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# Welcome to Wound Essentials

The practical journal for the nurse, healthcare assistant, physiotherapist, occupational therapist and junior pharmacist

Building on the clear success of the first issue of *Wound Essentials* is not easy, but in this second edition, all of the articles have been written in response to your specific requests. Thank you so much for your support, for all your emails and phone calls about the journal. It is clear from your overwhelming feedback that this journal is what is needed to help guide the everyday practitioner in wound care practice.

Like last year, this journal continues the same themes within wound care of pressure ulcers, leg ulcers, diabetic foot ulcers, surgical and trauma and dressings and devices. In each section, an updated review of best practice has been included, building on the information given in the first issue. The number of pictorial technical guides, which proved to be so popular in the *Wound Essentials* 2006 edition, has been increased in response to your feedback. It is our aim this year to add another layer of knowledge, which we hope that you as a nurse, pharmacist, podiatrist, healthcare assistant or therapist will find useful in practice.

Wound care is a speciality which continues to be led by nurses, but we can all learn from other specialities and it is vital that we have an awareness of each other's focus to enable us all to work in a multi-disciplinary fashion. The diabetic foot section is written by a podiatrist and gives us all vital clues on protection and management of diabetic foot problems. Diabetes is not only a systemic disease, it causes very particular wound problems which need early recognition to prevent serious injury or even amputation.

Since we all work in different settings, it is important that we cover topics pertinent to both primary and secondary care. The appropriate use of antimicrobial dressings continues to be a burning issue. Timely use of such products may prevent the use of unnecessary antibiotics, with all their associated problems, however, they should be used judiciously and with good rationale. Hopefully the articles included in this issue will provide some guidance on these topical subjects, and others too, including MRSA and the management of chronic oedema and leg ulcers.

This journal is written for you, and is distributed free with the genuine aim of providing wound care education for the everyday practitioner. Please continue to give us your feedback, it is always valuable and helps us to make sure that we're keeping on track. **WE**