Publications 2012

Following each paper is a statement about how we plan to take a 'TRIP' with these results i.e. Translate Research into Practice (TRIP).

1. Long-term follow-up of the impacts on obstetric complications of trunk burn injuries sustained during childhood. Duke J. Wood F. Semmens J. Edgar DW. Rea S. Journal of Burn Care & Research. 33(5):654-9, 2012 Sep-Oct.

   TRIP: A common question asked is the impact of burn injury on the ability to have a normal life. We know that a normal pregnancy is possible.

2. Association of TGF1 and clinical factors with scar outcome following melanoma excision. Ward SV. Cadby G. Heyworth JS. Fear MW. Wallace HJ. Cole JM. Wood FM. Palmer LJ. Archives of Dermatological Research. 304(5):343-51, 2012 Jul.

   TRIP: Understanding the genetic and cellular pathways involved in scarring guides the future treatment opportunities.

3. A prospective randomised clinical pilot study to compare the effectiveness of Biobrane synthetic wound dressing, with or without autologous cell suspension, to the local standard treatment regimen in paediatric scald injuries. Wood F. Martin L. Lewis D. Rawlins J. McWilliams T. Burrows S. Rea Burns. 38(6):830-9, 2012 Sep.

   TRIP: Cell based therapies, "spray on skin cells", have been used in WA since 1995. We are still learning how to improve the technique in terms of the best timing and best protection of the fragile healing surface.

4. Rates of hospitalisations and mortality of older adults admitted with burn injuries in Western Australian from 1983 to 2008.Duke J. Wood F. Semmens J. Edgar DW. Spilsbury K. Willis A. Hendrie D. Rea S. Australasian Journal on Ageing. 31(2):83-9, 2012 Jun.

   TRIP: The elderly are increasingly vulnerable. Understanding the population health helps us guide the development of prevention and community education campaigns.

5. Complex chemical burns following a mass casualty chemical plant incident: how optimal planning and organisation can make a difference. O'Neill TB. Rawlins J. Rea S. Wood F. Burns. 38(5):713-8, 2012 Aug.

   TRIP: We have driven disaster planning for mass casualties involving burns since the late 1990's. We can always improve and each time we are faced with such events we analyse the response, refine the plans and share the learnings.

6. Burn injury has a systemic effect on reinnervation of skin and restoration of nociceptive function. Morellini NM. Fear MW. Rea S. West AK. Wood FM. Dunlop SA. Wound Repair & Regeneration. 20(3):367-77, 2012 May-Jun.

   TRIP: Knowing how nerves change in the skin after burn injury is an area, we believe will help improve treatments to impact on pain itching and ultimately the extent of the scar itself.

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7. Predictors of patient satisfaction with pain management and improvement 3 months after burn injury. Andrews RM. Browne AL. Wood F. Schug SA Journal of Burn Care & Research. 33(3):442-52, 2012 May-Jun.

   TRIP: The pain associated with burn injury is well known, a key aspect of treatment is understanding the issue from the patient perspective, driving the improvement in care.

8. Burn patients, parents and doctors; are we in agreement? Wood AJ. Clugston SC. Rawlins JM. Rea S. Edgar DW. Wood FM. Burns. 38(4):487-92, 2012 Jun.

   TRIP: Surgical improvement for scarring has to be driven by the patient. The decision is more complex in children. We need to bring realistic expectations together to deliver an improved scar outcome.

9. The effect of exercise training on pulmonary function and aerobic capacity in adults with burn. Grisbrook TL. Wallman KE. Elliott CM. Wood FM. Edgar DW. Reid SL. Burns. 38(4):607-13, 2012 Jun.

   TRIP: Proving that exercise training improves aerobic capacity and occupational performance is possible many years after burn injury, offers hope to patients striving to optimize their outcome.

10. Urban compared with rural and remote burn hospitalisations in Western Australia. Duke J. Rea S. Semmens J. Wood F. Burns. 38(4):591-8, 2012 Jun.

    TRIP: Understanding our population vulnerability is essential in driving education and strategies such as telehealth aim to provide equity of care across the whole of WA.

11. The effect of nano-scale topography on keratinocyte phenotype and wound healing following burn injury. Parkinson LG. Rea SM. Stevenson AW. Wood FM. Fear MW. Tissue engineering. Part A. 18(7-8):703-14, 2012 Apr.

    TRIP: Designing new surfaces to facilitating the skin cells to migrate to cover the wound surface and then protecting the healing skin surface is an essential aspect of the use of cell-based therapies.

12. Development and evaluation of a DVD for the education of burn patients who were not admitted to hospital. Finlay V. Davidoss N. Lei C. Huangfu J. Burrows S. Edgar DW. Rea S. Wood FM. Journal of Burn Care & Research. 33(2): e70-8, 2012 Mar-Apr.

    TRIP: Patient education is an integral part of care. This is a practical and useful DVD resource developed for ambulatory burn patients.

13. A case series of grevillea seed burns. Luo J. McWilliams T. Wood F. Medical Journal of Australia. 196(4):244, 2012 Mar 5.

    TRIP: We can always learn from unusual circumstances where burn injuries arise such that we increase awareness to ensure rapid treatment in the future.

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14. Burn and cancer risk: a state-wide longitudinal analysis. Duke J. Rea S. Semmens J. Edgar DW. Wood F. Burns. 38(3):340-7, 2012 May.

    TRIP: We asked the question; “is there a relationship between burn injury and risk of developing cancer?” We have demonstrated a potential association and now work is ongoing to understand the possible reasons.

15. High-carbohydrate, high-protein, low-fat versus low-carbohydrate, high-protein, high-fat enteral feeds for burns. Masters B. Aarabi S. Sidhwa F. Wood F. Cochrane Database of Systematic Reviews. 1:CD006122, 2012.

    TRIP: Systematic reviews help us understand the whole of the evidence published and help guide the treatment in this case of the nutritional evidence-based guidelines for burn nutritional supplementation.

16. An assessment of burn injury hospitalisations of adolescents and young adults in Western Australia, 1983-2008. Duke J. Wood F. Semmens J. Edgar DW. Spilsbury K. Rea S. Burns. 38(1):128-35, 2012 Feb.

    TRIP: Young people are vulnerable to burn injury. We need to know the associated risk factors to target prevention strategies.

17. Characterisation of the cell suspension harvested from the dermal epidermal junction using a ReCell kit. Wood FM. Giles N. Stevenson A. Rea S. Fear M. Burns. 38(1):44-51, 2012 Feb.

    TRIP: The skin cells we harvest are a mixture of cell types. Measuring the relative combinations is important when we use the cells in different situations such as acute burns or scar revision.

18. Demonstration of the use of the ICF framework in detailing complex functional deficits after major burn. Grisbrook TL. Stearne SM. Reid SL. Wood FM. Rea SM. Elliott CM. Demonstration of the use of the ICF framework in detailing complex functional deficits after major burn. Burns. 38(1):32-43, 2012 Feb.

    TRIP: Functional outcome measurement is complex and multifactorial. The framework allows the measurement and comparison related to injury and treatments.

19. Tissue engineering of skin. [Review]Wood F. Clinics in Plastic Surgery. 39(1):21-32, 2012 Jan.

    TRIP: The regeneration of skin with specific site characteristics remains a challenge for tissue engineering which needs to be addressed with the understanding of the work to date, the technologies possible and the clinical understanding of treating skin loss.

20. Motion correction of in vivo three-dimensional optical coherence tomography of human skin using a fiducial marker. Liew YM, McLaughlin RA, Wood FM, Sampson DD. Biomed Opt Express. 2012 Aug 1;3(8):1774-86.

    TRIP: Measuring the scar is complex and remains a serious challenge. Joining with biomedical engineering expertise we are able to explore novel ways to image the scar and track the changes over time.

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21. Exercise training to improve health related quality of life in long term survivors of major burn injury: a matched controlled study. Grisbrook TL, Reid SL, Edgar DW, Wallman KE, Wood FM, Elliott CM. Burns. 2012 Dec;38(8):1165-73.

    TRIP: Bursts of goal orientated exercise training is effective in improving long term quality of life outcomes after burn.

22. Sweet's syndrome mimicking alkali burn: A clinical conundrum. O'Halloran E, Stewart N, Vetrichevvel TP, Rea S, Wood F J Plast Reconstr Aesthet Surg. 2013 Jun;66(6):867-9. doi: 10.1016/j.bjps.2012.11.003. Epub 2012.

    TRIP: Some dermatology conditions can masquerade as burns. We need to highlight such cases to ensure rapid treatment.

23. The development of an evidence-based resource for burns care. Munn Z, Kavanagh S, Lockwood C, Pearson A, Wood F. Burns. 2013 Jun;39(4):577-82. doi: 10.1016/j.burns.2012.11.005. Epub 2012 Dec 3.

    TRIP: Burns care is based on education and training at every stage. Providing evidence-based resources via the Joanna Briggs Foundation is a step towards equity of care globally.

24. A pilot randomized controlled trial of an early multidisciplinary model to prevent disability following traumatic injury. Browne AL, Appleton S, Fong K, Wood F, Coll F, de Munck S, Newnham E, Schug SA. Disabil Rehabil. 2013 Jul;35(14):1149-63. doi: 10.3109/09638288.2012.721047. Epub 2012 Oct 22.

    TRIP: The psychological impact post trauma is profound and exploring interventions leads us to improved models of care.

25. Developing the first Bi-National clinical quality registry for burns--lessons learned so far. Watterson D, Gabbe BJ, Cleland H, Edgar D, Cameron P; Members of the Bi-NBR Steering Committee. Burns. 2012 Feb;38(1):52-60.

    TRIP: Bi-National data collection is challenging but worthwhile.