Understanding your wound care plan

Ask what caused the wound and what the team expects to see at the next check. That explanation can make the dressing and positioning instructions easier to follow at home.

A wound is an injury that breaks the skin or other body tissue. Wounds can be open, with broken skin and exposed body tissue, or closed when there is damage to tissue under intact skin.

Nearly everyone will experience an open wound at some point in their lives, but the level of severity will range significantly depending on the type:

- Penetrating wounds
- Puncture wounds
- Surgical wounds and incisions
- Thermal, chemical or electric burns
- Bites and stings
- Gunshot wounds, or other high velocity projectiles that can penetrate the body
- Blunt force trauma
- Abrasions
- Lacerations
- Skin tears

Closed wounds are often caused by blunt trauma, and though the injured tissue is not exposed, there can be bleeding and damage to underlying muscle, internal organs and bones.

Major types of closed wounds include:

- Contusions – blunt trauma causing pressure damage to the skin and/or underlying tissues
- Blisters
- Seroma – a fluid-filled area that develops under the skin or tissue
- Hematoma – a blood-filled area that develops under the skin or tissue (occurring when there is internal blood vessel damage to an artery or vein)
- Crush injuries

Ulcers

Ulcers are a third type of wound of which there are four main types – pressure, venous, arterial and neuropathic. Venous and arterial ulcers are vascular wounds caused by problems with the circulatory system. As their names suggest, they result from insufficient blood flow in the veins and arteries, respectively. Both types are painful, most commonly found on the legs or feet, and can lead to infections such as cellulitis.

Neuropathic ulcers, on the other hand, may be painless, because they arise from minor trauma not noticed because of a loss of sensation, known as peripheral neuropathy. Peripheral neuropathy interferes with the ability to sense injuries, leading patients unknowingly placing stress on a limb's pressure points until an ulcer develops. Diabetes is the most common cause of peripheral neuropathy and neuropathic ulcers. If peripheral vascular disease is also present, there is greater risk for infection and amputation may sometimes be necessary.

Symptoms Of Wounds

The most common symptoms of wounds are pain, swelling and bleeding. Depending on the location and type of injury, some wounds will hurt, bleed and swell more than others. Minor wounds, like cuts, scrapes, bruises and scratches, are very common and usually don't require medical attention; but some, including infected wounds, require treatment to preserve function and prevent complications. Signs of an infected wound include soreness, redness, oozing and pus in the wound.

Other wounds that often require medical care are those that:

- Are a result of significant force or trauma
- Bleed persistently despite pressure and elevation
- Require stitches to close
- Are caused by an animal bite
- Cannot be easily cleaned

Surgical wounds are cuts or incisions in the skin by a scalpel or drain placed during surgery. They are usually closed with sutures but are sometimes left open to heal. Surgical wounds are classified into one of four categories (Class I, II, III and IV), depending on how contaminated or clean the wound is, the risk of infection and where the wound is on the body. Signs of infection after surgery include increased pain and redness around the wound, delayed healing, a weeping wound or the presence of pus or a foul smell. Having a medical issue like diabetes or a weakened immune system can increase a person's risk of developing a surgical site complication, as well as smoking, increased age and obesity. Emergencies, abdominal surgeries and surgeries that last longer than two hours have a higher risk of infection.

Chronic, non-healing wounds are those that fail to progress in a timely manner, usually within a timeframe of four weeks to three months.

There are many factors that contribute to chronic, non-healing wounds, including systemic illnesses, age and repeated trauma, as well as conditions such as:

- Diabetes, anemia, cancer and other long-term medical conditions including arthritis and kidney disease
- Heart issues, such as high blood pressure, heart disease or varicose veins
- Immobility, such as being confined to a wheelchair or bed
- Harmful habits such as smoking, an unhealthy diet or inactivity
- A weakened immune system from chemotherapy, immunosuppressive medications or medical conditions like AIDS
- Infected wounds
- Circulation problems
- A history of ulcers
- Certain medications

Signs of chronic, non-healing wounds are similar to infected wounds, and include pus, redness or warmth around the wound, a bad odor, increasing pain, darkening skin at the edges and fever.

Wound Complications

The most common complication from wounds is infection. If an infection goes undiagnosed or untreated, it can cause cellulitis – a painful bacterial skin infection -- or spread to underlying tissue and bone, a condition known as osteomyelitis. Infected wounds can also lead to sepsis, which can cause organ failure and, in severe cases, death.

When a wound has dead tissue in the wound bed, it is called a necrotic wound. There are two main types of necrotic tissue in these types of wounds – eschar and slough. Eschar wounds will have a dry, thick, leathery

appearance that is often tan, brown or black. Slough wounds are yellow, tan, green or brown and may be moist, loose and stringy. Necrotizing fasciitis is a flesh-eating disease that causes severe necrotic wounds. Necrotizing fasciitis symptoms include red or purple skin in the infected area, severe pain, fever and vomiting. Necrotic wounds are unable to heal until the dead tissue is removed in a surgical process called debridement.

Additional complications of wound healing are:

- Periwound dermatitis – a form of skin damage
- Edema and periwound edema – edema causes compression of small vessels and decreasing blood flow, increasing the likelihood of a pressure ulcer or injury
- Hematomas – a collection of blood outside of blood cells
- Dehiscence – the splitting or bursting open of a wound
- Maceration – a macerated wound occurs when skin is in contact with moisture for too long, slowing healing and making skin more vulnerable to infection

Wound Care And Recovery

Chronic, complex and non-healing wounds are painful and can be debilitating. If not treated properly they can eventually result in the amputation of a limb, a severe systemic reaction or potentially even death, so timely, appropriate interventions are necessary for a successful outcome.

A wound assessment considers the wound itself and factors that may delay healing, including pressure, circulation, nutrition, infection and other medical conditions.

Examples of wounds that may need assessment include:

- Surgical site complications
- Open, non-healing post-surgical wounds
- Localized incisions
- Infected wounds
- Weeping wounds
- Pressure ulcers with complications
- Multiple stage II
- Stage III or IV
- Other wounds associated with:
- Infections requiring IV antibiotics
- Wounds requiring frequent dressing changes
- Amputations
- Neuropathic ulcers
- Necrotizing fasciitis
- Osteomyelitis
- Peripheral artery disease
- Venous stasis
- Post-trauma
- Burns
- Vascular and arterial wounds

Depending on the wound, the clinical team may consider the following treatments. Confirm the appropriate treatment and setting with the clinician managing the wound.

- Surgical services and consultations, including debridement and surgical wound closure

- Daily physician visits and a wide scope of physician consults
- Acute care-level nursing staff services
- Identification and treatment of conditions that impede healing
- Wound assessment and photo documentation
- Pressure reduction surface/mattresses or specialized beds
- State-of-the-art treatments and procedures
- Functional and nutritional assessments
- Vacuum-assisted wound device
- Pulsatile lavage/localized hydrotherapy
- Various topical agents
- Interdisciplinary team conferences with you and your family
- Education for you and your family
- IV antibiotics
- In-house radiology, pharmacy and lab services

Ask how the wound's cause affects the plan. A pressure injury, an incision and a wound related to poor blood flow may require different protection even when the dressings look similar.

Archived recovery account

This account describes care in an earlier setting. The course, timing and outcome belong to that individual.

The patient described the importance of returning to ordinary daily life.

The patient, a diabetic, was admitted to the outpatient wound clinic at the treating hospital when he developed a foot ulcer that caused a bone infection. This was the first step of what would be a long journey toward regaining his independence and mobility, yet the patient maintained a positive attitude throughout what was to be a nearly nine-month recovery process.

The patient's wound care team began by addressing the site of the infected wound with the removal of dead tissue. He was then treated with hyperbaric oxygen therapy (HBO) in a special chamber - a proven approach to healing wounds that are resistant to other wound therapies. In addition, the patient was fitted with a cast that kept his wound pressure-free. The patient attended all of his daily HBO treatments as his wound care team worked tirelessly to help the patient's foot heal.

He recalled the wound assessment, treatment of the infection and the importance to him of preserving the foot.

Talk with Lakeview

For questions about a possible stay, call Lakeview Admissions at (262) 534-8509. During a stay, ask the bedside nurse who can help with your question.

https://www.lakeviewsystem.com/long-term-acute-care