



## EPUAP CURRICULUM VITAE

Name Sarah Waller

Work Title Tissue Viability Clinical Nurse Specialist

Institution Elysium Health Care

E-mail sarah.waller@elysiumhealthcare.co.uk

Year of joining EPUAP Privately paying 2025

Relevant publications for the last two years (in English only):

Waller. S, and Cole. N., 2023. Versatility of a skin protectant ointment in managing moisture-associated skin damage caused by incontinence. *Wounds UK* 19(1), p46-54

Cole. N, and Waller. S., 2023. Challenges in skin tone assessment in moisture-associated skin damage. *Journal of Community Nursing* 37(3) Available at: <https://www.medicareplus.co.uk/resources/details/challenges-skin-tone-assessment-moisture-associated-skin-damage> [Accessed 29 April 2025]

Currently writing an article on quality of life in patients with brain injuries experiencing pressure ulceration

I have completed pressure ulcer case studies which have been developed into posters with industry partners, displayed at Wounds UK, Wound Care Today and EWMA.

2023 Molnlycke – From Chronic to Healing: The Management of a Category 4 Sacral Pressure Ulcer

2024 Molnlycke - Reversing a Chronic, Non-Healing, Category 4 Pressure Ulcer to a Healing Wound

2024- FlenHealth - Using Flaminal® for the effective management of a category 4 pressure ulcer in a difficult to dress area and the impact on patient mental health

2025 - L&R Medical UK - The use of a new dual sided monofilament debridement pad in managing a complex category 4 heel pressure ulcer.

2024 Molnlycke – Compendium - Case Study- Clinical challenge: To stimulate wound healing, manage excess exudation and address wound bioburden in a delayed healing wound.

However my first poster in Pressure Ulcers was part of Stop The Pressure Campaign – 2016 - Frontier Medical Group – Stop the Pressure – Emergency Department Addenbrooke's Hospital

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Please comment on your involvement with pressure ulcers under the following headings:

#### Clinical

My clinical introduction to pressure ulcers (PU) was back in the days of inadine spray and spenko mattresses and completing mattress audits (the old marble mattresses); As a Health Care Assistant and Student Nurse from 1989. My realisation to the severity and importance of PU prevention and care was in later years after a prolonged hospital stay after a trauma experiencing a PU. After arduous recovery and a change in direction, 10 years later I worked at Cambridge University Hospital trust (CUH). Since 2002, I worked with patients from neonates to the elderly including training and working in critical care, and an Emergency Department (ED) nurse for 10 years developing the TVN link nurse. In this role I introduced the repose companion to ED, commencing, promoting and imbedding the importance of PU care, and took this further helping frontier medical promotion. We reduced the PU prevalence within ED significantly inspiring a TVN link Team. In 2015 I became a TVN in CUH and was there for 7 years. I became the “Go to” TVN for pressure ulcers.

This involved neonatal to elderly all different

backgrounds and illnesses much like many acute, although CUH concentrate in neonates 22wks above, Trauma, Neuro and Cancers. Gaining experience with spinal and brain injuries, orthopaedics and plastics in addition to palliative and end of life.

CUH has a history of specialising in Neuro which as once qualified nurse is where I started my career. Having a history in Neuro, CUH utilised this asking me to take the Neuro under my TVN hat.

I spent time helping them specialise their pressure ulcer care to their specific needs with prevention and treating pressure ulcers, researching products available and their suitability. In addition to the many trauma wounds, burns, rhabdomyolysis and the effect that brain injury has in wound healing.

This led me to working at Elysium Health Care Neurological Centres. Interestingly here I have been fortunate to work with some of my Trauma patients at a later stage in their recovery which has been so beneficial, watching the whole pathway.

In the acute trust it is not always possible to follow up patients once discharged, however since starting my role at Elysium I am able to stay with my patients on their journey. I have had many patient’s families express to me their gratitude at my role in healing their loved one’s pressure ulcer, which has been a great privilege. This has in fact included patients who have arrived here from my old hospital, where the families have recognised me.

It has been a huge challenge to develop a Tissue Viability service in Elysium. This patient group has many complexities impacting their wound healing. The culture at Elysium could be very pessimistic about wound healing, and even that patients would survive their wound. I have worked to change that culture and promote patient centred evidence-based practice within the team. Bringing the eagerness out of the nurses to heal and irradicate this myth has been a challenge but a successful one. Instead of all the wounds being called non healable are now called healing or even healed, and the residents in rehab gaining a new quality of life. It has been a fortunate learning time for myself and there is so much more to learn. Also seeing the quality of life and how pressure ulcer care as both prevention and treatment has a large impact.

#### Scientific research

Working at CUH it only goes to say that there was often a chance to be involved in research. Where I completed research training.

One of the research projects that most comes to mind in reflection of pressure ulcers is the mattress research “Pressure 2” this was interesting research to how beneficial air mattresses are in pressure ulcer care against repositioning. Having been nursing since the 1990s there have been many changes in mattresses and questions were answered and more questions to have.



As you can see with my posters, I have completed case studies with certain products having the advantage to be able to now follow the patients through the healing path.

#### Organisational

Within Elysium they did not have a tissue viability service therefore I had some walls to break down and equally excited nurses to encourage. Often discussed as a “Dressings Nurse” it has taken a while to promote tissue viability and the service. Watching this grow and the carers in their interest what Pressure Ulcers are, prevention and care has been beneficial to all, even family joining in the learning opportunities. This included taking part in Stop the pressure each year. Even family members have now become proactive in their loved one’s care and come to me with ideas and products they would like to implement, and we are able to work together to develop care plans in partnership. I help provide and update the pressure ulcer policy which we aim toward the neurological resident. Also, complete Audits and oversee the wound care on the electronic notes system. I understand the need for a wound care formulary but also with all the new science out there like to work out the box and have Gained the ICB confidence and their trust to organising holistic care for the individual as well as the general.

#### Educational

Now it is time to share this knowledge. I was a mentor from 2008 and earned my PGCERT in medical education in 2020. I have always enjoyed facilitating and this expanded my knowledge and interest. I love to have students and nurses and facilitate their learning of wound care in as many ways as I can. At CUH I trained a wide spread of skilled and unskilled staff and often had training sessions with doctors and consultants who are now becoming interested in PU care. At this time, I also was involved in training of East Anglian Ambulance Services in Pressure ulcers, and skin tears. Within Elysium I help and offer facilitating in each unit around the country, organising TVN study days where we invite the local private hospital to join us as they do not have a tissue viability service.

#### Strengths not utilised

A strength that is being utilised at my work which I would love to spread around the profession is knowledge on brain and spinal injury patient and how they differ from the general patient. One thing that is noticeable the gap in knowledge in pressure ulcer care with patients who are experiencing spinal and brain injury and how there is little understanding in how their wounds heal differently. In CUH there was always a concern when a neuro patient was not on a neuro ward as it often led to these patients developing pressure damage. When our residents from Elysium are admitted to an acute hospital the lack of understanding to how brain injury affects wound healing and makes them more vulnerable, the residents often returning with severe wounds and as brain injury complex wounds. There are so many neuro patients now surviving collisions and incidents, nurses want and need to know more, and this is something I can support. I would love an opportunity to continue to facilitate what I have learnt and experienced and feel I could promote so much more in pressure ulcer care, concentrating on the quality of life on the individual.

I have also been a skin care and body therapist where I learnt minute detail of the skin and find this very helpful in my work and could be utilised more. My nurses are so amazed about details of skin care and how products work.

It would be great to develop my interest in Neuro pressure ulcer care especially in reflection to the ischial tuberosity care our younger residents require. Typically, the elderly are the focus of pressure ulcer prevention, however in this patient group often the younger patients with an active social life find it challenging to offload pressure sufficiently to promote wound healing. The need to balance quality of life with wound healing requires working in partnership to develop personalised patient centred education and care.



**Membership of other organisations**

Since starting as a TVN I became a member of Society of Tissue Viability in 2015 and have joined many groups for example ISTAP and Wounds UK. Introducing my interest through the wound care strategy program for pressure ulcers. Previously EPUAP has always been available to access within my work but now a lone TVN I have joined EPUAP.