

Editorial

The management of wounds has improved since the multidisciplinary approach came to the fore. Multiple specialities have joined together to improve patient care and deal with the problems that certain wounds create. The approach to managing a specific wound needs to take certain aspects into consideration, such as knowledge, skills, resources as well as any reservations that the patients might have pertaining to the treatment plan. This is a team effort, which can be more adequately provided in the setting of a dedicated Wound Care Clinic. To create an innovative, well functioning and well funded wound care clinic takes time, dedication, perseverance and hard work. This can be seen in the reflections written by Professor Keith Harding published in this issue.

Is the wound healable? How long does it take to heal a chronic wound? What advanced dressings or adjunctive strategies are needed to treat a stalled wound? What are the costs involved? These are some of the questions we are faced with when a patient is referred with a chronic wound who has already been treated with some of the most advanced dressings available. With all the newfound knowledge and the application of the available resources some wounds may still not heal, causing frustration for the patient and the healthcare team. What do you do if this is the case?

In this issue we shed some light on some of the above-mentioned questions and challenges we are faced with. An article presenting a procedure known as 'woundectomy' is included in this issue, which may be the answer to managing certain challenging

wounds. Two other papers also join this fight: one by reviewing the use of certain topical agents and the other describing experimental research which appears to be very promising.

How could we, as part of the "wound care team", aid in the management of maintenance and palliative wounds? The next WHASA conference, which will be held in August 2019 will provide an answer for this question. We will be having sessions, with the goal of creating a consensus document for the African continent for managing these problematic wounds. This initiative will be warmly welcomed as we face unique challenges in Africa, where the majority of the healthcare facilities often deal with patients who have maintenance or non-healable wounds. This could be due to the nature of the wound itself or even due to obstacles that hinder the management of certain, otherwise healable, wounds.

Finally, the WHASA Journal is going through the long-awaited process of being accredited. This is very exciting for us and the journal is going to be a great platform for researchers to publish their work. We need prevalence studies of wounds, as seen in one of the papers included in this issue, from all over Southern Africa. Only by providing data, can we approach the stakeholders to pay more attention to a costly and an inadequately managed problem that results from a break in the skin – a wound.

We hope you enjoy this issue and find it informative. We are looking forward to receiving your studies so that we can share your experience with southern Africa!

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