

## A cause for celebration

**A** (slightly belated) happy new year to all our visitors. It is already March and we have plenty to celebrate and shout about with 2013 promising to be a most fortunate year for wound healing.

It was with much joy that I learned that the work of Professor Keith Harding had been formally recognised in the UK with the Queen decorating him in her 2013 New Year's Honours List with a CBE (Commander of the British Empire) for services to medicine and health care. A CBE is awarded to an individual for a number of reasons, one of which is for making a highly distinguished, innovative contribution in his or her area of expertise. For many of us who have witnessed Professor Harding in action, this award comes as no surprise. His enthusiasm, determination, and energy, as well as the profound wealth of his academic contributions, has helped raise the bar in the drive to get stakeholders to take wounds seriously.

There are many amazing initiatives that need to be accepted, shared, and celebrated to make sure that patients all over the world receive the best care and that efforts continue to create appropriate intervention and prevention strategies to reduce the complexity and duration of chronic wounds. Publicly recognising the importance of wound healing is vital for the wound care community as a whole and helps to promote the speciality at many levels, making the collaborative job of improving services easier for all.

In this issue of *Wounds International*, the focus is on wound infection. Authors from the USA, Spain, and the UK report on developments in wound infection and clarify what is, and what is not, known about the subject.

I am delighted that Greg Schultz and Randy Walcott (page 4) lead the Innovations Section of the journal. In their report, they raise hopes that new diagnostics in wound infection are on the way. The diagnostics they describe have great possibilities and will allow a more directed and targeted approach to managing wound infection. This will be well received as Sue Templeton (page 10) stresses that one of the most challenging day-to-day issues facing clinicians in Australia is making best use of topical antimicrobials, especially knowing which topical agent to use when, and for how long. Developments in the form of point-of-care tests will result in a huge improvement to the quality of care provided.

However, these resources are not yet widely available. For now, most clinicians will have to rely on more traditional methods of assessment and diagnosis. The Top Ten Tips in this issue (page 15) is on using silver in wound care. Zena Moore provides a succinct summary guiding clinicians on when and how to use silver dressings effectively.

It is interesting that the Wound Infection Institute has decided to update the TIME document on wound bed preparation (Leaper et al, 2012). The update addresses a number of developments and changes over the past decade in wound care. Most of these changes focus on wound infection (including the role of biofilms), the use of negative pressure wound therapy (NPWT), the use of topical antimicrobials, and advances in the understanding of molecular biological processes, particularly in relation to the use of specific diagnostic tools (see Jacqui Fletcher's report on page 8). The collaborative work of the international wound care community is discussed in the *Wounds International* webcast *TIME to Revisit Wound Bed Preparation* (available here). More than 1500 of you watched this webcast live on 13 December 2012, with a further 3000 viewing the on-demand version since.

There is no doubt that managing wound infection is complex and places great demands on clinicians, patients, and healthcare resources. It is important to keep as up-to-date as possible, especially on developments that are likely to impact on everyday practice.

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Leaper DL, Schultz G, Carville K et al (2012) Extending the TIME concept: what have we learned in the past 10 years? *Int Wound J* 9(Suppl 2): 1-19



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