

Guest Editorial

The cost of wound management

Dr Anthony Dyer & Dr Ian Griffiths

In this issue of *Wound Practice and Research* the opening article by Graves and Zheng provides a comprehensive and worrying insight into the incidence and prevalence of chronic wounds around the world, particularly in light of rapidly ageing populations and climbing rates of diabetes, obesity and cardiovascular disease. In the accompanying article, Graves and Zheng model the direct costs of treating chronic wounds in Australia. The cost of chronic wounds estimated from this research is huge — around \$2.85 billion each year. When we consider that this calculation was limited to hospitals and residential aged care, because of the data available, the inclusion of wounds in the community setting could easily double this figure and represent around 4% of the health care budget. Undoubtedly most readers of this journal are already aware of the size of the issue, and many of you would face the challenge of treating high numbers of wounds with limited resources on a daily basis. In this respect, discussing the prevalence and cost of wounds is like preaching to the converted. However, the collection of this data, publishing this powerful information, educating the community and increasing the awareness of our decision and policy makers will eventually result in the understanding and recognition that this hidden epidemic deserves.

While the size of the problem is intimidating, the coordinated efforts of the AWMA and the Wound Management Innovation Cooperative Research Centre (WMI-CRC) in promoting best practice to heal and prevent chronic wounds will have an ongoing and significant impact. Indeed, as the WMI-CRC is entering the second round of project funding, this will become a major focus of our activities. It is widely recognised that many wounds can be healed simply by accessing the best practice and knowledge available and yet while patients often have chronic wounds for months or years, 70% of them will never get the

best treatment. When they do, 60% will be healed within 12 weeks and 80% within 24 weeks. With evidence such as this, the prioritisation of implementing best practice across Australia is undeniable. In addition to this area of focus, the WMI-CRC will continue to work with wound researchers on projects that will have a high impact on patients, carers and health professionals and also on projects which will deliver clinically relevant wound care products.

As more and more Australians suffer from wounds such as venous leg ulcers, pressure wounds and diabetic foot ulcers, the prevalence, costs and forecasts will continue to be alarming. It is critical that these messages are disseminated to the broader community and policy makers in an effort to improve recognition, funding and improved health outcomes. It is also important, however, that those of us working in this field continue to acknowledge and value the cost of wounds to the individual. We must remember that people with wounds can have a difficult life; they are often in pain and find it hard to move and work. They may be embarrassed by the wound and there is a stigma attached to having a long-term wound that can lead to depression and isolation. With this in mind, our collective efforts to address the problem of chronic wounds will need to be on a national, local and individual basis.

Dr Anthony Dyer

Wound Management Innovation Cooperative Research Centre, PO Box 2008, Kelvin Grove QLD 4059, Australia

Dr Ian Griffiths

Wound Management Innovation Cooperative Research Centre, PO Box 2008, Kelvin Grove QLD 4059, Australia

ERRATUM

Article: “A review of severe lower limb trauma with extensive soft tissue loss and subsequent reconstructive surgery: its impact on the lymphatic system”

printed in Vol 21 Number 2 – June 2013 stated the authors were Malou van Zanten, Neil Piller and James Finkemeyer.

A fourth author was omitted: Mr Yugesh Caplash, Director, Department of Plastic and Reconstructive Surgery.

This has since been corrected on the online pdf.

Our apologies to Mr Caplash for the oversight.