Guest editorial

Towards clarity from complexity

Weller CD

> *Successful as many of the various plans of treatment of venous ulcers are … they are very tedious in operation, very often the result is not at all commensurate with the care bestowed, and not unfrequently the ulcer will not heal. Rest in bed, various lotions and ointments, supported by … bandages … internal remedies, all occasionally succeed, but too often the case becomes wearying to the surgeon and to the patient alike.*
> Cowin P. A new method of treating ulcers. The Lancet Nov 16 1875; p.705

Despite progress since Cowin's musings, chronic venous disease remains understudied and severely underestimated for its effect on public health. Since 1875, many more 'lotions' and 'bandages' have been developed to aid venous leg ulcer (VLU) healing yet the burden of venous ulceration continues to grow. The impact of VLUs on individuals and health care costs will continue to progress unless an organised system to collect uniform data to evaluate specific outcomes for the VLU population is established.

The articles in this issue were prepared by presenters who were invited to share their vision at the inaugural Monash University seminar, titled 'A call to action: Decreasing venous leg ulcers by 50% in the next 10 years'.

Ogrin reports on significant variations in clinical practice and questions how best to implement best practice evidence into clinical practice. Tran and Arumugaswamy highlight that initial ulceration could be prevented with appropriate management of post-thrombotic syndrome (PTS). Finlayson *et al.* discuss the importance of addressing individual physical and mental health needs if VLU recurrence is to be minimised. Kapp, Simpson and Santamaria share a VLU survivor's story to highlight the effect of variability of clinical practice to those living with venous ulceration. Yelland describes the role of general practitioners (GP) in patient wellbeing while healing VLUs and argues GPs are best placed to provide evidence-based practice to people with VLUs. Elder *et al.* report how access to expert wound management education in regional and rural areas, facilitated by the Connected Wound Care project, has made a tangible difference to healing outcomes.

In the previous 2014 *WP&R* editorial (Vol 22 No 1), Dyer and Griffiths outlined the importance of a coordinated approach and the need to prioritise implementation of best practice across Australia. In this issue, Weller and Evans argue for the need for an Australian VLU registry to monitor patterns and quality of care for people diagnosed with VLUs. The VLU registry will monitor whether evidence-based practice is being delivered and measure the effectiveness of strategies to improve practice with quality indicators. This initiative is the first step to a coordinated approach to identify where variation of practice exists in the management of people with VLUs and will quantify the human and economic impact of that variation.

Öien and Weller propose the Swedish national quality ulcer registry model as a potential guide for the proposed Australian VLU registry. It is well documented that treatment and management of VLUs is undertaken by a wide variety of health professionals who are responsible for VLU prevention, diagnosis and treatment. Best practice treatment of VLUs is a firm compression bandage to aid venous return but variability in VLU management and lack of standard guideline implementation has marked effects on healing and recurrence rates for people with VLUs.

The second 'A call to action: Decreasing venous leg ulcers by 50% in the next 10 years' seminar will be convened at Monash University on Friday 15 August 2014. I invite all those interested to join us. Dr Rut Öien, the invited keynote speaker, will present an overview of Sweden's leg ulcer registry model.

For further information: http://www.med.monash.edu.au/sphpm/creps/seminars.html

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