As the year draws to a close, conflicts abroad are pushing the boundaries of wound care

John Timmons

Welcome to the Harrogate issue of *Wounds UK*, and as always, the journal is packed with articles from across the UK covering topics from pressure ulcers to fungal foot infections. Andy Roden writes about the problem of managing wounds in patients with drug dependence, a growing problem for all involved in wound care. Patricia Grocott and Natasha Campling tackle the ever present problem of making wound care product evaluations meaningful when dealing with complex wounds — these are just some of the articles that we hope you will find of interest in this issue.

The Wounds UK annual Harrogate conference is once more upon us and this year sees a new development with the programme being divided into streams according to subject matter and area of focus. The four categories include: science, with sessions on infection, biofilms and diagnostics; research and audit, which focuses on papers supporting clinical and practical aspects of tissue viability; clinical practice, the largest category, with sessions highlighting the challenges that clinicians face, such as technological advances and how wound care may change in the future; and, finally, the fourth stream examines service and professional development where the issues of funding, audit, performance and government strategies will be discussed by the panel of experts.

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It is hoped that this streaming will make it easier for delegates to identify those sessions which are of particular interest to them.

A highlight for me this year was attending the recent European Tissue Repair Society (ETRS) conference in Limoges, France. The theme of the conference was the use of stem cells in tissue regeneration. The event was notable for both the quality and the sheer volume of research that is being undertaken in many areas relating to wound care and tissue repair. Of particular interest was the research into the cellular impact of diabetes on healing, some of which has broken new ground and improved our understanding of this complex disease process. The young investigators were impressive and, if they are the future of wound care, we are in good hands. For more information see my meeting report on *p. 165* of this issue. My only worry is that the conference could have been better attended, as this research deserves to be shared with all involved in wound care.

You may have noticed that a number of articles from Lieutenant Colonel Steven Jeffery and his team at Selly Oak Hospital, Birmingham have featured in *Wounds UK* over the past two issues.

It can be easy to detach ourselves from the reality of war, but for the nurses and doctors working in the armed forces, their day to day work is about keeping young men and women with horrific injuries alive.

New words have entered our language, such as improvised explosive devices (IEDs), the effects of which, if not causing immediate or eventual death from the blast and then haemorrhage, will leave the victim with traumatic amputations and large irregular, open wounds. These wounds are further complicated by contamination from manure and dust which can lead to bacterial and fungal infection. The staff caring for these patients have gained huge experience in managing and treating traumatic wounds which would rarely be witnessed in a normal care setting. As is often the case during war, new ways of doing things are being discovered almost out of necessity and in some cases through trial and error (Starnes et al, 2006). Steven Jeffery and his team have pioneered the use of gauze-based negative pressure dressings on these large wounds to excellent effect. The gauze provides an antimicrobial absorbent medium through which the copious volumes of exudate can pass, and is also a conformable contact layer which is invaluable when treating wounds with uneven contours and cavities. In addition to the use of negative pressure, there have been huge advances in the use of skin grafts and bioengineered skin substitutes as a result of this work.

The challenges facing the doctors and nurses in the services are unique, but their resourcefulness, ability to adapt in adversity and their achievements are reverberating throughout the field of wound care. WUK

Reference

Starnes BW, Beekley AC, Sebesta JA, et al (2006) Extremity vascular injuries on the battlefield: tips for surgeons deploying to war. *J Trauma Injury Infection Crit Care* **60**(2): 432–42