



## Wound management – what is new?

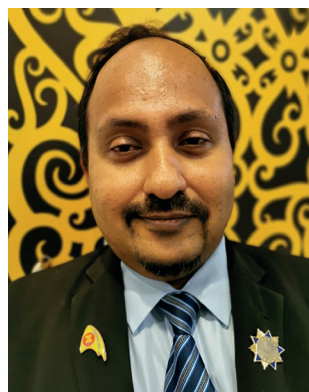
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Wound management is a huge field which is expanding exponentially and there are many stakeholders from different specialties involving multidisciplinary teams dedicated to healing hard to heal wounds with minimal or no complications with the proper standard of care. Many new modalities such as biotherapy, adjunct therapies, new advanced dressing, solutions and others are frequently introduced globally.

Sackett *et al.* [1] introduced evidence-based medicine, which is crucial in ensuring that all modalities have a sufficient level of evidence. Meanwhile Dang *et al.* [2] described an evidence-based practice whereby research and clinical experience with patient preference is incorporated in clinical practice. These are important when we evaluate the different modalities and when we derive consensus, guidelines or best practice documents such as when the International Working Group on Diabetic Foot performs a complete literature search and chooses only studies with level one evidence when preparing the Diabetic Foot Guidelines every 4 years. Thus we have a newer paradigm looking at real world evidence which is employed by most clinicians [2].

These are important factors when we choose different products and concepts such as Wound Hygiene and Wound Balance. In this editorial we will focus on cleansing which is a very early strategy after initial assessment. Wound cleansing is an important part of the wound bed paradigm. Cleansing involves the use of various solutions such antiseptics, saline or

distilled water. Antiseptics are used when the wound is infected, such as for local infection. Even in cases of spreading or systemic infection, antiseptics are used at the local wound bed. Antimicrobial non-toxic antiseptics are also recommended by the International Wound Infection Institute (IWII) in their best practice documents [3, 4]. Subsequently, we published the International Consensus Document on Use of Wound Antiseptics in Practice in 2023 [5]. Firstly, we need to assess the wounds to ascertain if there is underlying infection and this involves looking at the vital signs, signs of local infection and biomarkers before we decide to cleanse and debride. This helps us to choose the proper antiseptics to cleanse the wound and remove the contaminants, infective materials, and foreign bodies in the wound milieu. Antimicrobial stewardship is highlighted nowadays because there is a lot of antimicrobial resistance due to overuse and over prescription of antibiotics. The judicious use of antibiotics is important. Antiseptics help reduce the reliance on antibiotics. Antiseptics can also be used for prevention and when the wound is exposed or has higher risk of contamination and infection. There are many types of antiseptics such as octenidine, hypochlorous solutions, PHMB and others. Many factors are considered when choosing the type of antiseptics such as availability, accessibility, efficacy, cost and others in the respective regions.

Therefore, the International Consensus Document on wound antiseptics in practice [5] highlights the

importance of cleansing and describes the various groups of antiseptics available. The two week challenge has also been recommended whereby we can utilize the antiseptics for up to two weeks until the infection has cleared. Antimicrobial stewardship is also discussed in the document and should be practiced in the wound world or woundology. Therefore, cleansing is important and the type of antiseptics helps in proper cleansing.

### Disclosure

The author declares no conflict of interest.

### References

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