Editor’s perspective

My interests are broad, and I’m always fascinated when I hear about “new” wound treatments. Recently, I came across an article about the use of decellularised dehydrated human amniotic membrane (DDHAM) allografts in the treatment of chronic wounds (Smiell et al., 2015).

Whoa! This is something unusual, and images of a sloppy, red, gelatinous something, covered in slimy-looking, transparent skin sitting in a kidney dish in the birthing unit sink start to appear in my mind. My enquiring mind – even though I have given birth (many years ago now) - had to be satisfied. I had to have a good look at the freshly delivered placenta and the membranes that had covered my precious girl for nearly nine months (sorry if anyone is grossed out by now).

Reading on – and to my surprise - I discovered that using amniotic membranes as wound covering, like so much in wound management is not really that “new.” I’m sure most of you already know that, but I am more familiar with alginates and hydrogels. So I learnt that the medical literature reported on the use of fresh amniotic membranes as wound coverings in the early 20th century, more than a hundred years ago. This treatment became more common in the 1970s, before it was replaced by sterile DDHAM allografts following concerns over infection and immune reactions. DDHAM allografts are available today as neatly packaged, dehydrated, irradiated extracellular matrix, with a five-year shelf life at room temperature.

Nevertheless, the birthing room image doesn’t quite leave me yet, as Mother’s Day is upon us at the time of my writing, and my youngest is more than excited by the
prospect of spoiling Mum with her special handmade gifts and cards. While I don’t know what happened to the placenta and the membranes that once protected her - I graciously left them for the hospital to take care of – just thinking that her first baby blanket could have helped someone’s wound to heal makes me smile.

Should you want to know more about the real-world experience with DDHAM, you can find the full article by Smiell and collaborators, published in *Wounds* (2015).

Happy reading,

**Reference:**


*Elfi Ashcroft*

*Co-Editor*

*DeepesTissues*

If you have any comments or suggestions, please email you comment to: newsletter@awma.com.au
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References
2016 Publishing Schedule

Regular contributors, please find the submission deadlines and anticipated publication dates below. Submissions before the deadline are welcome and highly encouraged! To make larger contributions easier, Danelle and Elfi have established a Drop Box folder. Please contact us if you would like the folder link.

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If you have material that you believe is suitable for inclusion in DeepesTissues ‘Occasional Contributions’ section, such as a case study, an opinion piece, a conference or workshop report, product experience report or simply an idea; please contact the editors as soon as possible. Remember, DeepesTissues does not require peer-review. If you have any doubts, your friendly editors will guide you through the process every step of the way!

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Hello Wounds Australia members. My name is Helen McGregor and I am the current Chair of the new Wounds Australia Board of directors. Hopefully you have been getting the Board communiques and e-blasts and have been able to follow what the Board has been doing to develop the structures and functions of the new national organisation.

The new Wounds Australia Board met for the first time in December 2015. Since then our meetings have been about establishing the new structure, financial review, and future planning for Wounds Australia to drive our actions for 2016 and beyond.

By now you will have seen the information release about the new Wounds Australia structure and will have seen the establishment of the national portfolios of education, membership and research - I hope some members have joined the portfolio groups. The Board of Wounds Australia aim to engage members to participate in developing member-driven strategic direction through these portfolios.

Our next major actions will include recruitment of a CEO, restructure of scholarships and review of the website.

All of these actions are being undertaken to ensure that Wounds Australia becomes nationally recognised as the peak body representing and advocating for wound management clinicians, researchers and educators across both public and private sectors.

At the Wounds Australia AGM, to be held during the national conference in Melbourne later this year, I will be providing an overview of the achievements since nationalisation and plans for where we go from here. I hope you will be able to attend as this is a great opportunity to learn more about how you can participate in exciting change for Wounds Australia.

Helen McGregor  
Chair, Wounds Australia Board

Please email any comments or suggestions regarding this report to: newsletter@awma.com.au
Issues of National Importance

Introducing Your New Board:

**Helen McGregor**  
Board Chair  
Finance & Audit Subcommittee  
Risk Management Subcommittee  

**Kylie Sandy-Hodgetts**  
Deputy Board Chair  
Finance & Audit Subcommittee  
Risk Management Subcommittee  
Organisational Subcommittee  

**Bill McGuiness**  
Organisational Subcommittee  

**Geoff Sussman**  
Organisational Subcommittee  

**Jan Rice**  

**Kerry May**  
Finance & Audit Subcommittee  

**Michael Woodward**  
Risk Management Subcommittee  

**Sandra Buzek**  
Finance & Audit Subcommittee  

Wound Australia Board: Standing L-R: Geoff Sussman, Kerry May, Sandra Buzek, Jan Rice, Bill McGuiness, Sitting L-R Kylie Sandy-Hodgetts, Helen McGregor (chair), absent: Michael Woodward
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*Bhede M et al 2013, Maturing Pseudomonas aeruginosa biofilms can be eradicated by a foam dressing with sustained silver release.

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