



**The medical expertise of wound healing in Europe**  
**A position paper of the Thematic Federation Wound Healing**

**Introduction**

The medical expertise of wound healing in Europe is not a medical specialization or super specialization educated with a standardized curriculum on the basis of national legislative regulations. The reality is, that the knowledge for the medical expertise to treat wounds is educated in different ways with different priorities depending on the nationality of the physician, often hidden in the general training requirements for medical specialists such as different kinds of surgeons or dermatologists. This means that in some European countries e.g. dermatologists or general practitioners treat wounds on a broad basis, in others they don't. In addition also the way chronic wounds are treated is not standardized in Europe. It happens in hospitals, in non-hospital based offices of general practitioners or specialists and in some centers. Consequently a European standardization of the pre-graduation and post-graduation education, the places where wounds should be treated and the equipment and infrastructure to treat wounds is urgently needed. It is the high obligation of the interdisciplinary thematic federation in wound healing to reach such a goal within the next years.

**Definition of wound healing**

The medical expertise of wound healing deals with the specific management of acute and chronic wounds. In this respect the major focus lies on the treatment of chronic wounds. Chronic wounds are defined as wounds where all kinds of treatment modalities do not lead to healing within 6 weeks. The term management comprises all the steps needed to cure such wounds starting from the right diagnosis down to successful treatment approaches. As different organ systems are affected when it comes to chronic wounds the accurate performance in this medical field must be interdisciplinary. Typically practitioners, dermatologists, different kind of surgeons (general surgeons, plastic surgeons and vascular surgeons), phlebologists, angiologists, diabetologists and gerontologists typically handle chronic wounds. Depending on the course of the wound and the wound phase these specializations have to work closely together. Regarding the cause of such chronic wounds within this medical field, only the most important diagnoses can be listed: arterial and venous leg ulcer, compression ulcer, diabetic foot



syndrome, traumatic ulcers and immunologically based ulcers such as pyoderma gangraenosum or vasculitis.

## **Epidemiology**

Data for chronic ulcers within the European Union are very sparsely spread. In Germany 2.7 Mio. chronic ulcers exist which represents about 3% of the population. As usual in this medical field leg ulcers dominate by 1.06 Mio. Austrian data speak about 250.000 patients which means that in 5% of all households one person lives with such a problem. Every year 68.000 Austrian patients see the new development of a chronic wound. All together 62.5 Mio. dressing changes are done with these patients. As 55% of the patients with a chronic wound are within the age range of 61 to more than 70 years the future with a substantially increasing aging population will bring more cases, thus, substantially enlarging the patient count in this medical field.

## **The specifics in the management of chronic wounds**

Chronic wounds are truly chronic. After the 6 weeks, which refer to the definition of chronic wounds, about one third of this wounds show a further chronic progression in that they persist despite therapy for more than 8 weeks. In especial 50% of the affected patients present with the chronic wound for more than 6 months. This protracted healing leads to two important conclusions. First, 156 dressing changes per year per patient cause pure dressing costs of € 225.4 Mio. per year just in the small country of Austria. Second, the long persistence of chronic wounds suggests that these wounds need a highly specific way to manage and to treat them. Actually, after 30 years of medical research in this field, this fact is fully accepted by wound healing specialists but has not yet reached brought medical practice. In detail, studies have shown that only 15 to 40% of the wound patients receive adequate, modern therapy. What are the characteristics of such a modern, highly specific management of chronic wounds. First, it is essential to identify the underlying cause of the wound, such as an arterial occlusion or venous insufficiency disease. Then, the basic therapy of the wound must target this basic medical cause of the wound. However, when it comes to the additional local therapy of chronic wounds, wound phases and specific situations of wounds such as local infection or the need of debridement have to be defined. Modern medicine consists of a huge range of highly different dressings and topical therapies which are able to exhibit different effects. Consequently, the diagnosis of wound phases should lead to wound phase adapted dressings or topical therapies. It goes without saying that such a highly specific



way to manage chronic wounds needs a lot of education, knowledge and expertise which, in its broadness, is not being thought by the medical specialization curriculum in a large number of European national states.

### **Specifics in the personal or institutional infrastructure to successfully manage wounds**

From all what has been said, a network of different medical specialties (listed above) with an additional knowledge in wound healing should closely work together with wound specialized nurses. Such a group of specialists should typically be located in intra- or extramural wound centers where the medical problem is approached in an interprofessional and interdisciplinary way. This means for hospitals that such an institution should not have multiple wound centers associated with the different medical specialties, but one centralized unit.

### **Urgent needs in the medical field of wound healing**

As already presented, medical and clinical research as well as the routine work of successful units clearly show the way how to successful approach chronic wounds. Nevertheless, the situation in Europe is unsatisfactory with national states only performing almost no wound healing including totally different national standards. Consequently, the synchronization of pre- and post-graduate education, the establishment of central wound healing centers with clearly defined equipment and the way how specialists should work together in Europe must be defined. In addition, as with other interdisciplinary fields in medicine, UEMS based site visits of wound healing centers as well as specific European boards in wound healing must be offered. In addition, a close co-operation with the specific wound healing societies in Europe must guarantee the production of adequate guidelines, standards and education. It is the goal of the Thematic Federation in Wound Healing to reach these objectives and bring them into reality for the sake of a better wound healing situation all over in Europe and the possibility for medical specialists to work in different EU countries.



## Summary

Taken together the major objective of the Thematic Federation in Wound Healing consists of all steps needed to standardize and synchronize all the different aspects related with the highly specific medical field of managing acute and chronic wounds.

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