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➤ Successful 25th  
Anniversary  
Conference for the  
Tissue Viability  
Society

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—Editorial—

**Avoiding blame: is deep tissue injury science  
or a sham?**

Much has been said and written recently about the existence of deep tissue injury as a component of pressure ulcer aetiology. This term refers to extensive destruction of soft tissue below the skin which may 'erupt' through the skin and become apparent as a severe full-thickness pressure ulcer. This concept is not new and deep tissue necrosis often associated with the presence of shear within deep tissue layers has been discussed at least since the 1940's. So why is the concept of deep tissue injury suddenly becoming fashionable today? It would be excellent if this was the result of a new series of well conducted studies into the detailed pathophysiology of pressure ulcers. However this is not the case and the resurrection of deep tissue injury appears to owe more to regulatory and financial issues in the United States. If an institution is going to be penalized where a 'medical error' occurs and a pressure ulcer develops then there are strong incentives to be able to state with confidence that the wound that has apparently developed following admission was in fact the eruption of a deep tissue injury

➤ **Keeping up to  
date with  
pressure area  
care**

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caused by another care provider! What does this mean in practice? The recent Symposium on Advanced Wounds Care (SAWC) held at the start of May 2006 in San Antonio featured new companies within its exhibition - companies offering techniques such as high-frequency ultrasound that could be used to detect apparent anomalies in soft tissue structure that could (or could not) be deep tissue injuries. Whereas a few years ago a risk assessment score would be documented to indicate an awareness of the potential for pressure ulcer development now ultrasound scans may be debated to see whether pressure ulcer development could be attributed to prior changes in soft tissue density.

Prior attempts to use ultrasound as a predictor of future pressure ulcer damage met with initial enthusiasm but ultimate failure (Clark et al 1990, Clark 1996) and it may be that this renewed interest in hunting for tissue changes as markers of deep tissue injury may also be doomed unless certain key conditions are satisfied. Primarily can anyone validate that apparent changes in an ultrasound scan do mark pathological changes in the visualized soft tissues that indeed are deep tissue injuries? We also need to know whether these apparent deep tissue injuries resolve or inevitably proceed to full thickness pressure ulcer development. Without validation or an understanding of the natural history of these apparent deep tissue injuries then the current US interest in deep tissue injury will remain a means of avoiding punishment for care providers and will offer little or nothing to the advancement of our knowledge about pressure ulcer development.

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*Michael Clark*  
*Editor*

## ▼ **Successful 25th Anniversary Conference for the Tissue Viability Society**

Last month the Tissue Viability Society hosted its annual conference at the National Motorcycle Museum in Birmingham. This conference was notable given that 2006 marks the 25th anniversary of the TVS and the conference programme reflected this important milestone in the life of what is probably the longest established wound group worldwide.

The event opened with a presentation by Dr James Robertson, one of the early pioneers of the TVS and a past Chair of the Society and Editor of the *Journal of Tissue Viability*. This session reminded delegates of the past of their Society while the remainder of the programme looked at how the TVS

and others could move pressure ulceration higher up the professional, public and political agenda.

One clear marker of the growing importance of the Tissue Viability Society was the attendance at the conference by the current Chairs of the European Pressure Ulcer Advisory Panel, the US National Pressure Ulcer Advisory Panel and the European Wound Management Association (EWMA). For many long serving members of the Tissue Viability Society it was excellent to see partnerships between these groups and the TVS emerge - and in 2007 the TVS will be one of the organizations working with EWMA when that organization returns to the UK to host its Annual meeting in Glasgow (May 2-4 2007).

Another marker of the development of the TVS was the submission and presentation of free papers from delegates located in mainland Europe and the United States.

With a successful conference completed the TVS now look forward to the remainder of its anniversary year culminating in May 2007 with the EWMA conference. Over 2006 and the start of 2007 members of the TVS will be receiving special issues of the Journal of Tissue Viability that when combined will give readers the scientific and clinical chapters from 'Bedsore Biomechanics' a key text on pressure ulceration that has long been out of print but with a content that remains highly relevant today. Join with TVS now to help celebrate our 25th year - visit [www.tvs.org.uk](http://www.tvs.org.uk) for further details on membership.

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