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THE 3-D SCANNING WITH COLORIMETER; AN EASIER METHOD OF WOUND'S MOUSE LABORATORY MEASURES

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Evaluation of healing requires the quantitative and qualitative analysis of wounds, ideally using a non invasive method. 3D optical scanning system allows is a noninvasive and reproducible analysis of wound. It can be used for time course evaluation of color, surface size, outline, depth and volume.

The 3D reconstruction of wounds is based on fringes projection analysis. The system is composed of a color camera CCD with a laser wavelength centered filter. A 532 nm laser with 500mW maximum power is used. The measurement precision is about 0.05 and 0.5 mm, the measurement distance between wound and laser is about 0, 10 and 1,50 m, the acquired surface can be measured between 50 and 500 mm², the field Depth is about 20 and 200 mm and the resolution is 106 points.

This technique can be incorporated in wound's mouse laboratory studies of dressing efficiency, either drug-containing dressing in an objective and rigorously reviewing way before to use it in human studies.

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AN EVALUATION OF THE MANAGEMENT OF FAECAL INCONTINENCE IN TWO INTENSIVE CARE UNITS

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Aim: To discuss the results of a project undertaken evaluating current practice of faecal incontinence (FI) management in two intensive care units (ICU).

Methods: A systematic rapid appraisal in the management of FI in acute settings and observation of current practice in the ICU's recording prevalence and aetiology of FI during a three month time frame. A clinical case-series evaluation was performed, using nursing staff observation and an audit data collection. Patients who had FI, had a range of observations recorded, aggregated for a 24hour period. Total in-patient and nursing staff skill mix was recorded, to estimate prevalence of FI. Descriptive analysis was performed.

Results: In the three month period a total of 45 patients were recorded as having FI, with a total in patient no. of 201. Prevalence of FI was 22%; mean age of patients with FI was 63. There was less pre-existing FI in patients, who developed FI, noted before admission. The most frequent amount of episodes of FI reported in 24 hours was between 2 and 5, mean 3.89; mean Waterflow score for patients with FI, was 20.45.

Conclusions: The prevalence rate of FI indicates there is a significant implication for nursing practice and training. Themes have emerged in the clinical decision-making processes in terms of choices for management of FI in ICU leading to the development of an intervention protocol. The high Waterflow scores for patients with FI in ICU suggest that there is a significant tissue viability risk.



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