

2. General overview of wounds

2.1 Acute wounds

Acute wounds show the following characteristics:

- higher risk of infection if there is debris in the wound
- inflammation
- healing by primary intention
- may require antiseptic use if wound contaminated

2.2 Chronic wounds

Chronic wounds show the following characteristics:

- lower risk of infection with the exception of diabetic wounds
- symptom of an underlying condition
- healing by secondary intention
- not sterile
- devitalised tissue.

2.3 Complex and chronic wounds

A large proportion of wounds seen in clinical practice are chronic in nature. Epidemiological studies indicate one percent of the population has a chronic wound, and of that group some twenty percent have had the wound for more than two years. Further studies indicate the level of chronic wounds in older patients is considerably higher 2.

Chronic wounds may be classified into the following groups:

- Leg ulcers
- Pressure Injury
- Neoplasia (Cancer)
- Chronic infected wounds
- Diabetic wounds

The difficulty in the management of any chronic wound is that there is always an underlying physiological cause of the wound which must be treated, but many patients have multi-factorial issues and co-morbidities. For best results the basic cause of the problem must be addressed, and any negative factors altered.

It must be understood that some patients may never heal due to the basic pathophysiology of the disease process and the inability to alter some or all of the major factors influencing the non-healing wound. However, even in the most extreme cases, effective wound care can assist in minimising the worst effects of such chronic wounds.