**SY - Global wound healing in 2025: innovative expensive treatments for a few versus low cost medications for everyone?**

THUR SEPT 29th 09.30 am - 11.30 am
Chair: Terence Ryan (UK)
Co-Chairs: Estela Bilevich (Argentina), Hubert Vuagnat (Switzerland)

Dr Hubert VUAGNAT
Centre head physician
University Hospitals of Geneva
Centre for wounds and woundhealing
Rue Gabrielle-Perret-Gentil, 4
CH-1211 Genève 14
Switzerland

**BRINGING ADAPTED MODERN WOUNDCARE METHODS THROUGH TEACHING AND A NEW WOUNDCARE KIT FOR NGO'S**

Although global prevalence and incidence studies on wounds are scarce, we can estimate that 10 to 15% of the population in less resourced countries is suffering from acute and/or chronic wound

Wounds can result from traumatic injuries such as: Accidents, Burns, Violence, Snake bites,…They can also be related to tropical conditions and neglected tropical diseases such as: Leprosy, Buruli, Leshmaniasis, Filariasis…

With changing lifestyles and aging, "new comers" are prone to become more and more frequent: Diabetic foot, venous and arterial ulcers,…

Our experience shows that most times these wounds benefit from low quality care. The woundhealing physiology is rarely known and, as a result, they are disinfected too often and dressed with daily dry dressings, resulting in poor woundhealing, pain and elevated health costs. Furthermore, disability prevention is not included in woundcare, resulting in some cases in severe handicaps.

Our experience also shows that teaching, and using, the following 6 basic principles really changes the outcome of woundhealing:

1. Evaluate and address systemic conditions. Both the underlying diagnosis resulting in a wound must be treated but also all the other health issues. We think there of pain, nutrition, diabetes and others.
2. Protect wounds from trauma. Both direct secondary trauma, but also those linked to the disinfection.
3. Debride wounds, control wound infection. Debridement end rinsing with clear water will, in most cases have a significant effect.
4. Maintain a moist wound environment. Not using dressing like dry gauze alone will improve both healing rate and pain.

5. Control peri-wound edema/lymphoedema. Considerate essential in some diagnosis such as Venous leg ulcers, lymphatic filariasis, podoconiosis, this control is also valid for nearly all of the wounds (traumatic or not) but less often thought of.
6. Prevent disability. Some wounds will end up with severe retraction, leading to disability which must be thought of, prevented early or rehabilitated if already present. Burns and Buruli ulcer are at high risk.

We now have experienced many teachings, among them 4 yearly (2013, 2014, 2015, 2016) courses held in Yaoundé, Cameroon.

The course is offered to 25 trainees (mostly doctors an registered nurses) from all the country but also from NGO's and other countries.

During 3 to 4 days they will learn theory on: skin and woundhealing anatomy/physiology, wound lesions differential diagnosis and possible treatments (including rehabilitation)

Workshops will help them on: wounds analysis, dressings, bandaging, compression therapy, debridement, hand and global hygiene.

This phase is followed by 5 days practice in a local reference woundcare centre.

At the end of the course, the participants should know the:

- Phases of woundhealing
- Description of a wound
- Main pathologies leading to chronic wounds
- 6 basic principles for woundcare
- Making a physiologically respectful dressing

Another point is revising the dressing kit used by NGO's. These are actually more directed towards high disinfection and dry dressing of the wounds. We now propose a new composition including very simple items such as:

Hand hydro alcoholic disinfecting solution

Soap

Vaseline

Dry gauze

Tape

Bandages

Alimentary plastic film

Through this material, we hope of course to provide basic material but also improve teaching and change the way dressings are made.

In conclusion: less resourced countries deserve better and affordable dressings in order to improve health, pain and functional outcomes.