Wounds digest

In this section, we present brief synopses of a range of recently published articles that may be of interest to healthcare professionals working in the wound care setting. The aim of this round-up is to provide an overview, rather than a detailed summary and critique, of the research papers selected. Full references are provided should you wish to look at any of the papers in more detail.

1 Repositioning for pressure injury prevention in adults

Readability	✓	✓	✓	✓	✓
Relevance to daily practice	✓	✓	✓	✓	✓
Novelty factor	✓				

- The authors developed a new version of the Cochrane review on repositioning for pressure injury prevention. Their literature search found three new trials, but no new cost studies or sub-studies.
- They examined data from 11 trials, conducted in acute and aged healthcare facilities that involved 4,462 adults aged 18–90 years.
- Once again, most of the evidence is of low or very low certainty. The authors point out that there is still a lack of robust evaluation of repositioning regimens for pressure injury prevention, and studies are small. Therefore, there is uncertainty about the review findings. With limited economic evaluation data, it is difficult to reach reliable conclusions about the relative costs of different repositioning regimens.
- The authors' findings and conclusions align with the two earlier versions of this Cochrane review.

Latimer SL, Chaboyer WP, Probst S, et al (2026) Repositioning for pressure injury prevention in adults. *Cochrane Database Syst Rev* 6(6): CD009958. doi: 10.1002/14651858.CD009958.pub4

2 Assessing the outcomes and complications of skin allografts in healing diabetic foot and venous leg ulcers: a systematic review of randomised controlled trials

Readability	✓	✓	✓	✓	
Relevance to daily practice	✓	✓	✓		
Novelty factor	✓	✓	✓		

- Skin allografts derived from living or amniotic tissue provide extracellular matrix components, cytokines, growth factors and viable cells that facilitate tissue repair in chronic diabetic foot ulcers and venous leg ulcers.
- The authors carried out a systematic review of randomised controlled trials comparing Apligraf, Theraskin, Amnioband, Amnioexcel, EpiCord and Epifix for chronic lower extremity wounds. Primary outcomes included complete wound closure at 12 weeks, time to healing and percent area reduction. Secondary outcomes included infection, amputation and recurrence rates. They included 19 trials (1,303 participants).
- Theraskin had the highest mean closure (84.7%) and Amnioexcel the lowest (37.5%). Epifix and Amnioband showed faster healing trends and greater closure compared with standard care. Complications were uncommon and inconsistently defined. While no graft demonstrated statistically superior outcomes, Theraskin, Epifix and Amnioband may offer greater clinical benefit.
- The authors suggest their findings provide a comparative insight to guide clinical selection of skin substitutes, but large-scale head-to-head trials are needed to establish relative efficacy.

Mathe C, Reddi S, Nahm W, Tet al (2026)Assessing the outcomes and complications of skin allografts in healing diabetic foot and venous leg ulcers: a systematic review of randomised controlled trials. *Int Wound J* 23(6): e70892. doi: 10.1111/iwj.70892

3 Comparison of "semiocclusive dressing" treatment using plastic wrap or low-adherent absorbent wound dressings versus occlusive dressing treatment for stage II pressure injuries: a randomized, controlled, noninferiority trial

Readability	✓	✓	✓		
Relevance to daily practice	✓	✓	✓	✓	
Novelty factor	✓	✓			

- In this study, the researchers aimed to verify the non-inferiority of the effectiveness of semi-occlusive dressing (SOD) treatment using plastic wrap or low-adherent absorbent wound dressings compared with occlusive dressing (OD) treatment for stage II pressure injuries. SOD does not tightly adhere to or completely occlude the wound, can manage heavy exudate, and maintains a moist environment to facilitate healing.
- This was a 12-week, open-label, randomised controlled trial, with 115 participants assigned to treatment with SOD or OD. The primary outcome was a comparison of the healing times for both treatments. Secondary outcomes included treatment costs and adverse events.
- The mean healing times for SOD and OD treatments were 19.7 and 22.5 days, respectively. SOD treatment was confirmed to be not significantly worse than OD treatment. OD treatment had a significantly higher mean cost than SOD. The incidence of adverse events in both groups was comparable.
- The authors concluded that SOD treatment was more cost-effective than OD for stage II pressure injuries.

Takahashi J, Nakae K, Yokota O et al (2026) Comparison of "semiocclusive dressing" treatment using plastic wrap or low-adherent absorbent wound dressings versus occlusive dressing treatment for stage II pressure injuries: a randomized, controlled, noninferiority trial. *Adv Wound Care (New Rochelle)* 15(7): 459–68. doi: 10.1177/21621918251401165

4 Artificial intelligence in lymphedema: A systematic review of diagnostic and clinical applications

Readability	✔	✔	✔		
Relevance to daily practice	✔	✔			
Novelty factor	✔	✔	✔	✔	

- In lymphoedema, diagnostic and monitoring tools are operator-dependent and may miss early signs of the condition. Artificial intelligence (AI) offers opportunities to address these limitations through multimodal data integration and automated, reproducible analysis.
- After a literature search, the authors analysed 18 studies involving 8,720 patients. Applications covered risk prediction, imaging-based diagnosis, volumetric assessment and clinical decision support.
- They found that machine learning models integrating demographic and clinical data achieved AUCs up to 0.89, and deep learning models applied to ultrasound, CT, MRI and clinical photographs achieved diagnostic accuracies up to 98%. Volumetric tools using dual-camera or 3D imaging correlated strongly with gold-standard water displacement.
- The authors concluded that using AI in lymphoedema has promise for early detection, risk stratification and longitudinal monitoring; however, larger studies are essential to demonstrate clinical utility.

Buyuker C, Ozmen BB, Morkuzu S,et al (2026) Artificial intelligence in lymphedema: A systematic review of diagnostic and clinical applications. *J Plast Reconstr Aesthet Surg* 117: 175-89. doi: 10.1016/j.bjps.2025.12.035

5 Implementing a primary care disease management concept for venous leg ulceration: findings of a mixed-methods process evaluation in the Ulcus Cruris Care trial

Readability	✔	✔	✔	✔	
Relevance to daily practice	✔	✔	✔	✔	
Novelty factor	✔	✔			

- The Ulcus Cruris Care project developed a disease-management approach to support evidence-based venous leg ulcer treatment and improve knowledge gaps in general practices in Germany. This included online training and e-learning modules for practice teams, software-supported case management, involvement of non-physician assistants, and promotion of patient activation and education.
- In this evaluation, phone interviews and a survey were used to evaluate the programme's implementation process.
- Findings from the questionnaires (n=38) and n = 27 interviews (n=27) showed high intervention fidelity regarding completion of the online training (100%), e-learning modules (48–61%), application of standard operating procedures (100%), patient education material (91%), and case management software (91%). Practice teams and patients had a positive view of non-physician assistants as case managers and their involvement in wound treatment and patient education. Overall, the programme was perceived as effective in promoting change in treatment routines, particularly the regular use of compression therapy.
- The authors concluded that this process evaluation shows that the programme has led to a gain in knowledge for practice teams and patients, promoted active patient participation, and a shift away from simple wound dressing changes towards comprehensive treatment with regular application of compression therapy. Interestingly, they note that the programme can be considered suitable for a broader disease management approach in Germany.s

Poß-Doering R, Fleischhauer T, Sander N, et al (2026) Implementing a primary care disease management concept for venous leg ulceration: findings of a mixed-methods process evaluation in the Ulcus Cruris Care trial. *BMC Health Serv Res* 26(1): 664. doi: 10.1186/s12913-026-14674-0

6 Exercise programmes in the management of venous leg ulceration – a systematic review and meta-analysis

Readability	✔	✔	✔	✔	
Relevance to daily practice	✔	✔	✔		
Novelty factor	✔	✔	✔		

- UK clinical guidelines recommend regular physical activity for the management of venous leg ulcers (VLUs), but evidence on its efficacy in promoting healing and preventing recurrence remains limited. This systematic review aimed to evaluate the effectiveness of exercise interventions, in addition to standard care, on VLU outcomes.
- Nine randomised controlled trials comparing exercise plus standard care with standard care alone and reporting ulcer-related outcomes in adults with VLUs were included. In these, 133 patients received exercise interventions and 137 standard care. All studies combined exercise with compression therapy. Intervention duration ranged from 4 to 12 weeks.
- There was a significantly higher healing rate in the exercise group, while subgroup analysis revealed statistically non-significant higher effect sizes for hospital-based programmes compared to home-based ones. Five studies reported ulcer area reduction with exercise. No studies reported ulcer recurrence.
- The authors determined that both home- and hospital-based exercise programmes appear to improve VLU healing rates when used in addition to standard care, although current evidence is limited by small sample sizes. Future trials should standardise protocols and include long-term follow-up.

Pagani A, Tan KHM, Davies AH, Onida S (2026) Exercise programmes in the management of venous leg ulceration-a systematic review and meta-analysis. *Wound Repair Regen* 34(3): e70176. doi: 10.1111/wrr.70176