

## Looking back on a decade of *Wounds International* and looking forward to the next 10 years



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As I write this editorial, I am sat next to a piping hot radiator in an attempt to keep out the big chill that has hit the north of England. It does feel a bit like Groundhog Day, as I'm sure we were fighting the big freeze this time last year. Insofar as nothing changes, we all find a way to overcome the challenges that are put our way.

As we enter 2019, we are immensely proud to call it a whole decade since the inaugural *Wounds International* journal was printed. Over this period, the journal has succeeded in bringing together some of the most eminent names in the wound care sphere, in order to meet the needs of those practising wound healing across different geographies. However, as much as necessary change has taken place in the wound care world, some things remain the same. Wound prevalence is significant; the National Institutes of Health in the US estimates that 3% of the population over the age of 65 will have a wound at any one time (Sen et al, 2009). In developing countries, wounds are also common, with India, for example, having an incidence of 10.5 traumatic wounds per 1,000 people (Shukla et al, 2005). Given that India has a population of around 1.34bn, this is a startling figure. But as much as the situation stays the same, clinicians find a way to overcome the challenges put their way.

When the very first issue of this journal was published, back in 2009, the world looked slightly different. Barack Obama was inaugurated as the first black president of the US. *Slumdog Millionaire* was nominated for 10 Oscars, winning eight. The once mighty US car manufacturer, GM Motors, was declared bankrupt. And we published the World Union of Wound Healing Societies [WUWHS]' Best Practice document, entitled 'Diagnostics and Wounds'. The aim of the publication was to generate important debate within the field of wound healing and for it to serve as a platform to develop dedicated test kits that may influence the future management of problem wounds.

The document explained that "it is essential that new diagnostic tools are used as part of an integrated, structured approach to patient management that is designed to ensure that appropriate treatment is provided at all times. Ideally, new diagnostic tools will indicate specific modifications to practice or treatment that will

move the wound towards healing" (WUWHS, 2009). Since the Best Practice document was published, the intervening decade has shown that strides have been taken in this field, but that further work is needed to continue shining a light on the usefulness of diagnostics in wound care, underlining the importance of uniformity and shared best practice.

Modern technologies play an integral part in wound management and have enabled the opportunity for researchers/clinicians to investigate clinical, microbiological and cellular wound aspects (Romanelli et al, 2013). This highlights the trend that clinicians and industry will continue to seek new solutions to age-old problems. As Romanelli and colleagues concluded: "A better reproducibility on the part of the various devices and a reduction in costs is to be expected in the near future, allowing widespread diffusion of the techniques in question among end users."

Meanwhile, Professor Keith Harding uses his editorial in this issue of *Wounds International* to draw attention to the dramatic increase in the development of new therapies to both prevent and treat wound complications over the past 10 years, although he warns that we are still faced with a very limited and accepted evidence base on which to make decisions on managing individual patients with wounds. He goes on to state that the need for "a local, regional, national and international network of clinical teams who are focused on delivering best possible care for patients is urgent and likely to benefit patients enormously". He certainly has a point and this is where *Wounds International* continues to play its role in supporting clinicians by providing key insights into latest developments in wound care and condensing the available evidence into concise and practice-based guidance for everyday wound management. Here's to another 10 years of the journal and we hope that our readers will enjoy the journey with us — hopefully many will be inspired by *Wounds International* to create the international networks of the future!

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### References

- Romanelli M, Miteva M, Romanelli P et al (2013) Use of diagnostics in wound management. *Curr Opin Support Palliat Care* 7(1): 106–10
- Sen CK, Gordillo GM, Roy S et al (2009) Human skin wounds: a major and snowballing threat to public health and the economy. *Wound Repair Regen* 17(6): 763–71
- Shukla VK, Mumtaz A, Gupta SK (2005) Wound healing research: a perspective from India. *Int J Lower Extremity Wounds* 4(1): 7–8
- World Union of Wound Healing Societies (2009) *Principles of Best Practice: Diagnostics and Wounds. A Consensus Document*. MEP, London. Available at: <https://bit.ly/2WoJSul> (accessed 04.02.2019)

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