Wounds have existed since the beginning of time. Patients develop wounds for many reasons, including trauma, surgical procedures and increasingly, chronic ulceration due to underlying disease states. Despite the increasing frequency with which wounds are seen in clinical practice the subject still receives little attention and in many situations patients struggle to find the clinical and professional help that will ensure they are receiving optimal care.

Many subjects claim to be an overlooked speciality but in the field of wound management this claim is certainly justified. In some countries it is now being recognised that overall, wounds are one of the top five clinical conditions in terms of cost to that system, but unlike other common and expensive conditions there is no defined infrastructure in which patients can be seen and treated. In the UK pressure ulcers have been calculated as costing around 4% of healthcare expenditure. In the US 15% of healthcare expenditure is spent on diabetes but, surprisingly to many, the most expensive component of managing patients with diabetes is that of diabetic foot disease. This is now the most common reason for patients being admitted to hospital with an average length of admission of around four weeks. Despite these facts, diabetic foot disease receives far less attention than diabetic eye, heart or kidney disease.

For many years it was believed that little could be done to improve the management of wounds and/or influence the process of healing of a wound or closure of a defect. In the 1960s, George Winter made an interesting and often quoted observation that acute wounds in animals produce re-epithelialization 50% faster when the wound is kept moist compared to when it is allowed to dry and form a scab. These data from a small number of animal wounds have formed the basis of a new industry. Many and varied products have been developed to provide a moist wound healing environment. This is despite no evidence of such products producing significantly faster healing in patients with chronic wounds and no observation that creation of a moist wound healing environment affects other components of the wound healing cascade. This is not to deny that these modern products have improved the standard of care for patients. They are unquestionably more effective at managing exudate, pain and degree of bacterial contamination within the wound.

In recent years a much greater understanding has been gained of the biology that underpins the process of wound healing. This has led to the development of commercially available growth factor therapy, products that inhibit or bind the activity of excess degrading enzymes (often present in chronic wounds) and tissue engineered therapies that provide living cells from the patient or other sources to produce closure of skin defects. Many of these products are now commercially available in many countries and in certain individuals’ hands they have changed practice significantly.

The biggest challenge, however, in wound care is not recognition, availability of modern moist wound healing products or the use of biologically-based therapy. It is simply the provision of a structured system of care in which patients obtain access to clinicians and other healthcare professionals to ensure a professional approach to their clinical problem. Many clinics in universities, hospitals and community settings have demonstrated a wide variety of benefits. Despite these experiences being widely described, discussed and debated, there is still no universal access to a healthcare professional for patients with wounds or wound healing difficulties.

The series of articles on wound management will, I am sure, provide readers of the journal with relevant advice and information on a range of aspects of wounds and wound healing in clinical practice. The way forward is to create a structured approach to caring for patients with wounds in which all healthcare professionals are part of a true interdisciplinary team. We hope for the emergence of a new specialty in clinical practice – wound healing – the development of which may parallel that seen in palliative care and palliative medicine in the last 20 – 30 years.

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