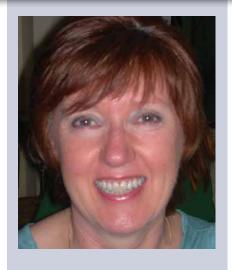
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Welcome to winter Wound Essentials



elcome to the second issue of *Wound Essentials* for 2012. Hopefully, you will continue to find the content useful, as well as appropriate, for your clinical setting.

Before selecting a wound dressing, it is important that the patient, their skin and the wound assessment is completed and thoroughly documented. This issue's article on wound assessment guides the clinician through appropriate wound documentation.

One question that I'm frequently asked is: 'How do I decide which dressing to use?' This continues to occupy the thoughts of many clinicians and so with the second issue of *Wound Essentials* this year, we begin a series of articles describing the various generic groups of dressings, their uses, application and tips. We

will start with foam dressings and hope you'll find this new series useful.

Recognising the early onset of lower limb oedema is important in preventing its development into chronic oedema, which is far more difficult to treat.

This is becoming an increasingly common problem in all care settings. Early recognition enables the nurse to nip the problem in the bud — advising patients and carers regarding elevation and being able to instigate treatment is crucial. This issue continues our Compression Therapy series with an

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article on inelastic bandaging, which is particularly useful for individuals with chronic oedema.

As the number of older people continues to rise, how we recognise and provide care for the skin of the older person with continence issues is a growing concern.

Continence issues, in particular, caring for the older person's skin, and incontinence-associated dermatitis.

continue to be problematic and are addressed in an article that I'm sure will be useful to those working in both primary and secondary care.

I'm also regularly asked how to distinguish pressure damage from moisture damage and I hope that this issue's article on identifying moisture lesions, and differentiating them from pressure ulcers, will help readers.

Also, please don't forget that articles from previous *Wound Essentials* are available to download free of charge from the Wounds UK website at: www.wounds-uk.com

Finally, we hope this issue of *Wound Essentials* provides you with practical and clinically beneficial articles, and, as always, if you have any suggestions on wound care subjects you would like to see included, please contact us at the email address below. **W**E

If you would like to contribute to a future issue of the journal, please contact:
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