

2nd Global Summit on
Dermatology and Cosmetology
&
3rd International Conference on

Wound Care, Tissue Repair and Regenerative Medicine

September 09-10, 2019 | Edinburgh, Scotland



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New occupation in the wound management: Cost benefit for patient and society

Introduction: Chronic wounds are defined as wounds where all kinds of treatment modalities do not lead healing within 6 weeks. Patient is in the focus, who suffer when they have a wound. We must always treat the whole patient, not just the hole in the patient. The patient should be at the heart of all decision-making. Treating the patient holistically requires input from everyone on the healthcare team. The term management comprises all the steps needed to cure wounds starting from the right diagnosis down to successful treatment approaches. Studies have shown that only 15 to 40% of the wound patients receive adequate, modern therapy.

Aim: Implementation new program of education / occupation for Healthcare services (service of all types wounds continue to experience growth, partially because of an increase in the aging population that has more health issues to treat). Because of this greater demand for care, the nursing field has a projected growth of 15 percent between 2016 and 2026.

Trend: Specific in the personal or institutional infrastructure to successfully manage. The network of different medical specialities (listed above) with an additional knowledge in wound healing should closely work together with wound specialized nurses. This means for hospitals that such an institution should not have multiple wound centers associated with the different medical specialities, but one centralised unit. The Center for Wound Healing treats wounds only. Multidisciplinary/multi professional group of staff include Doctors: Dermatology, General surgery, Internal medicine/endocrinology, Orthopaedic surgery, Physical medicine & rehabilitation, Plastic and reconstructive surgery, Traumatology, Vascular surgery/angiology. Nurses General (Pre- and perioperative care, wound care, and patient teach).

The Center will supply the primary physician with requested information. Should we find it necessary to refer a patient for further testing or to a specialist not part of our wound care team, we will contact the primary physician's office. Use of a wound navigator who acts as advocate for the patients. They play a vital role in the primary health care workforce, providing clinical and primary care for individuals, families & community groups.

Conclusion: Basis on the experience that is whole treatment of patient and their family is necessary, Wound care team need new member and new occupations like: Life / Health Coach, Alternative/Complementary Medicine, Nutritions, TCM, Qi Gong, Tuina massage, Acupuncture for prevention risk factor and treatment Chronic wound different etiology. It goes saying that such a highly specific way to manage chronic wounds needs a lot of education, knowledge and expertise which, in its broadness, is not being thought medical specialization curriculum in a large number of European national states. A team consists of a group of people who are working together toward a common goal. A team has members whose skills complement each other.

Speaker Biography

Jasmina Begic is a medical consultant for BIOPTRON, Zepter International for Bosnia and Herzegovina, founder of Association for Wound Management in B&H, founder and author of Euro-Asian Forum, one of founder of BALWMA. She is currently working as a dermatovenerologist in Bioptron International team - Wound Healing. She finished her graduation and post-graduation studies at Medical School of University Sarajevo, Sarajevo, Bosnia and Herzegovina and completed her PhD in the field of tissue regeneration and wound healing from Indian Institute of Technology, Kharagpur. She is also active member in UEMS TF WH, EWMA, EADV.

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