

## Editorial

# Managing wounds – from Flightless to full flight

Asimus M

The specialty of wound management continues to attract clinicians, educators and researchers that are prepared to think outside the box to find unique solutions to individual problems that can regularly confront those living with chronic wounds. Cost-efficiency, ease of application, product knowledge and effects on the patient's life are taken into account in the search for innovative wound management practices. It is through the tenacity and problem-solving capabilities of lateral thinkers that clinicians gain the rewards of a possible solution for that patient where there seems to be no easy answer. This edition features individual clinicians and researchers prepared to investigate, measure and analyse the results to evaluate effectiveness of education and wound treatments in the complex individual.

The series reporting on the outcome of an electro stimulation device to facilitate venous return and aid wound healing presents three patients for whom standard compression was not a viable option. Alternative methods to achieve an outcome whilst accommodating the individual circumstance can challenge clinicians. How rewarding for Miller *et al.* to identify unconventional options to offer patients that do not fit into standard care.

Determining if a wound is pressure-related or as a result of a chemical reaction on the skin may seem fundamental; however, it is vital in the management and prevention of a wound. The article by Norman and Ross-Adjie reminds us all of the importance of a diagnosis to support best care.

The environment or country where wound management services are delivered can influence practice. Three per cent citric acid ointment is not a product commonly used in Australia; however, Nagoba *et al.* from India have found a place for this simple topical therapy in

non-healing bursitis following surgical excision. Three cases that failed to heal with conventional therapy benefited from this treatment approach.

Importantly, unit cost is considered in the process of dressing selection and can often be constraining, especially in the management of chronic wounds failing to heal. NPWT was selected for a breast wound seven weeks postoperative. Tottle explains the value to the patient's quality of life and capacity to gain early discharge to community care whilst increasing healing time in a patient with a complex wound.

The significance of understanding what is best practice, how it can influence healing outcome and affect quality of life in addition to saving money has been highlighted by Carol Baines' work in residential aged care facilities. Graves and Finlayson also reviewed the benefits of best practice in wound specialist community clinics, the positive outcomes for both patients and the organisation. The systematic review by Quinlivan *et al.* shows that multidisciplinary foot clinics had a positive effect in reducing amputation rates. This article concludes by calling for research protocols that will provide stronger evidence to further support best practice in wound management and team approaches to care.

Flii regulation is discussed by Chan *et al.* and provides some insight into the possible future of wound management, specifically the reduction in fibrosis and pathologically scarring. It is with anticipation that we await clinical outcomes of this scientific research.

Thank you to these 'out of the box thinkers' that have presented their work. This issue of *Wound Practice & Research* shows the wide diversity of research and practice that enriches our wound care landscape. As the new AWMA President, I am proud and inspired by this creativity, application and vision of our members and our colleagues in the region. The Association is clearly in great shape – and our journal shows just how well we are travelling.

We are in full flight as an organization and as an Association – your AWMA.

Margo Asimus  
AWMA President