The 13th annual meeting of the German Society for Wound Healing and Wound Management (DGfW) took place in Freiburg, Germany from June 17-19. With more than 2,500 participants, and over 40% of those physicians, the conference was exceptionally well attended.

The theme of the conference was “Guidelines and quality standards in wound surgery” which was promoted by conference president Dr Stephan Eder (Konstanz, Germany). Given the history of surgeons, wound care has been one of their foremost duties. Therefore various aspects of the role of surgery in wound care were included in the fully-packed three day conference schedule. German minister of health, Dr Philipp Rösler stated that chronic wounds are a great challenge for modern medicine. Beyond the limitations for the patient suffering wound problems, the enormous costs in healthcare are alarming. This is why it is important that organizations promoting wound care and wound management, such as the DGfW, are widely supported.

Prof. Dr Peter M. Vogt, current president of the DGfW as well as current president of the German Society of Plastic, Reconstructive and Aesthetic Surgeons (DGPRÄC), underlined the interdisciplinary and multi-professional approach of the society. The conference brought together experts from various disciplines, such as physicians, nurses, wound experts, lymphologists, podiatrists and physiotherapists; together they seek to improve wound care and wound management.

DGfW –EWMA co-organised session

At the DGfW Conference, a DGfW and EWMA co-organized session, led by Martin Koschnick, took place highlighting the education in wound management in Europe.

Due to the fact that national education models in wound healing and wound management are quite different, the basic idea was to present a broad variety of these different models. These models or teaching systems range from University-based systems, to teaching offered by ‘private institutions’. EWMA plays a special role in education. This role was presented by Zena Moore, President of EWMA, in the session “EWMA’s Role in International Education”. She pointed out that EWMA can bridge different European countries by initiating and endorsing courses focused at education in wound healing and wound management. At the annual EWMA congress a University Conference Model for student nurses provides access to education in wound healing and wound management.

Luc Gryson, President of the Belgian Federation of Wound Care and teacher at HUB-EHSAI University College in Brussels, presented in his speech: “A university based post graduate nursing education in wound healing and wound therapy”, the ‘Belgian Way’ of wound healing education. In addition to universities in Belgium, universities in a lot of European countries offer educational courses in wound healing. This is probably the predominant way of teaching in Europe. Students can use the ECTS (European Credit Transfer System) to transfer teaching units from one university to another within Europe.

A special university-based model was presented by Edda Johansen from Norway, main organizer of a flexible learning course in wound management in Norway, which includes a strong component of web-assisted learning. Compared to many other courses this type of course does not fix the student to a rigid curricular structure, and therefore allows enforcement of the particular skills and strengths of each student. The inclusion of web-based teaching and technology was presented as an excellent addition to teaching methods illustrating how training adapts to include current actual technology making it more accessible and easy to understand.

Steve Strupeit from Germany presented “The DGfW Curriculum”, which is a curriculum-controlled course for both physicians and nurses offering worldwide recognized certification according to ISO 1704 in the private market. Teaching is organized by private companies according to the guidelines set by DGfW in the accreditation process. In comparison to university institutions, the private education sector can react quicker and allows a rapid spread of the Curriculum all over
Germany and potentially further growth into other European countries.

In the last speech of the session Undine Soltau from Germany (board member of the Central Organisation for Health Protection, Medicaments and Medical Products for the German States) presented the changes of the EU regulations and offering in teaching wound therapy and wound management. The main aspect, in terms of EU laws changes, is the elevated importance of accreditation set by the EU Commission. This has resulted in a slightly changed organisational structure of the process which allows a better harmonisation between European countries.

In overall terms the session pointed out quite clearly, that there are big differences of teaching in wound healing and wound management all over Europe and that it is nearly impossible to rate the different systems.

**Other key conference presentations**

Up to 11 parallel sessions with lectures, poster presentations, workshops, physician and patient forums as well as case presentations and seminars were offered to the participants. The scientific program emphasized the role of surgeons in wound care, highlighted evidence-based care in pressure ulcer treatment, and explored the surgical options offered by plastic reconstructive surgeons. There was consensus that gluteal regional muscle flap surgery is a valid and durable option for sacral pressure ulcers. Both gluteal muscle and hamstring muscle flaps are appropriate solutions for ischiadic pressure ulcers. The tensor fascia lata flap on the other side is recommended for coverage of trochanter pressure ulcers. In addition to the conventional pedicle, aforementioned musculocutaneous free flap surgery has been presented in selected cases. While issues such as target vessels in the surrounding of a pressure ulcer and microsurgical anastomosis might be challenging, the latissimus dorsi flap for example might be a considerable option in selected patients with good mid-term clinical results. All plastic reconstructive surgeons reached consensus that, prior to defect coverage, a comprehensive assessment and optimization of nutrition, sepsis, coagulation, and aftercare such as specialized beds be addressed in a more holistic approach.

Practical recommendations in pressure ulcer flap surgery included proper drainage over at least 5-7 days, sutures remaining for at least 21 days, and no pressure on the flap or the suture line for 2-3 weeks.

General and abdominal surgeons emphasized the use of vacuum therapy in the treatment of the open abdomen especially in severe peritonitis with serial lavage procedures. In pseudomonas infections, there is limited success of vacuum therapy given the hydrophilic nature of the germs. Topical vitamin C might be a reasonable approach in order to lower pH in this regard. Once the closure of the abdominal fascia is impossible, cellular dermis substitutes might potentially be the appropriate measure enabling abdominal closure. However, at best prospective randomized-controlled trials are warranted in this regard.

In sternal osteomyelitis radical debridement and early cooperation of thoracic and plastic surgeons are key. Osteomyelitis of long bones is apparent with some 1,500 cases per year in Germany. Still, these cases are highly expensive with about 700,000 Euro per case for healthcare and working absence. Once again radical serial debridement with exchange of hardware and targeted antibiotic therapy are key factors for success. However, even multiple tissue biopsies will not always identify the major causitive bacteria.

The upcoming DGFW Conference will be hosted in Hannover, Germany, 23-25 June 2011 under the auspices of Professor Dr. Peter M. Vogt (Hannover), the current president of DGFW.

Abstract deadline is December 15, 2010. All abstract submissions can be made via www.dgfw.de and international abstract submissions are more than welcome for this upcoming event!

Travel grants for young scientists can be applied for. Poster, case report and experimental work prizes are given in connection with the DGFW Conference.

All accepted abstracts will be published in German “Zeitschrift für Wundheilung”, www.dgfw.de/index_4_zfw.html.