

# **QUICK**GUIDE



## INTRODUCING WOUND BALANCE IN AUSTRALIA

WOUNDS | APAC

## WHAT IS THE 'WOUND BALANCE' CONCEPT?

The concept of Wound Balance is multifactorial; it is a concept that aims to integrate various critical parameters which offer continuity, individualised care and support clinical decision-making, to place the patient at the centre of all care<sup>1</sup>. With patient goals being the priority, the focus shifts from managing wounds to healing wounds whenever possible and as early as possible.

Wound Balance consists of three pillars, based on the factors that influence wound healing – Patient, Wound and Care. Wound Balance aims to equip HCPs with an informed approach and practical strategies for managing non-healing wounds that have the potential to heal. However, Wound Balance is equally relevant in addressing wound care imbalances for individuals living with palliative wounds, ensuring tailored and compassionate care.

## FACTORS AFFECTING WOUND HEALING

Since non-healing wounds are a chronic condition, maintaining continuity of care through an evidence-based approach is essential. HCPs should be familiar with local referral pathways and wound care guidelines, including those for adjunct therapies, devices, and diagnostics. Additionally, fostering collaboration within a multidisciplinary team can further enhance continuity of care.

Identifying and addressing Patient, Wound and Care factors contributing to 'imbalance' is crucial to achieving wound healing, symptom control and wound balance.



### Patient: Person-centric imbalance

- Sub-optimal HCP therapeutic relationship; engagement
- Negative emotions (e.g. anger, frustration, fear, anxiety)
- Lack of support network or social participation
- Impact on quality of life or wellbeing
- Misaligned goals/priorities
- Level of health literacy, inadequate information
- Regional/remote reduced access to services and resources



### Wound: Skin and Wound imbalance

- Health status and comorbidities: oxygenation, circulation and perfusion compromise; nutrient/oxygen deficiency
- Excessive destructive protease levels – e.g. MMPs, elastase
- Other biomarker shifts - elevated pro-inflammatory cytokines, chronic inflammation, elevated pH
- Bioburden including acute and chronic infection



### Care: Clinical practice imbalance

- Inconsistency in wound care treatment/provider
- Missed early signs of chronicity
- Habitual wound management mindset and practice
- Limited HCP education/training, or confidence or interest



## Person-centric

- ✓ Cultivate therapeutic relationship: 'Healing starts with me'
- ✓ Provide empathetic and compassionate care
- ✓ Use uncomplicated language
- ✓ Provide patient/caregiver information and education

## Lived experience

- ✓ Identify unique impact for each person when living with a chronic healable or non-healable wound
- ✓ Consider holistic approach: physical, social, emotional, spiritual and cultural
- ✓ Determine short-term goals to control immediate symptoms including pain or uncontrolled exudate
- ✓ Consider suitability to measure and monitor quality of life or wellbeing status over time

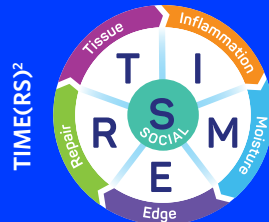
## Patient priorities

Useful questions to ask the patient:

- ✓ What are the patient's priorities?
- ✓ Goals for healing and improving quality of life?
- ✓ Lifestyle issues?
- ✓ Concerns?
- ✓ Queries about how the dressing will work?



## Wound Assessment Framework



## Dressing selection

- ✓ Excessive protease levels have been identified as one of the most significant factors inhibiting healing
- ✓ Select dressings to address stalled healing via protease modulation and moisture balance
- ✓ Select treatment based on patient need, not most familiar products

### PROPERTIES OF IDEAL DRESSINGS<sup>4</sup>

- 1. ABSORPTION**  
Uptake of wound inhibitors, microorganisms
- 2. SEQUESTRATION**  
Wound inhibitor factors (e.g. proteases), microorganisms are locked away
- 3. RETENTION**  
Wound inhibitor factors (e.g. proteases), microorganisms are held and immobilised
- 4. REMOVAL**  
Wound inhibitors, microorganisms are removed with the dressing



## Knowledge and practice

- ✓ Shift focus (mindset and practice) from wound management to wound healing (healable) or optimal symptom control (non-healable)
- ✓ Provide comprehensive assessment including both intrinsic and extrinsic factors
- ✓ Eliminate ritualistic practices
- ✓ Treatment based on patient needs, not most familiar products
- ✓ Identify and act upon 'reg flag' signs of chronicity quickly

## Resource access

- ✓ Consider referral to My Aged Care for older people and carers
- ✓ Explore potential funding for wound care services (e.g. HCCA, NDIS, DVA or CWCS)

## Addressing challenges

- ✓ Schedule time allocation for complex patients and wounds
- ✓ Review scope of practice for providers and develop early referral pathways
- ✓ Optimise resources and ensure strong professional networks for collaborative health care
- ✓ Promote effective communication between multidisciplinary teams and consider cultural requirements
- ✓ Consider solutions for rural/remote living re access to wound care services and resources

## THE ROLE OF SAP DRESSINGS

Treating complex wounds is all about balance. Research shows superabsorbent dressings with polyacrylate polymers (SAPs) are better than foams at balancing the wound microclimate<sup>1</sup>.



### Balance microclimate

- Maintains moist microclimate
- Highly breathable
- Manages exudate better than comparable foam dressings<sup>1</sup>.



### Reduce inhibitors to wound healing

- Binds and retains bacteria
- Binds and retains MMPs more effectively than comparable foam dressings<sup>1</sup>.



### Protect the wound

- Silicone adhesive supports atraumatic removal
- Soft padding effect
- Barrier to virus and bacteria<sup>1</sup>.

Hydro-responsive wound dressings (HRWDs), silicone SAP and super absorbent dressings can help achieve all of these Wound Balance goals<sup>4</sup>.



Code	Product	Size
413900	Zetuvit® Plus Silicone Border	8 x 8cm
413901	Zetuvit® Plus Silicone Border	10 x 10cm
413902	Zetuvit® Plus Silicone Border	12.5 x 12.5cm
413903	Zetuvit® Plus Silicone Border	15 x 15cm
413924	Zetuvit® Plus Silicone Border	17.5 x 17.5cm
413904	Zetuvit® Plus Silicone Border	16 x 26cm
413905	Zetuvit® Plus Silicone Border	20 x 20cm
413908	Zetuvit® Plus Silicone Border oval	13 x 15.5cm
413909	Zetuvit® Plus Silicone Border oval	12 x 23cm
413906	Zetuvit® Plus Silicone Border sacrum	18 x 18cm
413907	Zetuvit® Plus Silicone Border sacrum	23 x 23cm
413911	Zetuvit® Plus Silicone Border heel	25 x 25cm

## References

1. Wounds International (2023) Wound Balance: Achieving wound healing with confidence
2. Atkin L et al (2019) Implementing TIMERS: the race against hard-to-heal wounds JWC 1; 23(Sup3a): S1-S0
3. Swanson T, White W et al (2025) Navigating Wound Balance: Practical approaches for the Australian landscape. Wounds International
4. WUWHS (2025) Implementing Wound Balance: Outcomes and future recommendations. Wounds International

## RECOMMENDATIONS

The Wound Balance concept provides a holistic, tailorable approach for HCPs to improve healing outcomes and symptom control, and reduce long-term human, clinical and fiscal costs. The recommendations listed below will enable HCPs to focus on healing and optimise patient quality of life in daily practice.

### BALANCE THE ART

- 'Healing starts with me' - use empathy to develop therapeutic relationships
- Person-centred assessment and management
- Support patient goal priority, engagement and partnership

### BALANCE THE SCIENCE

- Regulation of biomarkers – e.g. MMPs (using dressings containing SAP)
- Manage exudate
- Normalise and maintain healing trajectory
- Early intervention<sup>3</sup>

### BALANCE THE PRACTICE

- Clinical treatment continuity
- Address wound balance challenges (see clinical tools and guidance)
- Balance time in daily practice

For more information and to read the document in full visit **[linkforwoundhealing.info/en-au](http://linkforwoundhealing.info/en-au)** or scan the QR code.



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