

Adopting new technology in wound care: where are the limits?

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Wound care is a world of permanent changes: the heterogeneity of practitioners (nurses, GP, specialists coming from dermatology, geriatrics, plastic surgery, orthopedic surgery, rehabilitation, podiatrists, ...) and the high number of new technologies proposed each year as new solutions for wound care are the witnesses of this dynamism.

Specific technologies for debridement, promotion of granulation tissue formation or epithelialisation are now available, with different levels of technicity (from simple dressings allowing more adsorption to growth factors requiring multimillions of dollars of development).

This heterogeneity makes the field somehow confusing for the non specialist and for the decider. Which criteria are necessary to open a new technology for reimbursement, and which amount of money the insurance system or company is prone to pay for such a service?

Rules are specifically defined for each continent (North America, Europe, Asia) but very similar, end of healing being mandatory as the main criteria.

RCT are still the only way to get the required statistical level of evidence for reimbursement. The emerging role of strict statistical analysis of wound evolution along time coming from observational series, begin to emerge as a complementary tool when determining the pertinence of a given technology.

New classifications of complexity of management are expected from the deciders , and only data bases analysis may provide simplification in bringing adapted ressources to each category of wounds, taking care of comorbidities and markers of prognosis of healing.

This symposium is the reflect of a long evolution in changing the minds of wound healers, and also the plan for the next step forward in adopting new technologies in the armentarium of care