



WOUND BALANCE: ACHIEVING WOUND HEALING WITH CONFIDENCE

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BACKGROUND

This document is the outcome of a meeting of international wound care experts held in Frankfurt, Germany, in November 2022. The wound balance concepts aim to integrate critical parameters to offer continuity, individualized care, support clinical decision-making, and place the patient at the center of all care. **With patient goals being priority, the shift in focus should move from managing wounds to leveraging intention of healing wounds whenever possible and as early as possible.**

CONCEPTS POTENTIALLY IMPEDING WOUND HEALING

Wound Care

- Excessive protease levels (MMPs, PMN elastase)
- Other biomarker shifts
- Nutrient/oxygen deficiency
- Persistent trauma
- Comorbidities/systemic conditions

Patient Care

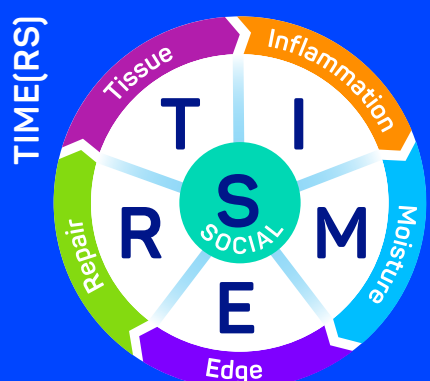
- Misaligned patient goals/priorities
- Social determinants of health
- Impact of wound on quality of life (QoL)
- Lack of support system
- Decreased literacy/education
- Limited disease knowledge
- Lack of resources

Clinical Care

- Focus on wound management
- Variability in wound provider/clinician
- Missed early signs of chronicity
- Habitual management rather than application of wound science
- Ineffective education/training



CLINICAL DECISION AND PRACTICE CONTINUITY



Dressing Selection

- Excessive protease levels are the most significant factors inhibiting healing that have been identified
- Dressings can be selected that address factors associated with stalled healing through protease modulation

1. ABSORPTION

Uptake of wound inhibitors, microorganisms.

2. SEQUESTRATION

Wound inhibitor factors (ex-proteases), microorganisms are locked away.

3. RETENTION

Wound inhibitor factors (ex-proteases), microorganisms are held and immobilized.

4. REMOVAL

Wound inhibitors, microorganisms are removed with the dressing.

Patient Priorities

Useful questions to ask the patient:

- Priorities for dressing selection?
- Goals for healing & improving QoL?
- Lifestyle issues?
- Concerns?
- How dressing will work?

Patient Centered

- Clearly define ownership, responsibilities, and expectations
- Use uncomplicated language
- Assess both intrinsic (clinical) and extrinsic (social) factors
- Educate to patient/caregiver style with consideration to literacy and support

Quality of Life Assessment

Measure quality of life, social determinants of health and impact of living with a wound

	not at all	a little	moderately	quite a lot	very much
In the last seven days...					
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Clinical Practice: Wound Balance

- Identify patient priorities
- Shift focus from management to intention of healing
- Eliminate ritualistic practices
- Treatment based on patient needs not most familiar products
- Identify and act upon "red flag" signs of chronicity quickly

Clinical Practice: Patient Care

- Reassess clinical/social factors often
- Clinician continuity
- Timely action
- Provide patient centric care
- Use optimistic language
- Promote patient centered communication

Clinical Practice: Addressing Challenges

- Staffing, education & training:**
- Schedule for complexity
 - Manage continuity
 - Support patient centered care
 - Drive knowledge of wound science
 - Promote team communication
 - Photos when possible

RESULTS

Wound Balance

- Regulation of biomarkers - MMPs
- Manage exudate
- Normalize and maintain healing trajectory
- Early intervention

Patient Care Balance

- Patient-centered assessment and diagnosis
- Patient concordance
- Balance of patients QoL
- Outcome measuring – Wound QoL

Clinical Practice

- Clinical decision and practice continuity
- Address wound balance challenges
- Time balance in daily practice



CONCLUSION

'Wound balance' encompasses balancing the wound in terms of physiological factors, plus patient care balance and clinical practice balance. Further work is planned to expand upon the concept and provide clinicians with an enhanced understanding of best practice to help optimize outcomes for patients by achieving wound balance.