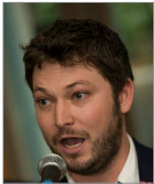


Saying hello to 2017 and farewell, but not goodbye, to Suzie Calne



Adam Bushby
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Welcome to the first issue of Wounds International this year. It is all change at *Wounds International* towers and it is with a heavy heart that we say farewell to Suzie Calne as Journal Editor as she begins her new role as Clinical Manager, where she will focus more on our conferences and new initiatives. Suzie is very much appreciated among wound care professionals and was one of the founding editors way back in 2009 when *Wounds International* launched its first ever issue. Thanks to her editorial stewardship, the journal has gone from strength to strength and we will continue to publish practical and current information from renowned healthcare professionals from around the globe, offering an instant update on the most important developments in wound care. I can say on a personal level that Suzie has been hugely supportive with her wealth of wound care knowledge (Suzie started her career as a nurse!) and her easy manner. She will be able to use her positive influence and vast knowledge when she continues in her new role — it is farewell then, but not goodbye!

As ever, the first issue of *Wounds International* in 2017 covers a wide range of wound care topics. And like that first ever issue that Suzie presided over, “our goal [is] to provide an inclusive and reliable service, whose success depends on the continued contribution of those who are prepared to share their experiences and knowledge with colleagues in the field of wound care”. Joyce Black uses her guest editorial to outline her new year wounds wish list. She is hoping to see improvements in training, the implementation of the new pressure injury terminology, and improvements in payment models, as well as communication across healthcare settings. I’m sure plenty of you can empathise with these sentiments in your own facilities.

On page 7, Jacqui Fletcher examines the importance of repositioning patients, explaining that it should be tailored to the individual as many different factors need

to be considered. While 2-hourly turning appears to be the widespread common practice, Jacqui argues that “it is not always in the patient’s best interests and it should be considered as only one element of their care in preventing pressure ulcers”.

Moving from the UK to the other side of the world, we are pleased to present an article on ten top tips for the management of surgical wound dehiscence from Australia on page 11. Bearing in mind that there are an estimated 234.2 million major surgical procedures globally per year, this is a pertinent topic. Kylie Sandy-Hodgetts, Karen Ousey and Elizabeth Howse stress the need for the early identification of level of risk followed up by accurate assessment and timely treatment in order to prevent “minor problems escalating into catastrophes”.

On page 15, Nicola Waters underlines the importance of assessing and treating the ‘whole person’ — not a new concept, but something that can easily be forgotten in busy healthcare settings when the onus is purely on the body to the detriment of the mind when healing wounds. Nicola puts forward a compelling argument that considers the past, while looking to the future.

Away from the journal, I’d like to point you once again towards our array of position documents, consensus documents and clinical reports that we launched at last year’s World Union of Wound Healing Societies (WUWHS) conference in Florence, in conjunction with the WUWHS. These can be found at <http://www.woundsinternational.com/wuwhs> and are invaluable tools designed to aid day-to-day practice. They are free to download and I would urge all of you to read these at some point.

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If you would like to contribute to a future issue of the journal, please contact Adam Bushby, Senior Editor, Wounds International, at: abushby@omniamed.com