In treatment of chronic wounds, in order to reach effective research results we need real-world data of patients as well as randomised studies. For this reason, a qualified wound care documentation of a disciplined wound unit is utmost important. Those who will do so are certificated wound care nurses. Our wound unit which is under my supervision takes an important place in the department of surgery in the oldest faculty of medicine in Turkey. Most commonly, chronic extremity wounds from in-patient or out-patient care are treated here.

For every patient whom we accept to our unit we create a private registration form. This form consists of three main parts.

The first part of this form includes the data of the patients such as; name, age, gender, body-mass index, working conditions, life style (living alone or with family), and hometown of the patient. The form does not include the ethnicity and the origin of the patient. All incoming patients are covered under state health insurance of Turkish Republic. The current diseases of the patients, the interventions carried out, the procedures performed in previous treatment facilities in other health centers and the consultations in our hospital are also recorded here.

There is data about the wounds of the patients in the second part of form. First of all, the wounds must be photographed at the beginning and kept photographed while the treatment continues. The duration of the wound must be known. Then we measure the size and the depth of the wound. The number of wounds, anatomical region, the presence of the sinuses or tunnels have to be placed in our registries. Also it has to be recorded if there is pain, necrosis or exudate in the wound and the assessment of wound environment. It has to be determined whether the wound is clean, contaminated or is infected. The microbiological tissue culture results are documented. After vascular examination, color Doppler and ABI examinations are performed if necessary, and results are recorded. After all these steps are completed, the wounds can be classified as diabetic, arterial, venous, pressure or traumatic wounds. The wounds are also staged within themselves. Rare case reports are archived in other file.

The third part of our form is the registries of our treatments. Selected debridement method, selected antiseptic solution, used antibiotics and durations, selected passive dressings, negative pressure wound therapy or other active treatment methods are recorded. Both wound measurements and treatment choices are registered weekly. If done, the amputations and levels are registered too.

We think that this fact is valuable in revealing which methods and products are more successful for the treatment concepts of chronic wounds, which is perhaps useful for the clinical research and in future health planning in wound treatment.

While we do these works successfully in the most experienced wound center in Turkey, our Ministry of Health has not yet established standard centers of the same quality for all hospitals. The disadvantage of this situation is in facing difficulties to conduct multicenter studies. But our Health Ministry has planned to establish wound centers at three levels and has requested the opinions of
the wound authorities this year. According to this regulation, the director of these multidisciplinary centers must be a general surgeon, a plastic surgeon or an orthopedist. It would be necessary to have two wound nurses and also a medical secretary for documentation in each center. Performing this planning is not very easy. The number of hospitals in our country has increased in the last 20 years. There are eighty-two university hospitals in Turkey, while this number is 36 in Germany and only 7 in Greece. Other than these university hospitals, there are 836 state hospitals of Ministry of Health. There are 52 state hospitals only in Istanbul and 35 in Ankara.

Turkey’s population is more than 80 million, and there are more than 1 million patients with chronic wounds. The number of patients with chronic wounds are also increasing with the aging population. On the other hand, we must not forget that there are over 4 million syrian refugees and there are seriously injured patients among them. In summary, we have a lot of patients with chronic wounds in our country, but it is not easy to make documentation of wound registries for research. According to this situation, unfortunatelly our national chronic wound care program is not present yet, but there are remarkable attempts to establish it in the near future.