### Keynote Speech 5
**Date:** Nov. 23 | **Time:** 10:40-11:20  
**Room:** 101, 1F  
**Moderator(s):** Michelle Lee (Hong Kong), Ong Choo Eng (Singapore)  
**SAT-101-3-1**  
**10:40-11:20**  
**The Wound Care Specialist and Prevention of Catheter Associated Urinary Tract Infection**  
Denise Nix (United States)

#### Keynote Speech 6
**Date:** Nov. 23 | **Time:** 11:20-12:00  
**Room:** 101, 1F  
**Moderator(s):** Chak Hau Pang (Hong Kong), Keryln Carville (Australia)  
**SAT-101-4-1**  
**11:20-12:00**  
**Challenges of Skin Tears Management**  
Kevin Woo (Canada)

#### Symposium D
**Wound Management of Leg Ulcer for Your Opinions**  
**Date:** Nov. 23 | **Time:** 13:30-15:00  
**Room:** 101, 1F  
**Moderator(s):** Mariam Hj. Mohd Nasir (Malaysia), Kevin Woo (Canada)  
**13:30-13:35**  
**Introduction**  
Kevin Woo (Canada)  
**SAT-101-5-1**  
**13:35-13:50**  
**Ischemic Pain Management in People with Lower Leg Ulcers**  
Kevin Woo (Canada)  
**SAT-101-5-2**  
**13:50-14:05**  
**Nursing Management of Venous Leg Ulcer: Hong Kong Experience**  
Hin Moon Chong (Hong Kong)  
**SAT-101-5-3**  
**14:05-14:20**  
**Lower Extremity Ulcers in the Community in Australia**  
Keryln Carville (Australia)
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<tr>
<td>SAT-101-5-4</td>
<td>14:20-14:35</td>
<td><strong>Dealing with Diabetic Foot Ulcers in 12 Weeks</strong></td>
<td>Widasari Sri Gitarja</td>
<td>Indonesia</td>
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<td>14:35-14:40</td>
<td><strong>Comment</strong></td>
<td>Mariam Hj. Mohd Nasir</td>
<td>Malaysia</td>
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<td></td>
<td>14:40-15:00</td>
<td><strong>Panel Discussion</strong></td>
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<td>SAT-103-1-1</td>
<td>13:30-13:35</td>
<td><strong>Managing a Complex Enterocutaneous Fistula: The Art of Pouching</strong></td>
<td>Yi Zhen Ng</td>
<td>Malaysia</td>
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<td>SAT-103-1-2</td>
<td>13:35-13:40</td>
<td><strong>Consideration of Strategy for Malignant Fungating Wound Management: Creating A Care Guide</strong></td>
<td>Miki Masada</td>
<td>Japan</td>
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<td>SAT-103-1-3</td>
<td>13:40-13:45</td>
<td><strong>Investigation of the Sleep Quality at Home of the Postoperative Patients with Fecal Ostomies</strong></td>
<td>Tao Yan</td>
<td>China</td>
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<td>SAT-103-1-4</td>
<td>13:45-13:50</td>
<td><strong>Phenomenology Study: Experience of Ostomate with Stoma Pouch Attached after Surgery</strong></td>
<td>Hamka Hamka</td>
<td>Indonesia</td>
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<td>SAT-103-1-5</td>
<td>13:50-13:55</td>
<td><strong>The Application of Abdominal CT of Lower End Ileum Diameter as Preoperative Measure to Define Position of Ileostomy</strong></td>
<td>Cui Yao</td>
<td>China</td>
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<td>SAT-103-1-6</td>
<td>13:55-14:00</td>
<td><strong>Study of Convex Plate Physical Characteristics for Optimum Pouch Selection-Report on Flexibility and Hardness Mechanical Testing Results</strong></td>
<td>Miyoko Hayashi</td>
<td>Japan</td>
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<td>SAT-103-1-7</td>
<td>14:00-14:05</td>
<td><strong>Preoperative Stoma Site Marking Is Related to Reduced Stoma and Peristomal Complications: A Meta-Analysis</strong></td>
<td>Yu-Lin Wu</td>
<td>Taiwan</td>
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<td>SAT-103-1-8</td>
<td>14:05-14:10</td>
<td><strong>Adolescents Experiences of Living with Stoma: A Phenomenological Study</strong></td>
<td>Deniz Harputlu</td>
<td>Turkey</td>
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<td>SAT-103-1-9</td>
<td>14:10-14:15</td>
<td><strong>To Investigate the Current Application of the Patient Education Practice (Apply-Remove-Check; ARC) among Ostomates</strong></td>
<td>Jui-Ping Lin</td>
<td>Taiwan</td>
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<td>SAT-103-1-10</td>
<td>14:15-14:20</td>
<td><strong>A Retrospective Review of Using Negative Pressure Therapy (NPT) in Management of Esophageal-Cutaneous Fistulation after Esophagectomy for Esophageal Cancer Patients</strong></td>
<td>Steven Kar Kay Chan</td>
<td>Hong Kong</td>
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<td>SAT-103-1-11</td>
<td>14:20-14:25</td>
<td><strong>Exploring the Factors Associated with Preoperative Stoma Siting and Quality of Life among Stoma Patients</strong></td>
<td>Shu-Ho Tsai</td>
<td>Taiwan</td>
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SAT-103-1-12 14:25-14:30 Therapeutic Communication in Sexuality as Implemented by WOC Nurses
Yoshiko Miki (Japan)

SAT-103-1-13 14:30-14:35 The Effects of Centella Asiatica Extract in Accelerating the Wound Healing Process of Chronic Wound
Asrizal Asrizal (Indonesia)

SAT-103-1-14 14:35-14:40 Prevalence of Surgical Site Infections and Associated Factors with Abdominal Surgeries in Surgical Wards at Colombo South Teaching Hospital
Udena Athula Kumara (Sri Lanka)

SAT-103-1-15 14:40-14:45 Innovation for Gastrointestinal Tract Tube Fixation and Storage Device
Zu-Chun Lin (Taiwan)

SAT-103-1-16 14:45-14:50 Comparative Study of Effective Moisturizers for Incontinence - Associated Dermatitis Prevention
Namiko Yamanaka (Japan)

SAT-103-1-17 14:50-14:55 Enhancement of Knowledge Toward Pelvic Floor Muscle Training (PFMT) Improves PFMT Adherence in Women with Stress Urinary Incontinence
Chin-Ying Chan (Taiwan)

SAT-103-1-18 14:55-15:00 The Impact of Urinary Incontinence on the Aging Society
Yu-Fen Lai (Taiwan)

Symposium E
Difficult Healing Wound Management: Country Opinions
Date: Nov. 23 | Time: 13:30-15:00
Room: 201ABC, 2F
Moderator(s): Ong Choo Eng (Singapore), Hiromi Sanada (Japan)

13:30-13:35 Introduction
Ong Choo Eng (Singapore)

SAT-201ABC-1-1 13:35-13:50 Management of Venous Leg Ulcer: Modification to Local Needs
Chak Hau Pang (Hong Kong)

SAT-201ABC-1-2 13:50-14:05 Case Sharing - Chemotherapy Induced Pyoderma Gangrenosum
Michelle Lee (Hong Kong)

SAT-201ABC-1-3 14:05-14:20 DM Foot
Yuwadee Kestsumpun (Thailand)

SAT-201ABC-1-4 14:20-14:35 Chronic Limb Ischemia Care
Wen-Pei Huang (Taiwan)

14:35-14:40 Comment
Hiromi Sanada (Japan)

14:40-15:00 Panel Discussion
Symposium F
Incontinence Care
Date: Nov. 23 | Time: 13:30-15:00
Room: 201DEF, 2F
Moderator(s): Denise Nix (United States), Po-Jui Yu (Taiwan)

13:30-13:35
Introduction
Denise Nix (United States)

13:35-13:50
Assessment Tool of IAD
Denise Nix (United States)

13:50-14:05
The Effectiveness of Pelvic Floor Muscle Training in Urinary Incontinence
Yu-Fen Lai (Taiwan)

14:05-14:20
Continence Promotion in Taiwan
Chuan-Hsiu Tsai (Taiwan)

14:20-14:35
Simplifying Strategies on Prevention of Incontinence Associated Dermatitis: Hong Kong Experience
Hin Moon Chong (Hong Kong)

14:35-14:40
Comment
Po-Jui Yu (Taiwan)

14:40-15:00
Panel Discussion

Closing Ceremony & Award Presentation
Date: Nov. 23 | Time: 15:30-16:30
Room: 101, 1F

APETNA 2019 Lunch Symposium

Lunch Symposium IV:
Sponsored by Coloplast Taiwan Co., Ltd.
Date: Nov. 23 | Time: 12:00-13:30
Room: 101, 1F
Moderator(s): Po-Jui Yu (Taiwan)

12:10-12:15
Opening
Po-Jui Yu (Taiwan)

12:15-12:40
Ensuring the Right Pouching System Fit for Every Body: Report of the International Consensus Results
Janice C. Colwell (United States)

12:40-13:05
Innovation and Imagination in Stoma Care. A Selection of Case Studies of SenSura Mio Convex
Fiona Lee Gavegan (Australia)

13:05-13:20
Panel Discussion and Closing
Lunch Symposium V: Creating Expertise in Managing Skin Health – A Multinational Approach
Sponsored by Hollister
Date: Nov. 23 | Time: 12:00-13:30
Room: 201ABC, 2F

Moderator(s):

Keryln Carville (Australia)

12:05-12:10  Opening and Introduction
Keryln Carville (Australia)

12:10-12:30  Skin Health Approach
- Focus on Peristomal Skin Health with Evidence on Incidence Rates and QOL Impacts Utilizing a New Quantitative Analytical Tool (Health Utility)
- Why This is Required
- Approach, Evidence and Unmet Needs
Paris Purnell (Australia)

12:30-12:50  Peristomal Medical Adhesive Related Skin Injury (PMARSI)
- An Introduction to the Concept, Its Impact on Peristomal Skin Health
- Introduction of New Guidelines from an International Panel of Stoma Care Nurses
Chin-Wen Shiao (Taiwan)

12:50-13:10  Convexity Usage
- Use and Implications for Clinical Practice Utilizing Evidence
- New Guidelines from a Recent International Consensus Panel
Ji H. Hwang (South Korea)

13:10-13:30  Q&A

Lunch Symposium VI: Pressure Injury Prevention with Evidence Based Dressing
Sponsored by Molnlycke Health Care
Date: Nov. 23 | Time: 12:00-13:30
Room: 201DEF, 2F

Moderator(s):

Wen-Pei Huang (Taiwan)

12:00-13:30  Unique Effectiveness of 5 Layer Silicone Foam Dressing in Pressure Injury Prevention
Kevin Woo (Canada)
APETNA 2019 Workshop
Sunday, November 24, 2019

Workshop A: Pressure Injury Prevention – Selecting a Support Surface
Hosted by APEX Medical Corp.
Date: Nov. 24 | Time: 09:00-12:30
Room: 101A, 1F
Moderator(s):
Denise Huang (Taiwan)

09:00-10:00
Why Do You Need a Support Surface?
How Does It Works?
Justin Chang (Taiwan)

10:00-10:30
Coffee Break

10:30-12:30
How to Select a Support Surface?
Let’s Try Different Type of Support Surface!
Justin Chang (Taiwan)

Workshop B: Stoma Assessment and Management: Considering Individual Needs
Hosted by Coloplast Taiwan Co., Ltd.
Date: Nov. 24 | Time: 09:00-12:30
Room: 101B, 1F
Moderator(s):
Hiromi Sanada (Japan), Jui-Ping Lin (Taiwan)

09:00-09:05
Opening
Chin-Wen Shiao (Taiwan)

09:05-09:30
Management and Complications of Stomas from Hospital Staying to Community
Miki Masada (Japan)

09:30-10:00
Use of Convexity in Ostomy Care
Hayang Ja Kim (South Korea)

10:00-10:30
Unique Bodies – Individual Needs
Annette Bergh (Denmark)

10:30-11:00
Coffee Break

11:00-12:20
Hands on Workshop
Run by Coloplast

12:20-12:30
Closing
Chin-Wen Shiao (Taiwan)

Workshop C: Think Skin First. Think Skin Deeper
Hosted by 3M (Minnesota Mining and Manufacturing Company)
Date: Nov. 24 | Time: 09:00-12:30
Room: 101C, 1F
Moderator(s):
Wen-Pei Huang (Taiwan)

09:00-10:00
PI and MASD: New Thinking & New Strategies for Prevention
Debra Thayer (United States)

10:00-10:15
Coffee Break
10:15-10:35  Experience Sharing for IAD Management  
Ching Man Wu (Hong Kong)
10:35-10:55  The Experience of Using Cavilon Advanced Skin Protectant  
Feng-Hsiang Chou (Taiwan)
10:55-11:15  The Development of IAD Management in China  
Jeff Wang (China)
11:15-12:00  Hands-on Workshop  
Debra Thayer (United States)

Workshop D: Advanced Wound Care Management Solutions  
Hosted by ConvaTec (Singapore) Pte. Ltd.
Date: Nov. 24 | Time: 09:00-12:30  
Room: 101D, 1F
Moderator(s):  
Cherng-Kang Perng (Taiwan)
09:00-09:40  Wound Biofilm: New Strategies on Biofilm Disruption and Treatments  
Li-Ren Chang (Taiwan)
09:40-10:30  Hands-on Workshop: Biofilm Infected Wound Treatment  
Li-Ren Chang (Taiwan)
10:30-11:00  Coffee Break
11:00-12:15  Hands-on Workshop A: Fungating Wound Treatment  
Yu-Ting Su (Taiwan)
11:00-12:15  Hands-on Workshop B: Venus Leg Ulcer Treatment  
Kai-Li Lee (Taiwan)
11:00-12:15  Hands-on Workshop C: Fragile Skin Protection in Critical Care Patients  
Yu-Chin Hsu (Taiwan)
12:15-12:30  Q&A
## E-Poster Session

### A. Wound

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<td>A Pilot Study Learning Culture on Incontinences Associated Dermatitis (IAD) Management</td>
<td>Shing Kwong Liu (Hong Kong), Wendy Wing Yee Ng (Hong Kong), Wai Lung Au (Hong Kong), Wai Fong Ng (Hong Kong)</td>
<td>Shing Kwong (Hong Kong)</td>
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<td>A-002</td>
<td>Experience of Nursing Skin Care for Enterocutaneous Fistula Complicated from Terminal-Stage Gastric Cancer Surgery</td>
<td>Hui-Chun Tien (Taiwan), Hsin-Hsien Yu (Taiwan)</td>
<td>Hsin-Hsien Yu (Taiwan)</td>
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<td>A-003</td>
<td>Effect of Using Povidone Iodine Solution with Hydrocolloids Powder For Pseudomonas Pyoderma Wound</td>
<td>Daranee Saeiam (Thailand), Tipaphun Kangsomerong (Thailand)</td>
<td>Tipaphun Kangsomerong (Thailand)</td>
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<td>A-004</td>
<td>The Effectiveness of Using Soft Silicone Ionic Silver Polyurethanefoam Dressing in Wound Caused by Side Effects of Chemotherapy; Erlotinib (Tarceva)</td>
<td>Ake Anan (Thailand), Sanjuta Nlkongsak (Thailand), Watanya Inthusoma (Thailand)</td>
<td>Sanjuta Nlkongsak (Thailand)</td>
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<td>A-005</td>
<td>A Case Study: Management of the Lymphedema by Compression</td>
<td>Chanrit Champathes (Thailand), Nongluk Kwanlamun (Thailand)</td>
<td>Nongluk Kwanlamun (Thailand)</td>
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<td>A-006</td>
<td>Bullous Pemphigoid- A Case Report</td>
<td>Yu-Chun Lai (Taiwan)</td>
<td>Yu-Chun Lai (Taiwan)</td>
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<td>A-007</td>
<td>A 90-Year-Old Female with Scabies Complicated with Secondary Tinea Infection Care Experience</td>
<td>Yu-Chang Lin (Taiwan)</td>
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<td>A-008</td>
<td>Secondary Intention Healing after Surgical Excision of Hidradenitis Suppurativa</td>
<td>Kyoung Ae Nam (South Korea), Kee Yang Chung (South Korea)</td>
<td>Kyoung Ae Nam (South Korea)</td>
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<td>A-009</td>
<td>Wound Management in Prolong Steroid Used with Poor Skin Integrity</td>
<td>Sorayaphan Boonton (Thailand), Ruenkaew Changkittirat (Thailand), Saroya Hwangcharoen (Thailand)</td>
<td>Ruenkaew Changkittirat (Thailand)</td>
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<td>A-010</td>
<td>Nursing Experience of Enterocutaneous Fistula in a Terminal Rectal Cancer Patient</td>
<td>Yi-Chun Lin (Taiwan), Kal-Sheng Chan (Taiwan)</td>
<td>Kal-Sheng Chan (Taiwan)</td>
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<td>A-011</td>
<td>Relationship Between Type IV Collagen Positivity via Skin Blotting and Conventional Risk Factors of Skin Tears</td>
<td>Ayano Nakai (Japan), Toshihiro Tsukatani (Japan), Nao Tamai (Japan), Tamae Urai (Japan), Yukie Mori (Japan), Kuang Weijie (Japan), Takeo Minematsu (Japan), Chika Takada (Japan), Hiromi Sanada (Japan)</td>
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<td>Improve Incontinence-Associated Dermatitis</td>
<td>Tsen-En Chao (Taiwan)</td>
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<td>A-013</td>
<td>Intraoperative Position Related Fascial Pressure Injury in Children</td>
<td>Sheue-Meei Shieh (Taiwan), Pei-Ju Chin (Taiwan)</td>
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<td>Pressure Ulcer Development in Pai1-Overexpressed Mice</td>
<td>Toshihiro Tsukatani (Japan), Takeo Minematsu (Japan), Sanai Tomida (Japan), Sofoklis Koudounas (Cyprus), Hiromi Sanada (Japan)</td>
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<td>A-015</td>
<td>Intra-Rater Reliability of Albumin Measurement by Skin Blotting in Healthy Volunteers</td>
<td>Takeo Minematsu (Japan), Toshihiro Tsukatani (Jamaica), Weijie Kang (Japan), Ayano Nakai (Japan), Sanai Tomida (Japan), Gojiro Nakagami (Japan), Hiromi Sanada (Japan)</td>
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<td>A-016</td>
<td>Can Serum Albumin Malnutrition Associate with Postoperative Wound Infection?</td>
<td>Shu-Ling Tu (Taiwan), Mei-Wen Chen (Taiwan), Wei-Ting Chang (Taiwan)</td>
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<td>A-017</td>
<td>Comparison of Wound Infection Between Laparoscopic and Open Gastrectomy for Gastric Cancer</td>
<td>Mei-Wen Chen (Taiwan), Shu-Ling Tu (Taiwan), Wei-Ting Chang (Taiwan)</td>
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<td>A-018</td>
<td>Efficacy and Safety of Nano-Silver Dressing Combined with Recombinant Human Epidermal Growth Factor for Deep Second-Degree Burns: A Meta-Analysis</td>
<td>Siqing Li (China), Ailing Hu (China), Yuan Liu (China)</td>
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<td>Medical Device Related Pressure Injuries Prevention Using An Evidence-Based Practice Approach</td>
<td>Suk Chu Chan (Hong Kong)</td>
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<td>A-020</td>
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Corresponding Author: Shu-Min Kuo (Taiwan) |
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**Corresponding Author:** Muhammad Asyraf Samad (Malaysia) |
Abstracts

THE 8th ASIA PACIFIC ENTEROSTOMAL THERAPY NURSE ASSOCIATION

Kindly refer to the conference website for full abstracts.
The Development of WOC Nurses in the Future

Elizabeth A. Ayello

World Council of Enterostomal Therapists, United States

Abstract:
We have a responsibility to educate the next generation of WOC nurses as well as to provide continuing professional development for current WOC nurses. As always adult learning principles will need to be used in educational programs. Core competencies including skill performance will need to be further defined and performance of skill be assessed for each learner. Education will need to be related to patient care and everyday practice. Nurses will need to have the knowledge of research and current best practices but also to be knowledgeable of the principles of knowledge translation. Technology will enhance the learner experience and provide access to a wider variety of patient care situation.

Selected References:
Nursing Innovation of Wound Management

Hiromi Sanada¹²

¹Department of Gerontological Nursing/Wound Care Management, Graduate School of Medicine, The University of Tokyo, Japan, ²Division of Care Innovation, Global Nursing Research Center, Graduate School of Medicine, The University of Tokyo, Japan

Abstract:
Pressure ulcer occurs as a result of prolonged pressure and shear that diminish the flow of blood to an area of the body, causing a subsequent reduction in oxygen supply which leads to cell death. Deep tissue injury (DTI) is a new type of pressure ulcer resulting from deterioration in deeper tissue. Our research team has been focusing on DTI since this type of pressure ulcer remains to be a big problem, which sometimes progresses to the severe pressure ulcer rapidly and becomes life-threatening especially in elderly patients. To understand the degree of tissue damage, we established a novel assessment technique using ultrasound with a high-frequency transducer, which can detect structural and functional changes in deeper tissue. Visualization of deep tissue structure with high-frequency ultrasonography enables clinicians to predict deterioration by assessing for the presence of four ultrasonographic features: unclear layered structure; hypoechoic lesions; discontinuous fascia; and heterogeneous hypoechoic areas. Establishing whether any of these abnormal features are present may aid in predicting prognosis and would encourage the use of adequate preventative and treatment strategies. To prevent DTI deterioration, intensive pressure redistribution care is indispensable. Our recent innovations tackling this challenge include a “Robotic Mattress”. We propose a new adjustment algorithm for the inner-air cell pressure based on continuously monitored interface pressure inside the mattress. In this algorithm, the inner air-cell pressure is adjusted to one level higher than the level where the interface pressure values are the lowest to offer optimal mattress hardness without a risk of bottoming-out. Since the inner air-cell pressure can be automatically adjusted according to the sensor input, this support surface is a kind of a “robot.” This mattress can not only minimize the pressure damage but also maximize the patient comfort which makes this mattress clinically applicable to many patients who are at high risk of pressure ulcer development or deterioration. These advancements will promote technology-based innovations for pressure ulcer management.
Stoma Care: How Can We Improve the Quality of Life with Ostomates?
Your Country Opinions- The Colorectal Cancer Surgery in Taiwan

**Jin-Tung Liang**

*National Taiwan University Hospital, Taiwan*

Abstract:

Stoma Care: How Can We Improve the Quality of Life with Ostomates?
Your Country Opinions- Hong Kong Experience

**Chak Hau Pang**

*Yan Chai Hospital, Hong Kong*

Abstract:

Ostomy self-help group in Hong Kong started in the 70’s, and it grew in line with the rise of international self help organizations. Volunteerism forms the backbone of the non-governmental organizations. The organization helped to improve the life of ostomy in Hong Kong in many ways. With the change of disease pattern and advance in surgical technique, numbers of new ostomate is on decreasing trend. On the other hand, mainstream economics fosters values of self-interest and competition to achieve maximum satisfaction, core values of volunteerism are now under challenges.
Stoma Care: How Can We Improve the Quality of Life with Ostomates?
Your Country Opinions - Korea Experience

Mi Ju Lee

Asan Medical Center, South Korea

Abstract:
The number of ostomates in KOREA is 15,000 as of 2018, maybe more than 20,000 include unregistered. WOCN are stepping up their efforts to improve the QOL of them.

For early stage after surgery patients, each hospital and WOCN educate stoma care and limited quantity of items cause of insurance. Korean association WOCN developed the video education resource for stoma care. Our association produce evidence based practice for stoma care for medical staff. WOCN helps to provide consultation with the doctor or nutritionist based on the patient’s needs.

Adaptation period, we focus stoma-rehabilitation. We encourage attendance at self-help meetings and share other patients experience and know-how for social life. One year after surgery, if necessary, educate patients about stoma irrigation. We educate and prevent late complication (hernia, prolapse, hyperplasia).

I hope as a WOCN, rather than simply prescribing and supplying items, will help positively improve the quality of life of ostomates.

Stoma Care: How Can We Improve the Quality of Life with Ostomates?
Your Country Opinions- Thailand Experience

Yuwadee Kestumpun

Thai Entero stomal Therapy Nurse Society, Thailand

Abstract:
In Thailand according to report of National Health Security Office (NHSO), there are approximately 40,000 ostomates who undergoing ostomy surgery registered. Many studies done by ET Nurses reveal that Quality of life (QOL) with ostomates is of great importance because the creation of stoma profound changes in a patient’s life including physical problems, psychological functioning, social and family relationships, travel, nutrition, physical activity, and sexual function, as well as religious and economic issues. Such changes are a cause of major concern of individual QOL which change from time to time according to patient’s response to outcome of the QOL. Therefore, the solution used to improve QOL include the implementation of nursing processes which is organizing framework for providing individualized person-centered care when giving care. As well as integrating social media to close the information gap and increase the power of social network where is very effective to support ostomate.
Stoma Care: How Can We Improve the Quality of Life with Ostomates?
Your Country Opinions - Taiwan Experience

Ting-Kuang Wang

Nurse practitioner, Division of Colorectal surgery, Department of Nursing,
Wan Fang Hospital, Taiwan, Taipei Medical University, Taiwan

Abstract:
The incidence of colorectal cancer is rising all over the world which is also now seen among the Asian population. The phenomenon has significantly increased ostomy creations, and then lead to patients present as physical, psychological, social anxiety disorder and also increase of caregiver burden. In these ostomy patients, experiencing leakage and lead to peristomal skin irritation are common complications. A convex stoma appliance has been widely used to clinical practice to reduce the risk of leakage. However, the effects of this device in clinical setting are still controversial. I will share my research result for evaluate the effectiveness and safety of convex ostomy appliances in leakage, safety as well as side effects.

Reference:
Wound Management: Pressure Injury Prevention for Country Strategy
Hong Kong Experience

Michelle Wai Kuen Lee

Hong Kong

Abstract:
Pressure injury is a serious problem commonly encountered among hospitalized patients. Over the last decade, pressure injury remains a challenge in caring professionals. It is well known that the primary cause of pressure injury is the sustained mechanical load applied to soft biological tissues normally near a bony prominence, and shear can cause damage to the tissue and its supportive vascular structures. Friction is not a primary factor in the development of pressure injury, but it contributes to stripping of the stratum corneum and can create an environment conducive to further insult. Apart from pressure relieving device, appropriate repositioning, nutritional support, hydration were common strategies in prevention of pressure injuries. In recent decades, there is increasing evidence that microclimate between skin and the supporting surface takes part in the development of stage 1 and stage 2 pressure injuries. Results of several studies suggested that multi-layer foam dressings with soft silicone as a component of standard pressure injury preventive measures can significantly reduce the incidence of pressure injuries. In the presentation, common pressure injuries strategies in Hong Kong will be discussed.

Wound Management: Pressure Injury Prevention for Country Strategy
Indonesia Experience

Widasari Sri Gitarja, Budi Anna Keliat, Marina Ruran, Devi Sahputra, Agung Ginanjar, Tioma Naibaho, Sumedi, Emil, Wiwik Handayani, Yuni Susiana, Sorta Situmeang

Indonesian Wound Care Clinician Association, Indonesia

Abstract:
The hospital has several perform criteria of quality indicator that should be concern for patients who have spent a long time in the hospital, one of an indicator is the result of illness with prolonged bed rest or patient with long immobilization that risk of the occurrence of pressure injury. The incidence of pressure injury concerned efforts more serious treatment by hospital and medical experts, ranging from prevention efforts to nursing care and treatment. Pressure injuries are often a frightening for health care professional, this can certainly be one illustration of the worsening condition of the patient’s health which is also followed by declining quality of life and mistakes in understanding the prevention and management of pressure injury. Difficulties in maintaining care are often a chain of problems that are difficult to break. Based on trend of the advanced health industry growth and the desire for a higher life expectancy and improvement in a better quality of life, it must be accompanied by more professionalism of health professional in hospitals to
handling risk cases such as the incidence of pressure injury. Therefore, we hope that the nationally agreement that approval by Ministry of Health can be a valuable effort in order to the latest knowledge about prevention and management of pressure injury. At the same time, It could be answering the world’s questions about the existence of Indonesia’s health which is also one of the part in the launching of “guidelines pressure injury” that will be shared worldwide.

**Keywords:** pressure injury; nationally agreement

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**Wound Management: Pressure Injury Prevention for Country Strategy Advanced Preventive Strategy against Pressure Ulcers in Japan**

**Gojiro Nakagami¹², Hiromi Sanada¹²**

¹Department of Gerontological Nursing/Wound Care Management, Graduate School of Medicine, The University of Tokyo, Japan, ²Division of Care Innovation, Global Nursing Research Center, Graduate School of Medicine, The University of Tokyo, Japan

**Abstract:**

The prevalence of pressure ulcers in Japan, according to the national survey by the Japanese Society of Pressure Ulcers, is reportedly 1.32–2.48%, which is lower than the hospital-acquired prevalence in acute care settings, and ranges from 8.8% to 9.3%, as determined by the International Pressure Ulcer Prevalence Survey in 2015. However, given the unprecedented increase in the number of elderly patients at risk of pressure ulcers in Japanese hospitals, the impact of pressure ulcers on patient outcomes demands consideration.

Besides the basic pressure ulcer preventive care, which includes the use of support surfaces, skin care, and nutritional care based on risk assessment, we further targeted the friction of the skin surface and skin
barrier function to offer better preventive efficiency. Based on this concept, we have created a pressure ulcer preventive dressing designed to reduce shear forces through a low-friction outer layer and improve the water-holding capacity of the skin by ceramide supplementation. This was one of the first-generation pressure ulcer preventive dressings, of which the effectiveness has been proved by a clinical trial. The incidence of persistent erythema was significantly lower in the area where the dressing was applied than the control area with a risk ratio of 0.18 (82% lower risk)\(^1\).

Recently, we have acquired a new focus on skin injuries caused by medical devices. Medical device-related pressure ulcers are caused by the mismatch between the device and body shape that unintentionally apply excessive pressure to the skin. To solve this problem, we introduced three-dimensional solutions to offer a complete fitting between the medical devices and the body contour. A personalized fitting device can distribute the pressure and potentially reduce the medical device-related pressure ulcer incidence\(^2\).

References:

Wound Management: Pressure Injury Prevention for Country Strategy Measurement for Pressure Injury Continue Quality Improvement

Su-Chen Pong

Taichung Veterans General Hospital, Taiwan

Abstract:
Preventing pressure injury is an important issue for caregivers. Its classification and care of wounds is complex, so it must be managed to maintain quality of care. Measurement is an important tool for controlling quality. The correct measurement results can be found in the cause of pressure injury, providing a systematic improvement by clinical caregivers and managers.

Complete measurements must include: best practice guidelines, indicators of process and results, run chart, clinical audits and form a story. If there is no number, there is no way to compare it, and it is impossible to know whether the current care process is effective, so measurement is an important method to improve quality. However, the characteristics of patients in each care setting are different, and it is difficult to completely replicate the care experience of other institutions in their own institutions.

This topic will take the experience of pressure injury care in the Taiwan Medical Center as an example, and will describe the improve process.
The Chronic Wound Management in Community
Wound Management in the Community in Australia

Keryln Carville

Silver Chain Group and Curtin University, Australia

Abstract:

Background and Aims

In Australia modelled costs determined $3 billion or 2% of national health expenditure in 2016-2017 was spent on chronic wounds. The number and type of wounds managed in the community and costs to discharge were unknown. The study aimed to determine community demographics, prevalence and types of wounds managed, and time and costs to discharge.

Methods

Prospective assessment and care plan data from all patients with wounds managed by Silver Chain, a community nursing organisation in Western Australia, are entered onto tablets or smart phones at point of care. Interrater reliability testing of nurses for wound assessment, care planning and data entry was conducted. Ongoing audits ensured completeness and accuracy of data. Study endpoints are wound types, numbers, outcomes, length of stay, consumables used, time taken to perform dressings and time and costs to discharge. Data collected in 2019 will be benchmarked against 2018 wound outcomes and costs.

Results

In 2018, there were 33,147 wounds attributed to 15,489 patients and 78% of wounds were discharged healed or self-care. Wounds comprised: 41% acute, 15% leg ulcers, 9% foot ulcers, 15% skin tears, 8% pressure injuries, 1% tumours and 11% other wounds (primarily dermatological wounds). There were equal numbers of males (53%) and females and males were younger (63.4 versus 67.2 years; t (8787) = 8.67, p < 0.0001). The mean length of stay was 47 days all wounds, but foot ulcers were 78 days and tumours 94 days. The mean cost to discharge wounds was $296 for consumables used and nurse time to treat. However, significant maximum variances were found across all wound types.

Conclusion

Community wounds and their costs to care were determined. Point of care data entry ensures accuracy of actual, rather than modelled data, which benefits organisational, national and international benchmarking of quality care outcomes and cost-effectiveness.
The Chronic Wound Management in Community
The Network between Hospital and Nursing Home

Jack Hsiao
Hsiao Chung-Cheng Hospital, Taiwan

Abstract:
Share experiences on how a regional healthcare group successfully provides multidisciplinary medical services to residents live in 100+ nursing homes and long-term care facilities. From fundamentals such as doctor’s on-site visits, catheter/tubing nursing cares, and medication prescriptions, wheelchair-accessible transportation is available for hemodialysis and rehabilitation patients, fast-track admissions to hospital ER and OR, integrated and preventive healthcare services, and working closely on advanced innovations like: Telecare/Telemedicine, ultrasound biofilm-removing system, AI-enhanced body reposition to prevent pressure ulcer, smart fire control and evaluation technologies, and integrated delivery system for respiratory cares, aiming to better improve care quality and efficiency, by a close collaboration between healthcare entities and providers.

The Chronic Wound Management in Community
The Chronic Wound Management in Community in Taiwan

Yu-Lin Wu
St. Mary’s Junior College of Medicine, Nursing and Management, Taiwan

Abstract:
Taiwan with 23 million citizens, is aging at an alarming rate, with only eight years to advance from “aged society” to the “super-aged society” by 2026.

The home health care in Taiwan includes two parts. One is from social insurance (National Health Insurance, NHI) since 1995 that integrated home health care program (involves doctor, nurse, RT, psychologist and social worker). The other one is from tax (long-term care, LTC) that professional home care instruction (PT, OT, ST, RT, Dietitian, Nurse, Pharmacist) since 2007 (LTC 1) and 2017 (LTC 2.0).

There are three stages of Home health care of NHI, and the home health care nurse can provide interventions independently including education, wound care, ostomy care, foley insertion, nasogastric tube insertion, etc.
Moreover, major goals of LTC 2.0 are ageing in place, establish an accessible, affordable, universal long-term care service system with good quality, upstream prevention to delay disability and downstream preparedness to provide discharge home-based medical care.

In Taiwan, patients receive home health care who have wound, the home medical care team can provide integrated care including physician visiting, nurse caring, dietitian consult, nurse aides care and assistive device apply. The policy of home health care form NHI and LTC provide integrated wound and chronic disease care for patient at home.

However, there are limitations for the community wound care in Taiwan. Firstly, the advance wound dressing and ostomy tool are self-paid. Secondary, physician and nurse in home health care are not practiced for wound or ostomy care. Third, the limit of visiting frequency for difficulty wound care. Finally, the transfer process for difficulty wound and ostomy condition has room for development.

**The Chronic Wound Management in Community**

**The Chronic Wound Management in Community in Malaysia**

Mariam Hj. Mohd Nasir

*Cert ICW(Hamburg, Germany) Cert GNLI(Geneva, Switzerland)*

*MBA (Mal/UK) BSc(Hons) Mal, WOCNEP(Hong Kong)/E.T., SCM SRN, Malaysia*

**Abstract:**

Chronic wound management can be complicated especially when the people whose wounds do not heal within a reasonable time frame, normally between 4 to 12 weeks. Chronic wounds such as Diabetic Wounds, Venous & Arterial Ulcers (which can both lead to open sores caused by poor blood circulation to the leg) and Pressure Injury.

The 2015 National Health and Morbidity Survey (NHMS) revealed that 17.5% of Malaysian adults have diabetes, and almost half of them are undiagnosed and when diabetics have a wound, it can lead to ulcers and amputations. According to Hospital Kuala Lumpur Wound Care Unit Head Professor Dr Harikrishna Nair, foot ulcers are the most common among diabetics and make up 70% of wound cases.
The Wound Care Unit, Hospital Kuala Lumpur started in 2013 with 2,500 patients, but that has now skyrocketed to 12,000-plus patients today.

In Malaysia, we have shift to home care or out-patient care rather than hospital care for chronic wounds management especially pressure injury that might need longer hospitalization.

The patient either return to the hospital for continuation of treatment, have had a nurse who does home visits and does the wound dressing, private home nursing services or done by the care giver which normally the patient relatives.

In the rural areas or district hospitals, we have also Community Nurses or Public Health Nurses who will visit the patients at home regularly to assess them including managing the wounds and they will also teach the carers to do it since they will not able to visit the patients frequently.

Products needed for the wound management will be purchased by the patients and those who hired private nurses will also need to pay the service accordingly. For those who can’t afford, will carry on using the traditional way.

In general, management of chronic wound in the community still lacked of trained personnel to manage the wounds and using modern wound products are costly.

More training is being planned to ensure that the management of chronic wound in the community is well managed and need to be established.
Current and Future: The Treatments for Recalcitrant Wounds

Yur-Ren Kuo
Chairman, Department of Surgery; Chief Professor, Plastic Surgery, Kaohsiung Medical University Hospital, Taiwan

Abstract:
Chronic wounds are a challenge to wound care professionals and consume a great deal of healthcare resources around the globe. A chronic wound may be defined as one that is physiologically impaired due to a disruption of the wound healing cycle as a result of impaired angiogenesis, innervation, or cellular migration, among other reasons. Some common features shared by each of these recalcitrant wounds include prolonged or excessive inflammation, persistent infections, formation of drug-resistant microbial biofilms, and the inability of dermal and/or epidermal cells to respond to reparative stimuli. In aggregate, these pathophysiologic phenomena result in the failure of these wounds to heal. The underlying pathologies, however, differ among various types of chronic wounds.

Chronic wounds can be classified as diabetic foot ulcers (DFU), vascular ulcers (e.g., venous and arterial ulcers), and pressure ulcers (PUs). Chronic wounds related to malignancy require appropriate treatment of the malignancy, but in some cases, palliation may be all that can be offered. Many adjunctive therapies are designed to improve the care of recalcitrant wound including biological dressing, negative pressure wound therapy (NPWT), hyperbaric oxygen (HBO), recombinant growth factors (e.g. human platelet-derived growth factor, epidermal growth factor, etc), acellular matrix product, etc.

However, if this level of wound area reduction is not met consistently, then alternative healing interventions should be considered. Recent adjunctive therapies could be applied included extracorporeal shockwave therapy (ESWT), mesenchymal stem cells (MSC), etc.

This presentation provides an overview of the chronic wound healing and discusses the established tenets and advanced treatment of recalcitrant chronic wounds.
The New International Pressure Injury Guideline

Kervin Carville, Janet Cuddigan, Jan Kottner, Emily Haesler

Silver Chain Group and Curtin University, Australia

Abstract:
Pressure injuries represent a major health burden for individuals and health providers. They impact on reduced quality of life for individuals and their prevention and treatment result in substantial implicit and explicit costs to individuals and health care providers. To reduce this burden the European Pressure Ulcer Advisory Panel, the National Pressure Injury Advisory Panel and the Pan Pacific Pressure Injury Alliance collaborated with 14 other international wound organisations, to produce the Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. The 2019 revised edition is a much-expanded global international guideline. It presents evidence-based Recommendations and Good Practice Statements to assist health professionals and consumers deliver best practice in pressure injury prevention and treatment. The International Guideline, which will be launched on 16th – 17th November, 2019.

The APETNA presentation will be presented on behalf of the Guideline Governance Group and provide an overview of the guideline format, discuss the Strength of Evidence and Strength of Recommendations, the Good Practice Statements and Implementation Considerations contained within. The international Consumer Survey, which was conducted to gain input from patient individuals and informal caregivers in the guideline development will be outlined. Content on preventing pressure injuries, treating pressure injuries and implementing pressure injury interventions across care populations and settings will be discussed. The guideline aims to promote the best possible care for individuals, promote health professional knowledge, optimise the delivery of evidence based practice and guide cost-effective healthcare choices.
The Wound Care Specialist and Prevention of Catheter Associated Urinary Tract Infection

Denise Nix

M Health Fairview Hospitals and Clinic Minneapolis, United States

Abstract:
Up to 40% of hospital-acquired infections in the United States are urinary tract infections. 75% of urinary tract infections are associated with indwelling urinary catheters leading to 13,000 related deaths annually. Hospitals with most adverse health events are financially penalized. The wound care specialist is in a unique position to play a role in preventing indwelling catheter associated urinary tract infections while implementing wound management best practice for prevention of incontinence associated dermatitis (IAD), prevention of pressure injuries, prevention of medical device related pressure injuries and evidence based wound care. This presentation will provide an update on prevention of catheter associated urinary tract infection as well as best practice interventions routinely implemented by the wound specialist that will help decrease the incidence of skin breakdown and catheter associated urinary tract infections.
Challenges of Skin Tears Management

Kevin Woo

Queen’s University, Canada

Abstract:
According to the international skin tears advisory panel (ISTAP), skin tears (STs) is defined as “wounds caused by shear, friction, and/or blunt force resulting in separation of skin layers”. Several prevalence studies conducted in LTC settings indicate evidence of ST among 10-54% of people residing in long term care settings. The purpose of this presentation is to examine the intrinsic and extrinsic factors that predispose people to develop STs. The concept of skin frailty and related research using electronic dermatoscopic images will be discussed. We propose the term “skin frailty” to integrate the concept of frailty and increased vulnerability to skin injury. Skin frailty can be transient or chronic skin changes as evidenced by texture irregularity, atrophy, poor turgor, and loss of tensile strength due to abnormal skin hydration, insufficient perfusion, impaired desquamation, loss of collagen or elastin, excessive inflammation, and scarring. Best practice approaches to skin tear management and emerging evidence will be summarized and appraised in this presentation.
Wound Management of Leg Ulcer for Your Opinions
Ischemic Pain Management in People with Lower Leg Ulcers

Kevin Woo

Queen's University, Canada

Abstract:
Poor blood circulation in the leg is common and affects one in 5 older persons in Canada. Leg pain due to poor circulation, also known as ischemic leg pain, is one of the most distressing and poorly managed symptoms. People with ischemic pain often require a range of strategies and specialist treatments including surgery, pain medication, exercise, diet changes, and psychosocial interventions. However, these strategies are not always accessible, effective, or safe for older persons because of the physiological changes associated with aging process. There is inadequate information to guide healthcare providers in caring for older adults with ischemic leg pain. This presentation will summarize and compare key recommendations about treatment options and management strategies from existing review papers and guidelines. A Canadian consensus document will be discussed in an effort to provide much-needed guidance in the care of older adults with ischemic leg pain.

Wound Management of Leg Ulcer for Your Opinions
Nursing Management of Venous Leg Ulcer: Hong Kong Experience

Hin Moon Chong

Tuen Mun Hospital, Hong Kong

Abstract:
Majority of leg ulcer in Hong Kong was due to chronic venous insufficiency, which led to so-called venous ulcer. Venous ulcer is always localized infected or colonised with heavy load of microbes, solely treated with antimicrobial agents or antibiotics may not produce desirable clinical outcome. Compression therapy is believed to be gold standard in treating venous ulcer by using short-stretch and long-stretch compression bandages. Choosing appropriate types of compression bandage and alteration of life-style of patients would produce satisfactory clinical outcome.
Wound Management of Leg Ulcer for Your Opinions
Lower Extremity Ulcers in the Community in Australia

Keryln Carville

Silver Chain Group and Curtin University, Australia

Abstract:
Aims
Lower extremity ulcers are common wounds managed in the community. This study aimed to determine the number and type of ulcers and the efficacy of treatments and costs to heal within an Australian community health service.

Methods
All nurses employed by a community organization in Australia enter wound assessment and care plan data onto tablets or smart phones, which is uploaded at point of care on the organisation’s database. A 6-month study completed in 2017 formed the benchmark for determining ongoing prevalence, the type of lower extremity ulcers, healing times, consumables used and costs to treat. This data was used to benchmark prospective leg and foot ulcer data collected in 2018 to 2019 and to determine the efficacy and costs of treatment.

Results
The 2017 study found 16,925 wounds of all types attributed to 8,789 clients and lower extremity ulcers comprised 20% overall. There were 1,688 leg ulcers (venous, arterial, mixed aetiology, atypical) from 1,109 individuals. Venous leg ulcers comprised the greatest number of these. Females comprised 54% and they were significantly older than males (78.7 versus 72.8; t(1,107)=7.0679; p<0.001). There were 976 foot ulcers (neuropathic, ischaemic, neuro-ischaemic, unknown aetiology) from 665 individuals. Males comprised 65% while females were significantly older (t(663)=3.2832); p=0.0011). Lower extremity ulcers had the greatest length of stay. This data was used to benchmark the 2018 to 2019 data which reported 3,305 leg ulcers and 2,109 foot ulcers. The mean length of stay was 84 days and mean cost to heal a leg ulcer (time to treat and consumables) was $508 and a foot ulcer $423. However, there were significant variances overall for length of stay and costs.

Discussion
Lower extremity ulcers are among the commonest wounds managed in the community. This study has informed organisational protocols, practice and resourcing and informs national health agendas.
Wound Management of Leg Ulcer for Your Opinions  
Dealing with Diabetic Foot Ulcers in 12 Weeks

Widasari Sri Gitarja, Ikram Bauk, Kana Fajar, Marina Ruran, Devy Sahputra,  
Agung Ginanjar

Abstract:  
In global prevalence diabetes mellitus continues to grow and one of the pointed areas of morbidity associated with diabetes is the diabetic foot. To improve the care of patients with diabetic foot and to prove an evidence-based multidisciplinary management approach, the Indonesian Wound Care Clinician Association (InWCCA) and WOCARE center developed this clinical best practice and spreading the information continuously by Indonesian ETNEP certification. Specific areas of focus DFU management included (1) Prevention of diabetic foot ulceration, (2) Wound Care Protocol Management, (3) Off-loading, (4) Adjunctive Treatments. We recommend using comfortable footwear in high-risk diabetic patients, including those with significant neuropathy, foot deformities, or previous amputation. The group has made practice recommendations for wound care using the modified Bêtes Jensen scores reduce in 13 points to 10 points evaluate and predict wound-healing process. This project provides recommendations in comprehensive wound care management including various debridement methods in a minimum of 2 - 4 weeks standard of tissue management and continue with off-loading management. We also recommend adjunctive wound therapy options for difficulties wound care. Whereas these protocols have addressed wound care of DFUs but they have not cover all the aspects of this complex condition in DFU.

Keywords: best practice; wound management
Difficult Healing Wound Management: Country Opinions
Management of Venous Leg Ulcer: Modification to Local Needs

Chak Hau Pang

Abstract:
Venous Leg ulcer is one of the major health problems of aging society like Hongkong. It may be difficult to estimate the total number of people with venous leg ulcer, as well as the loss in social economic well beings. Although compression therapy had been established in more than 30 years as the gold standard of management, the use of compression bandages in the hot and humid climate like that in Hongkong are not appealing to patients with VLUs. Basing on the principles of compression therapy and by modifying the material use in applying compression, many patients can successfully control the symptoms or have wound heal up in a short period of time.

Difficult Healing Wound Management: Country Opinions
Case Sharing - Chemotherapy Induced Pyoderma Gangrenosum

Michelle Wai Kuen Lee

Abstract:
Pyoderma gangrenosum (PG) is a painful, ulcerative and inflammatory skin condition. It is characterised by isolated or group painful skin lesions. Most of these patients suffered from existing systemic disease, such as inflammatory bowel conditions or haematological disorders. However, medication induced PG has been reported in recent decades. Chemotherapy induced PG is a rare situation. We are going to report two patients with myelodysplastic syndrome (MDS) and chronic myelomonocytic leukaemia (CMML). Both of them were suffered from PG which was triggered by chemotherapy.
Difficult Healing Wound Management: Country Opinions
DM Foot

Yuwadee Kestsumpun

Thai Enterostomal Therapy Nurse Society, Thailand

Abstract:
It is found that during the life of patients with diabetes have a 15% chance of having a diabetic foot ulcers. While in Thailand about 1-20% of diabetic patients have foot ulcers. Most diabetic foot ulcer lead to serious complications, such as infection and amputation and can also decrease the patient’s quality of life and also placing a high burden on the health system, patient, and their families. The management of diabetic foot ulcers requires specialized services and multidisciplinary team to improve healing rates and reduced unnecessary amputations. Diabetic foot ulcers management include prevention and wound management. In prevention, diabetic patient must be treated as follow: identification risk; regular inspection and examination; education, foot wear; and treatment pre-ulceration signs. Foot Wound management in diabetic patient can be a tremendous problem and difficult to heal because poor circulation, nerve damage and impaired immune responses. The management of diabetic foot ulcer today include day to day wound management, wound off-loading and advanced therapy which beneficial in improving wound healing rates, include nonsurgical debridement agents, dressings and topical agents, oxygen therapies, negative pressure wound therapy, acellular bioproducts, human growth factors, energy-based therapies.

Reference:
Difficult Healing Wound Management: Country Opinions
Chronic Limb Ischemia Care

Wen-Pei Huang

Chi Mei Medical Center, Taiwan

Abstract:
Critical limb ischemia (CLI) is considered the most severe pattern of peripheral artery disease. It is defined by the presence of chronic ischemic rest pain, ulceration or gangrene attributable to the occlusion of peripheral arterial vessels. It is associated with a high risk of major amputation, cardiovascular events and death. In this session, will present a complete overview about physiopathology, diagnosis and holistic management of CLI with wounds. First step is to check the revascularization, but challenging cases are not treatable by conventional techniques. Advance wound management need to be done to assist the patient maintaining their life quality. Three successful cases report will be presented the results of wound management.

Incontinence Care
Assessment Tool of IAD

Denise Nix

M Health Fairview Hospitals and Clinic Minneapolis, United States

Abstract:
Patients with incontinence-associated dermatitis (IAD) experience discomfort, pain, burning, itching or tingling in the affected areas. Pain may be present even when the epidermis is intact. IAD can result in secondary infection, greater risk for pressure injury, an increased need for care, disruption in activities and sleep, loss of independence, and an overall decrease in quality of life. Variations in reported prevalence and incidence of incontinence-associated dermatitis may be due to differences in care settings, prevalence of incontinence, and the lack of standard criteria for the diagnosis and assessment of IAD. IAD assessments tools have been developed with varying degrees of validity and reliability testing. This presentation will provide an overview and description of 3 IAD assessment tools developed to assist with assessment, diagnosis, prevention and management of IAD.
Incontinence Care
The Effectiveness of Pelvic Floor Muscle Training in Urinary Incontinence

Yu-Fen Lai

Comprehensive Pelvic Floor Health Care Center, Chung Shan Medical University Hospital, Taichung, Taiwan
Department of Physical Therapy, Chung Shan Medical University Hospital, Taichung, Taiwan

Abstract:
The Cochrane review finds pelvic floor muscle exercise (PFMT) can cure or improve symptoms of stress incontinence and all other types of UI. It may reduce the number of leakage episodes, the quantity of leakage on the short pad tests in the clinic and symptoms on UI specific symptom questionnaires. And the review suggests that PFMT could be included in first-line conservative management programmes for women with UI.

Chung Shan Medical University Hospital (CSMUH) Comprehensive Pelvic Floor Health Care Center aim at developed an integrated health system through organ-based systematic care model to enhance health care efficacy in patient with pelvic floor dysfunction. The center recruited physical therapist to perform conservative behavioral modification treatment for those patient who suffering from pelvic floor dysfunction such as urinary stress incontinence, overactive bladder with or without urge incontinence, anal incontinence, pelvic organ prolapse, voiding dysfunction, neurogenic bladder, … etc.

According to the patient’s evaluation physical therapy will provide individualized pelvic floor re-education exercise prescription, combine with biofeedback and/or electric stimulation programs to improve the control and awareness of pelvic floor muscles and improve the symptoms of urinary incontinence.

At the 1st Pan-Asia Urogynaecology Association Biannual Meeting report our treatment effect, the EMG activity of the maximal voluntary contraction of pelvic floor muscle and maximal vaginal pressure were significantly higher in stress incontinence, overactive bladder and mixed type incontinence group after physical therapy intervention.

Most of the female without clear understanding and awareness of the method of pelvic floor muscle contraction, or perform the exercise incorrectly and limited the training effect. Experience physical therapist provide the comprehensive pelvic floor conservative management with life-style modification, behavior therapy, therapeutic health education and individualized exercise prescription that will have good treatment result for patient suffered UI.
Incontinence Care
Continence Promotion in Taiwan

Chuan-Hsiu Tsai
Hualien Tzu Chi Hospital, Taiwan

Abstract:
Continence promotion, education and primary prevention involves informing and educating the public and health care professionals that urinary incontinence and faecal incontinence are treatable or at least manageable. In addition, health policy making and champion are very important to provide supporting materials. Increasing number of continence prevention discussion are available in recent decades. Today, in most countries, consensus panels, government funding of continence initiatives and practice guidelines have been developed in the area of urinary and faecal incontinence.

Thus, the aims of this speech include (1) professional training through Taiwan Continence Society, (2) certification program of continence advisor and long-term care specialists were provide to improve quality of current practice, (3) Popular magazines, local and national papers, radio, and television, regularly cover topics on urinary incontinence, (4) National or local public awareness campaigns. The World Wide Web provides a convenient source of health information for a growing number of consumers. Utilizing available resources and future plan will also be discussed to guide the discussion of effective continence promotion champion among Asia region.

Incontinence Care
Simplifying Strategies on Prevention of Incontinence Associated Dermatitis: Hong Kong Experience

Hin Moon Chong
Tuen Mun Hospital, Hong Kong

Abstract:
Incontinence associated dermatitis is one of the types of Moisture Associated Skin Damage. Healthcare professionals in Hong Kong gradually increased their awareness and focused more on the related skin care. Promoting and maintaining skin integrity of patients is used to basic and important nursing intervention, however, lack of structural skin care strategy may decrease our nursing care efficacy.

Selection of simple and appropriate skin cleanser and skin Protestants could be cost-effective and welcomed by frontline staff, which led to desirable outcome.
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<td>09:00-09:10</td>
<td><strong>Introduction</strong></td>
<td>郭耀仁 理事長</td>
</tr>
<tr>
<td>09:10-09:30</td>
<td>抗感染敷材使用之黃金治療準則</td>
<td>廖萍萍 經理 (Convatec)</td>
</tr>
<tr>
<td>09:30-09:50</td>
<td>含銀凝膠複合材料應用困難感染性傷口</td>
<td>周誌盈 研發專員（健鑫）</td>
</tr>
<tr>
<td>09:50-10:10</td>
<td>新式敷料二次敷材應用於感染性傷口照護</td>
<td>黃秋敏 副總（泰陞）</td>
</tr>
<tr>
<td>10:20-11:20</td>
<td>分組實務操作</td>
<td>ConvaTec</td>
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<td></td>
<td>A組：抗感染敷材使用之黃金治療準則</td>
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<td>B組：含銀凝膠複合材料應用困難感染性傷口</td>
<td>健鑫</td>
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<td>C組：新式敷料二次敷材應用於感染性傷口照護</td>
<td>泰陞</td>
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<tr>
<td>11:30-11:40</td>
<td>綜合討論</td>
<td>郭耀仁 理事長</td>
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<tr>
<td>11:40-11:50</td>
<td>Closing Remark</td>
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<tr>
<td>13:00-13:10</td>
<td>報到 Regestration</td>
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<tr>
<td>13:10-13:20</td>
<td>OPENING</td>
<td>郭耀仁 理事長</td>
</tr>
<tr>
<td>13:20-14:00</td>
<td><strong>Keynote Lecture</strong></td>
<td>尤傑銘 醫師(馬偕)</td>
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<tr>
<td></td>
<td>Topical Oxygen Treatment with Anaerobic bacteria infection wound</td>
<td>李書欣 主任</td>
</tr>
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<td></td>
<td>以局部氧氣治療厭氧菌感染傷口</td>
<td>張榮程 主任</td>
</tr>
<tr>
<td>14:00-14:30</td>
<td>Diagnosis and management of biofilm over chronic wound</td>
<td>戴浩志 主任</td>
</tr>
<tr>
<td></td>
<td>慢性傷口上生物膜的診斷與治療</td>
<td>林育賢 主任</td>
</tr>
<tr>
<td>14:30-15:00</td>
<td>The role of antibiotics in treating chronic wound</td>
<td>盤松青 醫師(台大)</td>
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<tr>
<td></td>
<td>抗生素在慢性傷口治療所扮演的角色</td>
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<tr>
<td>15:00-15:20</td>
<td>Coffee Break</td>
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</tr>
<tr>
<td>15:20-15:50</td>
<td>Introduction of ICW training program in the infectious wound care</td>
<td>林采蓉 護理長(高醫)</td>
</tr>
<tr>
<td></td>
<td>異常感染性複雜傷口歐洲傷口照護學會訓練準則介紹</td>
<td>吳思賢 醫師</td>
</tr>
<tr>
<td>15:50-16:20</td>
<td>Applying new dressing on the complicated infectious wound</td>
<td>黃晴雯 護理長(雙和)</td>
</tr>
<tr>
<td></td>
<td>wound the gold standard in nursing care</td>
<td>蕭晴文 傷口護理師</td>
</tr>
<tr>
<td>16:20-16:50</td>
<td>The common complication of dressing: What we should lookout</td>
<td>楊惠美 專科護理師（林口長庚）</td>
</tr>
<tr>
<td></td>
<td>新式敷材應用於感染複雜性傷口之護理照護黃金準則</td>
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</tr>
<tr>
<td>16:50-17:30</td>
<td><strong>Keynote Lecture</strong></td>
<td>Chris Chong 理事長(香港)</td>
</tr>
<tr>
<td></td>
<td>Wound Assessment: from wound exudate to wound infection</td>
<td>蔡新中 主任</td>
</tr>
<tr>
<td></td>
<td>傷口評估: 從傷口滲液看傷口感染</td>
<td>潘啟明 主任</td>
</tr>
<tr>
<td>17:30-17:40</td>
<td>Closing Remark</td>
<td>郭耀仁 理事長</td>
</tr>
</tbody>
</table>

學術分享 / 外科學分、內科學分、整形外科學分、感染科學分、家醫學科分、護理積分、專科護理積分

主辦單位 / 台灣傷口照護學會 聯絡電話 / 07-3121101#7676 蘇典可/陳怡倩 聯絡信箱 / 2016tswc@gmail.com
Transforming skin integrity through science.
HeraDerm 赫麗敷
由傷口到疤痕的完整性照護

A+ Gel 獨特高吸收滲液配方
Hydro-Balance technology 潤潤均衡技術

榮獲
經濟部科技研究發展專案
小型企業創新研發計劃之「創新技術獎」

水凝膠手術傷口敷料
Wound Dressing Hydrogel for Surgical
吸濕鎖水 加速癒合

水性傷口敷料
Liquid Wound Dressing
不黏傷口 自己決定

清創凝膠
Gel
潔淨組織 填補傷口

防水透氣護膜／液體護膜
Dressing Spray PU Film
防水抗敏 傷口防護

傷口照護系列
Total Care from wound to scar
Simple Mobility
Anscare SIMO Negative Pressure Wound Therapy (NPWT) System

- Easy to use
- Promote blood circulation and exudate management
- Simple and mobile
- Smart indicator for dressing change notification
- Display negative pressure status by color band and sensing knob
- Light showering is allowed

Anscare SIMO NPWT system can be used to promote wound healing in acute, chronic and surgical wounds. SIMO is lightweight and small, which can be put into patients’ pockets, providing a simple way to continue the negative pressure wound therapy outside the hospital with less expense.
Choose the skin barrier with confidence built in.

Adhesive Border Barriers from Hollister Ostomy Care

Surround your patients with confidence and less worry. Adhesive Border Barriers help provide:

- **Peace of mind** with an extra sense of security that surrounds the hydrocolloid barrier
- **Flexibility** that moves with the body, stretching and adjusting for a secure fit
- **Simplicity** of an all-in-one solution that’s easy to use, with no extra accessories needed

Adhesive Border Barriers available with one- and two-piece pouching systems.
**Clinical evidence summary**

The use of Mepilex® Border Sacrum and Mepilex® Border Heel in pressure ulcer prevention

**Powerful clinical evidence**

Mepilex® Border Sacrum and Mepilex® Border Heel are the only clinically proven prevention dressings with three randomised controlled trials demonstrating the isolated benefits of the dressings in preventing pressure ulcers.1,2,3,4,5

The strength of high quality evidence2-4

**Guidelines and systematic reviews**

The dressings are supported by three consensus documents/guidelines8,9 and two systematic reviews on the role of dressings in the prevention of PUs.1,8 The most recent international consensus, published by the WUWHS, highlights the latest evidence on etiology of PUs, stating that these originate due to soft tissue deformations occurring as a result of sustained pressure, shear, friction and adverse microclimate.6

It confirms that, while dressings have proven to be effective in pressure ulcer prevention, NOT all dressings are the same, and cautions the user to choose appropriate dressings based on dressing properties, clinical evidence and scientific evidence.5

**Prevention is more cost effective:**

Based on the results of an RCT by Kalowes et al., the addition of prophylactic Mepilex Border Sacrum dressings to standard preventive measures would result in an 88% reduction in PU rates. In an ICU department with 1,000 admissions, this PU reduction would translate to a cost saving of USD 354,000.

Cost calculations based on an average PU treatment cost of $10,699.5210

The cost of treatment of just ONE Stage III/IV pressure ulcer is $71,503

Mepilex Border Sacrum is the ONLY dressing with proven number needed to treat (NNT) =

10 patients to prevent 1 PU12

**Controlled clinical trials**

<table>
<thead>
<tr>
<th>RCT in the ICU – Kalowes et al 20161</th>
<th>367 patients</th>
<th>183 patients</th>
<th>184 patients</th>
<th>7 pressure ulcers</th>
<th>1 pressure ulcer</th>
<th>88% reduction in PUs (p=0.046)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control group</td>
<td>Standard of care</td>
<td>Intervention group</td>
<td>Standard of care + Mepilex Border Sacrum</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>RCT in the ICU – Santamaria et al 201512</th>
<th>313 patients</th>
<th>152 patients</th>
<th>161 patients</th>
<th>27 pressure ulcers</th>
<th>7 pressure ulcers</th>
<th>76% reduction in HAPUs (p=0.002)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control group</td>
<td>Standard of care</td>
<td>Intervention group</td>
<td>Standard of care + Mepilex Border Sacrum + Mepilex Border Heel</td>
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</tbody>
</table>

<table>
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<tr>
<th>Controlled clinical trial in the OR (prone spinal surgery) – Castelino et al 201213</th>
<th>218 patients</th>
<th>114 patients</th>
<th>104 patients</th>
<th>12 pressure ulcers</th>
<th>0 pressure ulcers</th>
<th>100% reduction in HAPUs (p=0.0319)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control group</td>
<td>Standard of care</td>
<td>Intervention group</td>
<td>Standard of care + Mepilex Border Sacrum</td>
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References:
Certification Makes a Difference!
Use your work experience and CE hours to be eligible for a WOCNCB® exam under the Experiential Pathway

Are you a nurse working in Wound, Ostomy, Continence or Foot Care?

All you need is the following:
• Bachelor’s Degree or MSN for AP Internationally educated candidates need academic degree equivalency documentation. Contact WOCNCB® for details.
• 50 CE/CME education credits (contact hours) for each specialty.
• For each certification specialty, 1500 direct patient clinical hours within the previous five years. That is only 32 hours a MONTH!!

Chances are you have what it takes to be certified by WOCNCB®, the Gold Standard for Certification®!
If you meet eligibility requirements you can register for the exam and be on your way to earning one of the following certifications!

RN Level
- CWOCN® (Certified Wound Ostomy Continence Nurse)
- CWON® (Certified Wound Ostomy Nurse)
- CWCN® (Certified Wound Care Nurse)
- CCCN® (Certified Continence Care Nurse)
- COCN® (Certified Ostomy Care Nurse)
- CFCN® (Certified Foot Care Nurse)

Advanced Practice NP or CNS Level
- CWOCN-AP®
- CWON-AP
- CWCN-AP®
- CCCN-AP
- COCN-AP®

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Save up to $100!
Receive 30% fee reduction on initial exam(s).
Email info@wocncb.org with APETNA 2019 Rebate in subject line for details.
亞培基速得 Abound

傷口復原三合一口服胺基酸
由內而外幫助傷口癒合

Abound is a unique blend of 3 key ingredients – arginine, glutamine, and HMB* - working together to help support wound healing.

People who may benefit from Abound include those with:
· Pressure ulcers, venous leg ulcers, and diabetic foot ulcers
· Non-healing surgical incisions
· Burn injuries


糖尿病傷口個案使用
糖尿病引發足部潰瘍且發炎紅腫，壞死組織清瘍後使用

<table>
<thead>
<tr>
<th>日期</th>
<th>病況</th>
<th>病況</th>
<th>病況</th>
<th>病況</th>
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<tbody>
<tr>
<td>2010/06/15</td>
<td>紅腫發炎</td>
<td>肉芽生長明顯</td>
<td>傷口明顯癒合</td>
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</tr>
<tr>
<td>2010/06/27</td>
<td>植皮</td>
<td></td>
<td></td>
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<tr>
<td>2010/06/30</td>
<td>完全癒合</td>
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壓瘡傷口個案使用
開刀後屁股傷口原5x5公分一個月後擴大成10x10公分

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<thead>
<tr>
<th>日期</th>
<th>病況</th>
<th>病況</th>
<th>病況</th>
<th>病況</th>
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<tbody>
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<td>2015/07/22</td>
<td>傷口有血色縮小</td>
<td>傷口明顯縮小</td>
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<td>2015/07/26</td>
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<td>2015/08/08</td>
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<td>2015/08/18</td>
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<td>2015/08/30</td>
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Welcome to ALCARE, in APETNA 2019 TAIWAN.

**Lunch Symposium III**
Let's Try Design-R to Innovate Your Pressure Injury Management in Asia!!

- **Date:** November, 22 (Fri)
- **Time:** 12:30-14:00
- **Venue:** 2F, 201 DEF

**Special Program**
Let's Locomo check for your beautiful life!!

- **Date:** November, 22(Fri) - 23(Sat)
- **Time:** Nov.22 (Fri) 9:00-12:00 14:00-17:00
  Nov.23 (Sat) 9:00-12:00 13:00-15:00
- **Venue:** 1F, Hospitality Room (Next to 105 Preview/Secretariat Room)
Introducing SenSura® Mio with BodyFit Technology

Leakage is the number one problem for all people with a stoma. 1 Therefore key to preventing leakage and skin issues.

SenSura Mio's unique elastic adhesive follows body movements. Whether the

The baseplate is designed with BodyFit Technology that

For more information visit us at the

References: 1. Coloplast, Market research, OLS 2016
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Natura™ Accordion™ Convex Cut-to-Fit
Natura™ Moldable™ Convex
Natura™ Pre-Cut Convex
Esteem™ Flex Convex
Esteem™ Soft Convex

ConvaTec