



**Suzie Calne** looks at the importance of patient wellbeing

## The human cost of living with a wound

Time does indeed fly. It seems an age ago that I was in Cape Town attending a roundtable discussion, which was part of a project aimed at providing consensus on patient wellbeing. In fact, the conference only took place in January 2011, but the flood of developments in wound care since then shows how fast-moving this specialty of ours has become.

The initial discussion in South Africa focussed on gaining a better understanding of the human cost of living with a wound. All those involved were committed to the importance of wellbeing as a fundamental feature of caring, but recognised that as resources tighten and pressures of work increase, maximising patient-centred care becomes more challenging.

The South Africa meeting was led by Professor David Gray and provided the foundation for a subsequent international consensus meeting, held in Brussels in May 2011. Since the second meeting, 13 key opinion leaders representing different disciplines and geographies have worked hard at reaching agreement and the result is a concise 12-page consensus document, *Optimising wellbeing in people living with a wound*.

The document sought the views of patients and provides guidance on methods for effectively assessing an individual's wellbeing. Much of the advice centres on good basic communication skills, which are integral to everyday practice. However, the key is in utilising these skills and approaching every patient

interaction with enough time, sensitivity and tools to identify factors affecting the patient's wellbeing. Sometimes even the most experienced clinicians need reminding of what it feels like to be the person with the wound.

The wellbeing document also identifies the Lindsay Leg Club Foundation as an example of patient-centred social care and having visited a Leg Club in the UK recently, it is easy to see why this model is highlighted. Leg Clubs are held in centres such as community and church halls and 'members' can seek advice and expert treatment as well as socialising with other members.

This setting is relaxed and the environment creates a good opportunity for clinicians to focus on understanding how living with a wound impacts on an individual's wellbeing. In this non-threatening environment, the members have a 'voice' and care is effectively tailored to the needs of the individual.

Wounds International's consensus documents are an important contribution to the available wound care literature. They involve an intense editorial process, starting with a meeting where experts work together for at least 24 hours to debate the key issues around the chosen topic. A draft document is then put together, based on the contents of the meeting and this undergoes extensive review by the expert panel. The content is then continually developed until all members of the expert group are happy.

On May 15, Professor Christine Moffatt delivered the first in a new series of Wounds International guest lectures. In her presentation Professor Moffatt captures the essence of the wellbeing document and summarises the key elements. She draws on her wealth of experience and uses patients' own stories

to expose the true impact that living with a wound has on everyday life.

Another key document launched at the time of this issue going to press is another international consensus, *The appropriate use of silver dressings in wounds*. The document outlines the mechanisms by which silver dressings work and the relationship of *in vitro* and *in vivo* evidence to clinical practice, providing a rationale for judicious use for the benefit of patients.

Better diagnostics for wound infection will certainly go a long way to improving the use of antimicrobial dressings, such as silver, and the drive to find better, faster, cheaper methods of diagnosing wound infection continues apace. In this issue of *Wounds International*, Gojiro Nakagami and Randy Walcott describe cutting-edge innovations that are likely to contribute to our future understanding of wound infection (see **page 10**).

Hopefully all of these initiatives will help you in your practice, and as ever I hope you continue to find the journal a useful read.

**Suzie Calne**

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*If you would like to contribute to a future issue of the journal, please contact Suzie Calne, the editor of Wounds International at: [scalne@woundsinternational.com](mailto:scalne@woundsinternational.com)*

A chronic wound with EPA has a  
**90%** probability it won't heal'

**28%** of non healing wounds have EPA<sup>1</sup>

There are no visual cues to detect EPA<sup>2,3</sup>



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