

PAULINE BELDON is a *Tissue Viability Nurse Consultant, Epsom and St Helier University Hospitals NHS Trust*



Welcome to the new look *Wound Essentials* — we hope you enjoy the fresh style and updated content. Our aim is to keep bringing you articles of interest around wound management, which will help you to develop your knowledge and expertise.

Knowledge is power, as Sir Francis Bacon, the Elizabethan scientist, once said, and with greater wound knowledge your power to provide skilled care for your patients grows. What's more, the knowledge gained can be passed onto patients and their families, enabling them to participate in their treatment.

Healthcare is changing and we all need to be prepared to move in tandem with these developments, in tissue viability as well as in other aspects of nursing. However, whatever the political or financial situation in

WELCOME TO THE NEW LOOK *WOUND* *ESSENTIALS*

the NHS, protection of the skin as a vital organ remains as crucial as ever. It's important that skin care is integrated into a daily skin cleansing regimen, not only to maintain the protective barrier function, but also to protect the periwound skin of patients with a wound, whether they have a venous leg ulcer, pressure ulcer or a surgical wound. This issue features articles that will familiarise readers with this vital aspect of care.

Providing protection for patients against the dangers of pressure damage is vital and doesn't just involve performing a risk assessment and using pressure-relieving

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equipment. Older people may also be vulnerable adults who lack insight into their physical difficulties and, therefore, constitute a marked risk, particularly those who cannot cooperate with clinicians and are vulnerable to pressure damage. It's vital that such individuals are recognised and steps are taken to protect them from pressure damage.

This issue includes two articles that shed light into this area of nursing care, a key question being, 'When is pressure damage avoidable or

unavoidable?' Also, we have the first in a series of articles on compression bandaging, with a focus on the wool padding layer — subsequent articles will feature different methods of compression bandaging, hopefully to enable you to have a greater understanding of when and how these bandages can be used.

Using antimicrobial dressings to treat infection is recognised practice, but clinicians still need to know which dressing to use, when to use it and for how long. Among this issue's articles is a piece that will hopefully demystify the use of iodine, honey, PHMB and silver dressings for the reader faced with an infected wound.

We hope this issue brings you useful articles and, as always, if you have any suggestions about wound care subjects you would like to see included, please contact us at the email address below.

Finally, don't forget that articles from previous *Wound Essentials* are available to download free of charge at: www.wounds-uk.com. WE

**If you would like to contribute to a future issue of the journal, please contact:
Jason Beckford-Ball,
managing editor of
Wounds Essentials at
jason@wounds-uk.com**