

Scientific Board

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OXYGEN

"It is a fundamental clinical observation that wounds do not heal in tissue that does not bleed and they almost always heal in tissue bleeding extensively". This statements comes from one of the most acknowledged oxygen researchers in the World, my old mentor Professor TK Hunt from San Francisco, USA.

The background for this statement is that continuous supply of oxygen to the tissue through microcirculation is vital for the healing process as well as resistance to infection. During wound healing the continuity and function of the damaged tissue is re-established by reconstruction of new vessels followed by new build up of connective tissue.

This is basic knowledge for all working clinically with wound patients in health care. This truth has, however, often been forgotten, when new developments have been presented in wound healing. I still remember when the focus some 20-25 years ago came on the importance of growth factors in the healing process. From experimental data it looks like all problems in wound healing were solved. However, in the clinical daily life these promising results were not found. One of the problems may have been that that in the excitement of the new advances, it was forgotten that the most basic process for cell survival is a constant delivery of oxygen. Even the best of the new advancements do not have any effect on cells or tissue lacking oxygen!

This issue of Journal of Wound Technology is for the mentioned reasons focusing on a compound, oxygen, which is of vital importance for basic process in wound healing. Different important topics are updated like pathophysiology, assessment tools and ways of deliver oxygen (topically and as hyperbaric oxygen).

The final indications for clinical use of oxygen in the wound area are still a major area of controversy. Like other areas in wound healing the practical use of oxygen has not yet been proven, if we look for the highest evidence level (IA) in the Cochrane System. More work consequently has to be done, before we know the optimal way to use oxygen in wound healing.

In spite of this, it is my hope that this issue of JWT will renew and improve the understanding of oxygen, and provide some practical information on oxygen assessment and delivery.

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WE VALUE YOUR OPINION!
We hope you enjoyed reading this issue of the *Journal of Wound Technology*. We are interested in your opinion and would be happy to receive your comments with a view to addressing our readers' expectations. mbia@fr.oleane.com