1: WHAT IS A WOUND ?

www.woundaware.org

A wound is any damage to, or break in, the surface of the skin. Wounds can be:

- Accidental: burns, grazes, paper cuts, skin tears, etc
- The result of surgery
- Related to an underlying disease like diabetes
- The result of skin conditions like eczema or psoriasis.
- Acute or chronic.

A wound that occurs suddenly and heals quickly is acute. A wound is considered chronic when it takes a long time – more than a month – to heal, heals only partially or recurs quickly.

Chronic wounds need special care. They are almost always associated with underlying chronic diseases that affect blood supply or cell function at the wound site, and these underlying conditions must also be diagnosed and addressed for proper healing to happen.

Seek the advice of a healthcare professional like a nurse or doctor if your wound:

- Takes over a month to heal or keeps returning
- Is hot and painful
- Smells bad
- Is oozing a thick, yellowish fluid.

TYPES OF CHRONIC WOUNDS

Any acute wound, from grazes to surgical scars, can become chronic if certain risk factors are present. Find out more about risk factors in factsheet 2 on our website. However, the majority of chronic wounds are pressure injuries, diabetes-related ulcers or venous leg ulcers.

Pressure injuries

- Also bed sores, pressure sores or decubitus ulcers.
- Generally occur in people with medical conditions that force them to spend long periods in a bed or chair.
- Caused by sustained pressure or friction on the skin.



THE WOUND WARNING SIGNS

- Hot and painful
- Smells bad
- ✓ Oozing thick yellow liquid
- 30+ days to heal



WOUNDAWARE.ORG

Consumer education about chronic wounds by experts at the national peak body, Wounds Australia. Find more factsheets for consumers on our website.

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WHAT IS A WOUND?

Continued...

- Commonly affected areas include shoulder blades, spine, the backs of arms and legs, and the tailbone and buttocks.
- May range in severity from small and superficial to big and deep, sometimes down to the bone.

Diabetes-related ulcers

- Generally begin on the feet
- The result of changes to nerves and circulation in the body caused by diabetes
- Three main types:
 - Neuropathic: a lack of feeling in the foot means that small wounds such as blisters from new shoes go unnoticed and get infected
 - Ischaemic: poor blood supply or circulation, also called peripheral vascular disease
 - Neuro-ischaemic: a combination of poor circulation and lack of feeling in the foot
- Serious ulcers can lead to amputation of toes, feet or even the lower leg
- Amputation carries its own risks: the surgical scar may also not heal.



Find out more about diabetic foot ulcers in factsheet 9 on our website.

Leg ulcers

A wound between the knee and ankle joint that is generally slow to heal because of circulation problems. They can be:

- Arterial:
 - Affecting arteries carrying blood to the leg
 - Usually occur on the foot or lower leg
 - Can be small but deep and often painful
 - Heart disease is a risk factor
- Venous:
 - Affecting veins carrying blood back to the heart
 - Usually occur around the ankle
 - Shallow but painful
 - Sometimes called venous stasis or varicose ulcers
 - Often caused by swelling from injury that prevents veins from working efficiently
- Mixed:
 - A combination of venous and arterial disease.



Find out more about leg ulcers in factsheet 11 on our website.



ADVICE AND SUPPORT

Good sources of advice about wounds include:

- Wound care clinicians
- GPs
- Nurses
- Pharmacists
- Podiatrists
- Aboriginal and Torres Strait Islander health workers
- Diabetes educators
- Some allied health professionals such as dietitians, occupational therapists and physiotherapists.

Find out more about healthcare professionals working with wounds in factsheet 6 on our website.

Care professional? Join Wounds Australia for events, guidelines, discounts and more: woundsaustralia.org