

Wound Care RESEARCH REVIEW™

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Issue 1 – 2026

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Abbreviations used in this issue

aOR = adjusted odds ratio
ATA = atmospheres absolute
COPD = chronic obstructive pulmonary disease
MD = mean difference
NNT = number needed to treat
OR = odds ratio
RCT = randomised controlled trial

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Welcome to the inaugural issue of Wound Care Research Review.

A meta-analysis has demonstrated the efficacy of negative pressure wound therapy combined with alginate dressings for the treatment of various types of wounds, including diabetic foot ulcers, pressure ulcers, and traumatic wounds. However, while the science is strong for this combination, its real-world delivery still depends on thoughtful, skilled hands and careful monitoring. A study from Japan has shown that a smartphone-based clinical decision support system for pressure ulcer management by physicians improved the accuracy of treatment decisions. In a single-centre RCT, hyperbaric oxygen therapy was shown to significantly improve chronic venous leg ulcer healing compared to standard compression therapy alone. We conclude this issue with a study investigating the efficacy of cultivated epidermal allograft and hydrocolloid dressings in paediatric burn injuries.

We hope you enjoy reading this issue and look forward to bringing you more updates throughout the year. Your comments and feedback are welcome.

Kind regards,

Sasha Drennan

sashadrennan@researchreview.co.nz

Dr Lindsay Damkat-Thomas

lindsaydamkatthomas@researchreview.co.nz

Efficacy and safety of negative pressure wound therapy combined with alginate dressings for wound management: A meta-analysis

Authors: He Z & Yang H

Summary: This systematic review and meta-analysis evaluated the clinical efficacy of negative pressure wound therapy (NPWT) combined with alginate dressings for the treatment of various types of wounds including, but not limited to, diabetic foot ulcers, pressure ulcers, and traumatic wounds. A comprehensive search of the English and Chinese literature from database inception to 30 November 2025 identified 11 RCTs involving a total of 902 patients for inclusion. Compared with controls (NPWT alone, routine dressing changes, or alginate dressings), those receiving NPWT plus alginate dressings exhibited significantly improved healing (OR 2.64; 95% CI 1.60-4.36, $I^2 = 30\%$) and Grade-A healing rate (OR 4.69; 95% CI 2.56-8.57, $I^2 = 0\%$), as well as a shortened healing time (MD -9.00 days; 95% CI -9.41 to -8.58 days, $I^2 = 83\%$), a decrease in the frequency of dressing changes (MD -2.54; 95% CI -2.92 to -2.17, $I^2 = 77\%$), and a decrease in wound pH values (MD -0.82; 95% CI -1.08 to -0.57, $I^2 = 61\%$).

Comment (SD): Although NPWT is far from a new technology (its origins trace back to the previous century), its role in wound care has evolved considerably. Modern practice has shifted toward single-use systems and community-based management, reducing hospital length of stay, but simultaneously increasing the demands placed on community healthcare practitioners. The study reported on two conditions: Controls (NPWT alone, routine dressing changes, or alginate dressings) versus the combined group (NPWT plus alginate dressings). The findings reinforce a well-recognised clinical principle: when NPWT is paired with alginate dressings, the risk of alginate oversaturation is reduced, while moisture balance at the wound bed is better maintained. This synergy not only supports optimal granulation, but also contributes to lowering bacterial burden, an essential factor in promoting high-quality healing. However, several points warrant caution. Some studies reported the use of elevated negative pressure levels that exceed the manufacturer recommended parameters for NPWT devices. Such deviations from established guidelines raise legitimate safety concerns and highlight the need for careful clinical judgement. Conversely, the review also revealed several important concepts that were not addressed in the included studies, such as the role of structured wound hygiene practices or the influence of individual patient preferences and lifestyle factors on treatment success. Overall, while the combined therapy shows clear promise, its application must remain grounded in evidence-based practice, device guidelines, and patient-centred care. The science is strong, but the real-world delivery still depends on thoughtful, skilled hands.

Reference: *Front Med (Lausanne)* 2026;13:1772888

[Abstract](#)



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Utility of a smartphone-based clinical decision support system for pressure ulcer management by physicians: Randomized crossover pilot study

Authors: Ito T et al.

Summary: These Japanese authors developed a prototype, smartphone-based clinical decision support system for non-specialists involved in the management of pressure ulcers. The system, which uses a safety-first approach, prompts users to answer questions about the wound's condition and makes recommendations for appropriate ointments and wound dressings. A randomised crossover pilot study involving 28 general internal medicine physicians was undertaken to analyse the utility of the system. Participants were randomly assigned to group A (clinical decision support system intervention – control) or group B (control – clinical decision support system intervention) and evaluated 10 standardised pressure ulcer photographs. Participants were asked to evaluate the wounds (primary endpoint) and select the most appropriate ointment and wound dressing for each. Participants had a significantly higher correct response rate during the intervention phase than during the control phase (49.3% vs 4.3%, respectively). The use of the clinical decision support system was associated with a 29.1-fold increase in the odds of a correct response (95% CI 8.2-103; $p < 0.001$) after adjustment for clustering and crossover bias. Significant improvements in ointment selection (aOR 2.4; 95% CI 1.5-3.8; $p < 0.001$) and wound dressing selection (aOR 8.9; 95% CI 4.9-16.1; $p < 0.001$), both secondary endpoints, were seen with use of the clinical decision support system.

Comment (SD): Pressure injury assessment, although a recognised clinical skill, remains inherently subjective. While international guidelines for pressure injury assessment and management have been developed and disseminated, it is increasingly questioned whether these recommendations consistently reach practitioners at the clinical interface of pressure injury care. Concurrently, digital technologies have become deeply embedded in everyday life, prompting reflection on why such advances have not been more fully integrated into wound assessment and decision-making. Digital wound assessment platforms, including tools such as Net Health® Tissue Analytics and Cutimed® Wound Navigator, have demonstrated international uptake and growing clinical promise, suggesting that the integration of digital solutions into pressure injury management is both inevitable and necessary. However, this study highlights that despite the application of advanced digital or algorithm-based tools, wound assessment remains partially subjective, even when supported by automated or “robotic” systems. While the application of strict assessment criteria within digital tools can improve consistency, it remains uncertain whether equivalent criteria are applied with the same rigour during traditional, clinician-led wound assessments. The recommendation and selection of wound dressings continues to be a contentious area of practice, with many clinicians relying heavily on experiential learning, peer opinion, or local custom. This variability is further perpetuated by the limited emphasis on wound care education at an undergraduate level, reinforcing a culture in which practice is often guided more by opinion than by robust evidence. It is acknowledged that digital wound care tools are still evolving, with many systems incorporating specialist clinical expertise to ensure patient safety during implementation. The digital tools discussed in this article recognise that further development and validation are required; nevertheless, they represent a meaningful and important first step toward improved standardisation, safety, and evidence-based decision-making in pressure injury management.

Reference: *JMIR Form Res.* 2026;10:e85452

[Abstract](#)

Knowledge of pressure ulcers amongst nurses and associated factors: A cross-sectional study

Authors: Kocaslan Toran M et al.

Summary: This Turkish cross-sectional study investigated the level of knowledge amongst 346 nurses (mean age 36.19 years; 89% female) regarding pressure injury prevention and the factors associated with this knowledge level. The nurse identification form and the Pieper-Zulkowski Pressure Injury Knowledge Test were used to collect data online via a Google Forms link shared on various social media platforms between December 2023 and February 2025. The majority (76.8%) of respondents had a bachelor's degree, and 35.6% had over 20 years of professional experience. Nurses had a pressure injury knowledge test score of 43.00 (on a scale of 0 to 72) and there was a significant difference in knowledge scores between clinical units ($p = 0.009$); the highest scores were found in nurses working in high-risk units such as operating theatres ($p = 0.029$).

Comment (SD): This study demonstrates that nurses working in acute care environments, particularly perioperative and critical care settings, tend to possess higher levels of knowledge and are well positioned to implement best practice approaches to pressure injury prevention and management. This is perhaps unsurprising, as these settings offer frequent exposure, higher perceived risk and fewer opportunities for pressure injuries to “hide quietly in the corner”. However, the environments in which pressure injury management is arguably most required are not always the acute ones, but rather chronic care settings such as aged care facilities and community-based services, where pressure injuries have both the time and opportunity to develop. The findings reaffirm a persistent and uncomfortable truth; while pressure injuries are largely preventable, experience and knowledge do not automatically equate to competence. This gap is further compounded by the absence of recognised, context-specific education programmes, with most education delivered through broad, generalist offerings. The result is predictable – variation in knowledge, inconsistency in implementation, and a reliance on “how we've always done it” rather than structured, evidence-based practice. Ultimately, this study supports the view that pressure injury education must move beyond its current baseline. Advancing to the next level requires structured, targeted educational strategies that extend beyond nursing roles alone and encompass all healthcare workers involved in patient care. Pressure injuries do not discriminate by discipline or setting, and neither should education aimed at preventing them.

Reference: *Int Wound J.* 2026;23(4):e70888

[Abstract](#)



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MXene-based biomaterial nanoarchitectonics for chronic wound healing

Authors: Yao L et al.

Summary: This review discusses the use of MXene, an emerging two-dimensional nanoarchitectonic material that has distinctive physicochemical properties (high conductivity, versatile surface modifiability, efficient photothermal conversion), for chronic wound healing. The authors have comprehensively investigated the latest research, core therapeutic mechanisms, and application potential of MXene-based biomaterials in chronic wound healing. They discuss technical and theoretical support for advanced multifunctional wound dressing design and clinical translation.

Comment (SD): Within this review, recognition is given to the challenge of hard-to-heal or chronic wounds, with particular emphasis on the limitations of conventional wound dressings. Notably, it is observed that many dressings remain inherently single function, designed to absorb, cover, or protect, while largely failing to address the underlying biological barriers to healing, such as persistent inflammation, impaired angiogenesis, and poor perfusion. In essence, they do their job diligently, but only the one job they were hired for. To address these shortcomings, this article introduces MXene, a two-dimensional nanoarchitectonic material that appears to do almost everything asked of it – short of giving the patient a youthful glow and a positive outlook on life. MXene is described as possessing broad antibacterial properties, capable of disrupting bacterial membranes and destabilising biofilms. It also demonstrates anti-inflammatory behaviour through the adsorption of inflammatory cytokines, alongside pro-angiogenic effects that may enhance perfusion and support tissue regeneration. Perhaps most intriguing is MXene's conductive capability, which opens the door to real-time wound monitoring when integrated with embedded sensors. This positions MXene not merely as a dressing, but as a potential interactive wound interface, allowing clinicians to observe wound status dynamically rather than relying solely on visual inspection and educated guesswork. The article further suggests that MXene represents a next generation evolution of traditional fluorine-based materials historically used in wound care. Importantly, recent advances have enabled the development of fluorine-free MXene formulations, addressing long-standing safety concerns associated with hydrofluoric acid processing and bringing the technology closer to real-world clinical plausibility – at least in theory. However, before MXene is crowned the future of wound care, the authors appropriately apply the brakes. Despite its impressive multifunctionality, several barriers remain. High production costs, susceptibility to oxidative instability, and unresolved questions surrounding long-term biosafety mean that widespread clinical adoption is unlikely in the immediate future. In other words, while MXene may indeed change wound care as we know it, it may first need to survive the realities of regulation, and routine clinical practice. Overall, the article presents MXene as a promising and intellectually exciting advancement – one that challenges the status quo of passive wound dressings and encourages a shift toward biologically active, data enabled therapies. For now, MXene may remain more visionary than visible at the bedside, but it undoubtedly signals where the future of advanced wound care could be heading.

Reference: *J Adv Res.* 2026;Apr 17 [Epub ahead of print]
[Abstract](#)

Pain relief and faster healing: A quasi-experimental study on the impact of nursing care on burn recovery

Authors: Zaky ME et al.

Summary: This quasi-experimental study, conducted in a burn unit in the Middle East, evaluated the effectiveness of a structured nursing care protocol on pain relief and wound healing among 100 adult patients with non-complex burn injuries. Patients were randomly assigned to one of two groups: a control group (n = 50) who received routine hospital care, or an intervention group (n = 50) who received routine care plus a nurse-led rehabilitation programme involving pain management, wound care protocols, and functional mobility exercises. The intervention group showed significant ($p < 0.001$) improvements in pain reduction (assessed using pre-test and post-tests of the Numeric Pain Rating Scale and Bates-Jensen Wound Assessment Tool), with pain levels decreasing from 6.8 pre-discharge to 3.4 at 2 weeks post-discharge.

Comment (SD): Burn injuries remain an area of understandable apprehension for many practitioners, driven not only by the technical complexity of care but also by concerns surrounding psychological trauma and the potential for long-term functional impairment. Compounding this hesitation is the frequent underestimation of burns that are not immediately life-threatening. While such injuries may lack dramatic urgency, their cumulative impact on daily function, independence, and quality of life can be profound and, for patients, distinctly daunting. High-quality nursing care and systematic assessment are therefore pivotal to burn recovery. Evidence consistently demonstrates that structured, theory-guided interventions lead to superior outcomes when compared with non-standardised care pathways. The application of established nursing frameworks, such as the Roy Adaptation Model, which may be described as mature rather than modern, has been associated with significantly reduced pain levels, accelerated wound healing, and improved overall recovery. The findings serve as a reminder that while clinical practice continues to evolve, a sound theoretical foundation remains a reliable ally. Wound healing outcomes are further enhanced through early intervention during the primary hospitalisation phase, even when inpatient stays are relatively brief. Initiating rehabilitation, pain management, and education at this stage sets the trajectory for recovery rather than delaying it to the post discharge period. The incorporation of patient education, with an emphasis on holistic self-management and informed participation in care, reinforces gains made during admission and supports continuity beyond the hospital setting. Notably, the evidence also suggests that nurse-led programmes offer particular value in lower decile and resource-limited settings. In these contexts, structured nursing interventions provide a pragmatic, cost-effective approach to improving outcomes without reliance on advanced technology or specialist availability. Taken together, these findings reinforce the central role of nursing care not only in recovering from burn injury, but in doing so equitably, effectively, and with an emphasis on long-term function rather than short-term survival alone.

Reference: *Adv Skin Wound Care* 2026;39(4):194-201
[Abstract](#)



INDEPENDENT COMMENTARY BY
Sasha Drennan

Sasha Drennan has over 20 years of clinical experience in both the UK and NZ in several areas of nursing, including perioperative care, plastics, general, breast and ENT surgery, district nursing and clinical education, and is the education officer for the NZ Wound Care Society. **For full bio** [CLICK HERE](#).

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Obesity, anemia, and chronic obstructive pulmonary disease identified as key risk factors of superficial wound washouts after total joint arthroplasty

Authors: Stratigakis N et al.

Summary: This US retrospective cohort analysis investigated predictors of skin and subcutaneous tissue surgical site infections requiring irrigation and debridement following total joint arthroplasty. A total of 54,868 total hip arthroplasty (THA) and 103,235 total knee arthroplasty (TKA) recipients, who had undergone surgery between 2010 and 2022, were identified using PearlDiver Mariner10. A total of 405 (0.738%) THA and 568 (0.549%) TKA recipients developed surgical site infections requiring surgical irrigation and debridement. Predictors of superficial surgical site infections among THA recipients were obesity (OR 1.91, $p < 0.001$), type II diabetes mellitus (OR 1.70, $p < 0.001$), anaemia (OR 1.64, $p < 0.001$), COPD (OR 1.51, $p = 0.004$), and hypothyroidism (OR 1.45, $p = 0.005$). Among TKA recipients, predictors of surgical site infections included anaemia (OR 2.21, $p < 0.001$), malnutrition (OR 2.18, $p < 0.001$), COPD (OR 2.02, $p < 0.001$), tobacco use (OR 1.45, $p = 0.005$), obesity (OR 1.40, $p = 0.002$), and type II diabetes mellitus (OR 1.43, $p = 0.001$).

Comment (LD-T): This is a large retrospective study from the US looking at disease profile and lifestyle factors contributing to surgical site infections following total joint arthroplasty. Although all of the conditions listed are known to detrimentally affect wound healing, this is relevant as public healthcare-funded TKAs are usually associated with a considerable waitlist time, both for specialist appointment and subsequent surgery. Targeting treatment of specific conditions listed (diabetes, COPD, anaemia) and support for lifestyle changes (smoking cessation, obesity management) while waiting for surgery would reduce risk of infection and benefit overall health. Additionally, patients can be informed of infection risk during consultation.

Reference: *J Knee Surg.* 2026;Feb 12 [Epub ahead of print]

[Abstract](#)

The correct nutritional intake in the prevention and treatment of skin lesions in patients with spinal cord injury

Authors: Areni A et al.

Summary: This review presents an expert consensus on the role of nutrition in pressure injury prevention and management in patients with spinal cord injury. Supported by a narrative literature review, a panel of specialists, including experts in wound care, internal medicine, nutrition, urology, and rehabilitation, assessed current practices and proposed evidence-based dietary recommendations. Recommended nutritional approaches included aligning energy intake to reduced total daily energy expenditure, ensuring adequate hydration, and consuming highly digestible protein rich in essential amino acids, omega-3 fatty acids, and micronutrients. The panel agreed that diet should modulate gut microbiota and reduce advanced glycation end products, be anti-inflammatory, and rich in fibre, fruits/vegetables, legumes, fish, and fermented foods. Recommendations to support education, adherence, and self-management included the Food Suitability Map (traffic-light guidance) and food diary.

Comment (LD-T): This narrative study and literature review written by an expert consensus panel from Italy is a nicely written summary of current evidence in preventing pressure injuries in patients with spinal cord injury. Pressure injuries are best managed by prevention and occur due to multiple factors. Pressure injuries are associated with significant healthcare cost and caregiver burden. The main focus of the review is optimising and protocolising nutrition, as malnutrition affects 86% of patients with spinal cord injury. Nutrition is discussed both in terms of macronutrients and micronutrients and an example menu is also included (the first time I have reviewed recipes in a medical journal!). Of particular interest is the evidence regarding the gut microbiome as dysbiosis can trigger chronic inflammation and metabolic disorders. The gut microbiome is recognised as important in a host of chronic conditions including inflammatory bowel disease and autoimmune disorders. Emphasis is placed on an anti-inflammatory and nutrient-dense diet.

Reference: *Clin Med Res.* 2026;18(3):142-156

[Abstract](#)

Hyperbaric oxygen therapy for chronic venous leg ulcers: A prospective randomised controlled trial

Authors: Nikolić D et al.

Summary: Estimates suggest that chronic venous leg ulcers affect 1-3% of adults and that after around 6 months, standard compression therapy results in healing in only 40-70% of cases. This single-centre, open-label randomised trial involving adult patients with chronic venous leg ulcers persisting for more than 3 months despite standard care (<30% area reduction after 4 weeks of compression therapy), evaluated whether adjunctive hyperbaric oxygen therapy improves healing compared to standard care alone. Patients were randomised to receive hyperbaric oxygen (20 sessions at 2.4 ATA for 90 min) plus standard care ($n = 40$), or standard care alone ($n = 40$). Compared with standard-care recipients, hyperbaric oxygen recipients experienced a greater reduction in percentage of ulcer area at day 30 (62.1% vs 41.7%; MD 20.4%; 95% CI 10.1-30.7, $p < 0.001$; Cohen's d 0.95) and a higher rate of complete healing at day 90 (62.5% vs 30.0%; NNT 3). There was also an increase in transcutaneous oxygen pressure from 26.1 to 150.3 mmHg in hyperbaric oxygen recipients ($p < 0.001$), and pain was reduced to a greater extent in this group (change in Visual Analogue Scale Score -5.0 vs -1.5, $p < 0.001$). Ear barotrauma occurred in three patients (7.5%), but this resolved spontaneously.

Comment (LD-T): This is a well-designed small RCT from a tertiary hospital in Serbia. Treatment of chronic venous ulcers is costly in terms of time and resources. Hyperbaric oxygen therapy has a role in treating chronic wounds. The study had small numbers (40 in each group), but showed improvement in wound healing at day 30 and complete healing at day 90. However, the size of ulcers treated was relatively small <20cm² and longer follow-up would be beneficial, as up to 70% will recur at 5 years. Hyperbaric oxygen therapy could be used for refractory ulcers but main issues, particularly in New Zealand, would be access to treatment and cost of treatment sessions. Therefore, a study with longer follow-up and cost analysis is needed.

Reference: *Int Wound J.* 2026;23(3):e70856

[Abstract](#)

NEW

WOUND CARE RESEARCH REVIEW™

This Review features key medical articles from global journals with commentary from Sasha Drennan and Dr Lindsay Damkat-Thomas. The Review covers topics such as hyperbaric chamber wound healing, bed sores, pressure ulcers, diabetic foot ulcers, negative pressure wound therapy, wound debridement, chronic wound care management and bacterial infection.

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Application of telemedicine in home healthcare for patients with diabetic foot ulcers: A randomised controlled study

Authors: Hai-Ping Y et al.

Summary: This RCT evaluated the effectiveness of telemedicine versus outpatient face-to-face care in home healthcare for patients with diabetic foot ulcers. There was no significant difference in wound healing time (primary endpoint) between telemedicine (n = 32) and face-to-face care (controls; n = 32) recipients. The telemedicine group exhibited improved self-management of their diabetic foot ulcers compared to the control group, but at 8 weeks there was no significant difference in wound score between the two groups.

Comment (LD-T): This small single-centre RCT from China evaluated the effectiveness of face-to-face versus telemedicine in the management of diabetic foot ulcers. The process for the telemedicine group included uploading wound photographs during dressing changes and real-time online guidance and education. Reassuringly there were no difference in wound scores between groups. A positive health benefit was that the telemedicine group demonstrated improved wound management and self-reliance and confidence. This is relevant to New Zealand as telemedicine came to the fore abruptly during COVID-19. This study adds to prior evidence of the value of remote consultations for patients, particularly with chronic conditions, mobility issues and those living in rural areas.

Reference: *J Wound Care* 2025;34(12):1013-1022

[Abstract](#)

Comparative efficacy of cultivated epidermal allograft and hydrocolloid dressings in pediatric burn injuries

Authors: Beyuma-Mora HE et al.

Summary: This retrospective cross-sectional study evaluated the effectiveness of cultivated epidermal allografts versus hydrocolloid dressings for the treatment of paediatric burn injuries. A total of 65 patients were included, with the majority (64%) aged 1-5 years (median age 3 years). Scalds accounted for the most frequent type of burn (64%). The overall median total body surface area affected was 8%, with the trunk the most affected area; second-degree burns (both superficial and deep) were the most prevalent (55%). The median time to epithelialisation was 8 days in cultivated epidermal allograft recipients versus 18 days in hydrocolloid dressing recipients; median hospital stay was 7 days versus 10.5 days, respectively. Significantly fewer cultivated epidermal allograft recipients required skin grafting (19% vs 50%, p = 0.016).

Comment (LD-T): Scald burns, particularly in the under 5-year-olds, are the most common burn injury in the paediatric population. These burns can be challenging, as prompt immediate care and good dressings are essential to optimise healing time and reduce scarring. This is a small retrospective study from Mexico comparing conventional dressings versus Epifast® (cultured epidermal allograft), which is a biological dressing. The results of earlier healing are promising. Biological or biosynthetic dressings are well-established in burn care of partial thickness burns and evidence does support faster healing. However, the accuracy of establishing burn depth and patient factors can introduce bias in these studies, particularly in retrospective cohorts.

Reference: *Cureus* 2026;18(2):e102892

[Abstract](#)

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INDEPENDENT COMMENTARY BY

Dr Lindsay Damkat-Thomas

Dr Lindsay Damkat-Thomas is a Consultant Plastic, Burns and Reconstructive Surgeon at Middlemore Hospital working in the National Burn Centre and is a Senior Lecturer at Auckland University. Lindsay trained in Northern Ireland and completed advanced Fellowships in the Netherlands and Australia in burn surgery and hand surgery prior to working in New Zealand.

For full bio [CLICK HERE](#).

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