EDITORIAL

Protecting the periwound and advancing clinical practice

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The recent Wounds Australia Conference 2026 provided a valuable forum for over 950 clinicians, researchers and industry partners to share emerging evidence and practical innovations. As we reflect on a highly successful event we are reminded of the recurrent priorities that emerged throughout the conference. One of the consistent themes throughout the meeting was the importance of moving beyond wound bed management alone and adopting a more holistic approach that prioritises periwound skin integrity, moisture balance, prevention of incontinence-associated dermatitis and early intervention strategies that improve patient outcomes while reducing healthcare burden.

All abstracts from the conference will be shared in a special issue later in the year. In this issue of Wound Practice and Research, the spotlight falls on two closely linked and sometimes underappreciated challenges: periwound skin health and the prevention and management of moisture-associated skin damage, particularly maceration and incontinence-associated dermatitis (IAD). We are reminded that protecting the periwound is not an adjunct to wound care, it is wound care. By strengthening our focus on skin health, moisture control and evidence-based prevention, we can improve healing outcomes and quality of life for the patients we serve.

The publication of the 2026 International Best Practice Recommendations for Incontinence-Associated Dermatitis represents an important milestone for clinicians across acute, community, residential aged care and home settings. In their commentary, Barakat-Johnson and Beeckman discuss the implications of this updated guidance, reinforcing the need for structured skin assessment, early identification of risk factors and consistent implementation of evidence-based prevention bundles. At a time when patient complexity continues to increase, this document provides a timely framework for standardising care and improving outcomes.

Prevention remains central to success. Jacob and colleagues examine factors influencing the sustainability of IAD prevention initiatives within a hospital environment. Their findings remind us that education alone is insufficient. Long-term success requires organisational commitment, clinical leadership, auditing and practical systems that support frontline staff in delivering best practice every day.

The importance of maintaining skin barrier function is further explored by Livingstone and colleagues, who investigate the role of ceramide-dominant moisturising creams for ageing periwound skin. As our patient population ages and multimorbidity becomes increasingly common, targeted approaches to support barrier integrity are becoming essential components of wound management.

Maceration remains a persistent clinical problem despite its frequent occurrence. Rippon and colleagues provide a comprehensive scoping review of the burden of periwound skin maceration, highlighting significant gaps in the evidence base and drawing attention to the diverse clinical presentations illustrated by this issue's cover image. Their work challenges us to improve assessment, documentation and intervention strategies while advancing research in this neglected area of practice.

Koca and Cicek remind us that technology alone cannot guarantee success. Through four instructive case studies, they highlight preventable pitfalls in negative pressure wound therapy and the importance of vigilance in protecting vulnerable periwound tissues.

Additionally, Pagan and colleagues remind us the importance of continual education and up-skilling in wound management describing the successful development of micro-debridement course in New Zealand. Lastly, we conclude this edition with a WHAM evidence summary focused on the use of botulinum toxin for scars.

We hope you enjoyed this edition; we look forward to receiving your future submission as we continue to build an evidence base for excellence in management of wounds and periwound skin!