Editorial

Wound Management – Diversity and Development

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Wound management. A statement often used but under appreciated by many. When I think of 'wound management' as a term, I think of a complex interaction encompassing numerous dimensions that includes physical, psychological, pathophysiological, social, economic, professional, organisational and personal aspects. Wounds are part of our daily life. The cutting of the umbilical cord leads to our first scar. During our lives we will experience many injuries to our skin, usually minor, but occasionally major and, for some of us, life changing. In most cases healing is the outcome. Whilst healing is taken for granted by many, I never cease to be amazed by the intricate and complicated processes involved in skin and tissue repair that work together to restore the integrity of our largest organ.

In health care wounds are a part of almost every specialty. Wounds are diverse. They might be deliberate – such as those made by a surgeon, accidental – such as those caused by trauma, or spontaneous – such as those caused by an underlying pathology. But whilst people with wounds are a part of almost every healthcare speciality, they are rarely the focus of that specialty. This leads me to propose that as we move towards the middle of this decade, we need to further develop two areas of wound management: the person and the specialty. Whilst many with a passion for wound management have a holistic view that places the person at the centre, there remain many others who focus only the wound and the dressing. Wound management is also viewed by many as an area that is not important, and not worth investing personal professional development in. I look forward to the day when we afford the personal aspects and impacts of a wound the same degree of importance we currently do for wound dressings. And, I have hopes that one day wound management will be truly recognised for the specialty it is. For example, the heart has cardiology, the endoctrine system has endoctrinology and the nerves have neurology. Like many of my colleagues I look forward to the day when we also add 'woundology' to the list.

One strategy that helps promote wound management as a person-centred specialty is publication. Journals such as Wound Practice and Research provide the opportunity to disseminate knowledge, generate debate, advance practice and share stories and experiences. Contributing authors generously give up their time to develop and build upon current wound management wisdom. This edition covers a range of topics that demonstrate the diversity of wound management and the developments that are occurring.

In "Decreasing pressure injury prevalence in an Australian general hospital: a 10-year review", Miles et al discuss how one Australian public hospital has implemented strategies to significantly reduce the number of patients with a pressure injury. It is clear that pressure injury prevention remains a priority for Australian hospitals, with recent changes to accreditation standards and the introduction of state-based penalties for facilities if a patient develops a pressure injury. The burden of chronic wounds remains high and their prevention is an important focus in wound management.

Gillman et al report the findings of "A prospective randomised controlled trial of the effectiveness of calcium alginate and retention dressings in split-thickness skin graft donor sites". Acute wounds form a large proportion of wounds. Appropriate management of acute wounds can promote timely healing, minimise the risk of complications and reduce patient pain. Split skin graft donor site wounds have been managed by many diverse dressings. I remember the days of paraffin gauze and dry dressings! This paper compares wound and patient outcomes to help guide good clinical practice in management of these relatively common but sometimes difficult to manage wounds.

"Matrix metalloproteinases during wound healing – a double edged sword" by Rohl and Murray discusses the role and impact of MMPs. It is important to understand the science of wound healing, as this forms the foundation for patient outcomes. This paper demonstrates the complexity and delicate balance that is wound repair, and the effects of the process not proceeding normally. Recent developments and discoveries that might assist in managing MMPs in chronic wounds are explored. The wound specialist of the future might have a variety of quite different tools and therapies available to them to manage and possibly prevent chronic wounds.

In "Successful management of infected wounds using a solution and gel containing Betaine and PHMB" Smith shares the person's story. This case study highlights the need to address local wound conditions that are impairing healing and showcases the role that newer preparations can play in contributing to positive outcomes.

Finally, Conduit et al report on "TIME-H in clinical practice — a pilot study". This case-series based study and discussion provides a foundation for analysis and debate regarding the possibility of enhancing existing wound management principles to assist clinicians and patients identify realistic treatment goals. The question of 'how long will my wound take to heal' is one all wound clinicians have faced at some time. Development of person-centred tools to make the answer easier and more accurate would be a welcome addition to the wound management toolbox.

Wound management is evolving and growing. Whether we are managing acute or chronic wounds, trying to prevent wounds, learning more about the complex process of wound healing or looking for tools to help our practice we can never lose focus on the most important aspect – the person with a wound. Because there is nothing more satisfying than the words 'you have healed'.

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