

## Wound Care in the Emergency Department: Entering a New Age

Approximately 1 in 10 patients seen in the emergency department has some form of acute or chronic soft tissue injury or infection. Despite this fact, little if any time is spent either in medical school or in residency training learning about these common conditions. In contrast, many hours are dedicated to less common (albeit more serious) diagnoses such as acute coronary syndromes and cerebrovascular disease. While not as exciting as MIs and CVAs, soft tissue injuries and infections may still result in significant morbidity and even mortality if improperly managed.

Until recently, most wound care practices have been based on anecdote, empirical evidence, and animal studies. As an example, there is still no large controlled trial demonstrating the benefits of simple adhesive bandages for minor abrasions and lacerations. When I was a young medical student in the early 1980s, I contemplated performing a randomized trial comparing sutures with skin adhesives as methods of laceration repair. Not fully appreciating at that point the deficiency of wound care information to support clinical practice, however, I rapidly dismissed the idea, think-

ing that it was too trivial a study or that it must have already been done. (It hadn't.)

In addition, several well-established principles of wound care still remain largely unknown among laypeople and health care practitioners alike. For example, evidence from the early 1960s clearly demonstrates that a moist wound environment improves healing. Nevertheless, many patients and even some practitioners still believe that wounds should be allowed to "dry out." In fact, I remember working in a burn unit where hair dryers were used to dry out skin graft donor sites, much to the detriment of the unsuspecting patients.

Fortunately, over the last few years we have seen more high-quality randomized controlled trials evaluating various wound therapies, and reliable, validated wound outcome data are increasingly available to provide a solid foundation for analysis in wound research. While some aspects of wound care remain empirical, more evidence has now accumulated to help guide clinicians through these still-murky waters.

This issue of EMERGENCY MEDICINE addresses three challenges in wound care: necrotizing infections, leg and foot ulcers, and the

implementation of topical skin adhesives for wound closure. It is our hope that these articles will help emergency practitioners care for patients with common skin injuries and infections.

>> Until recently, most wound care practices have been based on anecdote, empirical evidence, and animal studies.<<

.....

The recent population growth of the elderly and the uninsured seems certain to drive up demand for emergent management of chronic skin conditions such as leg ulcers. It is time for wound care to emerge from the dark ages and join the ranks of other evidence-based practices in the emergency department. □

---

**Dr. Singer** is a professor and vice chairman for research in the department of emergency medicine at Stony Brook University in Stony Brook, New York. He is a member of the EMERGENCY MEDICINE editorial board and served as editor for this issue's feature articles on wound care.