International conferences give us the chance to bring the wound care message home

John Timmons

The World Union of Wound Healing Societies is fast approaching and I am always amazed at the scale of the event and impressed by the standard of presentations which can be seen there. Having come from an academic setting and with 12 years of experience in tissue viability I have found it increasingly difficult to understand why wound care continues to become more and more marginalised. It is very difficult to comprehend the lack of attention being paid to wound care, in particular for undergraduate students.

I met some nursing students at a wound infection event held by BSN medical in Manchester last week and they were astounded at the level of knowledge which they were expected to have when they reach clinical practice and despondent about the lack of education they received in their academic setting. The students themselves felt that they were involved in wound care in almost every clinical setting and in their placements in the community, wound care made up 60% of their working day.

My own experience would suggest that those involved in some academic settings see wound care and related topics as a minor subject which does not warrant specialism. I am, however, sure that the 3,000 people in Toronto and the majority of nurses, doctors, podiatrists and dieticians across the UK would say otherwise.

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The predictions we made 10 years ago about the increasing elderly population and the large numbers of patients living past 80 and 90 years are now a reality. In many ways we could be facing a tissue viability crisis as many services are not set up to deal with increased patient numbers. Many of the patients we see in clinical practice may have had surgery in their 80s and as a result of cardiac problems become immobile, developed pressure ulcers, chronic oedema and associated skin changes, resulting in further immobility and discomfort. Patients who reach this stage need specialist help and often require multidisciplinary care. Complex patients with complex wounds have complex needs, and most of these needs can be met — but only with appropriate specialist help. Certainly it would also help if newly qualified nurses having more than a basic level of wound care knowledge.

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There is also a need to change the emphasis from healing wounds to management of the distressing symptoms which patients with wounds may present with. For many patients, healing may not be achievable and symptom control may be the key aim.

The needs of patients beyond the wound are also paramount and this must include the social and environmental issues which affect them. All in all there is more to wound care than simply caring for wounds and this must be acknowledge by our colleagues in different healthcare specialisms.

We need to make events such as the World Union of Wound Healing Societies count. I suggest they should count on four fronts: first we must ensure that we as clinicians learn something new and use our time wisely. Second, we should be pushing the wound care agenda forward through intelligent debate and science. Third, we should be bringing back new knowledge and disseminating this among our colleagues in order to improve patient treatment and encourage the rest of our colleagues to acknowledge the importance of wound care in clinical practice of all disciplines, and in doing so, raise the awareness of wound care. Finally we should also continue to produce research and audit which is clinically relevant, pushes the boundaries of our discipline and which can be shared with an international audience. WUK

The Wounds UK awards will be held in Kelvingrove Museum and Art Gallery, Glasgow on the 13th of June this year. There will be over 300 people present to celebrate the hard work which Is going on throughout the UK and Ireland. Entries across all the categories give an excellent cross-section of the breadth and depth of wound care and its related subjects. Visit www.wounds-uk.com for more information.