

The evolution of wound care: A century of progress and a future of possibilities

As this issue reaches readers around the world, the international wound care community is preparing to gather at the World Union of Wound Healing Societies (WUWHS) Congress in September. Such global meetings serve not only as a platform for sharing scientific discoveries and innovation, but also as a reminder that progress in wound care has always been built on collaboration. The collective efforts of clinicians, researchers, educators, professional societies and industry professionals have transformed wound management, advancing both the science and standards of care. Against this backdrop, it is timely to reflect on how the field has evolved and the opportunities that lie ahead.

Advances in wound care

Very few fields in healthcare have evolved as profoundly as wound care over the past century. Once centred on infection control and basic wound coverage, wound care has developed into a multidisciplinary specialty underpinned by advances in biology, technology and evidence-based practice. Perhaps the most profound transformation has been the shift from viewing wounds as isolated tissue defects to recognising them as manifestations of complex systemic disease. Healing is now understood to be influenced by many elements: vascular health, diabetes, inflammation, biomechanics, nutrition, infection and patient-related factors (Morgan-Jones et al, 2025).

Over the past 25 years, clinical practice has shifted from reactive wound treatment to structured, evidence-informed care. International guidelines, standardised assessment frameworks and multidisciplinary care have improved consistency in clinical decision-making. At the same time, advances in dressings, debridement techniques and adjunctive therapies have expanded the options available to clinicians, enabling more personalised approaches to care.

Diagnostic advances

The advance in diagnostics has been equally significant. Objective, evidence-based assessment of tissue perfusion, bacterial burden and wound progression is becoming increasingly accessible through vascular investigations, imaging technologies and digital wound measurement. These developments are helping clinicians make more informed

decisions, monitor healing more accurately and personalise treatment strategies (Nair et al, 2026).

The importance of education

Innovation extends beyond new products and technologies. Growing emphasis on education, implementation, quality improvement and patient-reported outcomes reflects an important shift: from generating evidence to its effective translation into clinical practice.

The need for ongoing development

Despite these advances, the global burden of chronic wounds continues to grow alongside ageing populations, diabetes and vascular disease. Access to specialised care remains uneven, and many proven interventions are still unavailable to patients due to workforce, resource or health system limitations. Addressing these challenges will require continued commitment across clinical practice, research, education and policy (Stephenson, 2025). The future of wound care will undoubtedly introduce new technologies, regenerative therapies and increasingly personalised approaches. Yet the enduring challenge remains unchanged: to integrate innovation thoughtfully into evidence-based, equitable and patient-centred care.

Looking back, the evolution of wound care has never been defined by a single discovery, product or technology. It has been shaped by decades of scientific curiosity and a shared dedication to improving patient care. As new innovations continue to emerge, our greatest challenge is to ensure that every advance translates into meaningful improvements in healing, quality of life and equitable care for all patients. With this shared vision, I warmly invite colleagues from around the world to join us at the WUWHS Congress in Kuala Lumpur, Malaysia, from 23–27 September 2026, where together we will celebrate past achievements, share new discoveries and help shape the future of wound care. ●

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