What do we mean by a simple or complex wound?

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Complete the hand out

• In a group of 3 or 4 discuss what makes your wound complex – or simple!
Is it about size?
Is it about position?
Is it about how we describe them?

They are all black, but there is a different reason for each being black

1. Necrosis, tissue death due to pressure damage
2. Haematoma
3. Ischaemia in a diabetic patient
How about these?

• All pressure ulcers
• All black

1. Necrosis due to pressure damage
2. Deep tissue injury probably due to shear
3. Blood filled blister
4. Faeces covering the wound bed

But are they the same?

1. Necrosis due to pressure damage
2. Deep tissue injury probably due to shear
3. Blood filled blister
4. Faeces covering the wound bed
Pressure or compression

Leads to

Ischaemia (lack of blood)

May cause

Hypoxia (lack of oxygen)

Leads to

Necrosis (tissue death)

Often said that pressure causes hypoxia, but in fact it squeezes the vessels so less blood (and therefore oxygen) gets through – so is this hypoxia or ischaemia?

Can be a primary hypoxia due to respiratory disease, sickle cell / anaemia (so may be a lack of oxygen or poor oxygen carrying)
Slough

• Is everything that is described as slough truly slough?
• Slough is a mixture of dead cells which rise to the surface of the wound and fibrinous tissue
• Slough becoming associated with biofilm
• Slough often used to describe liquefying necrosis
Creamy / yellow
But are these all slough?

This patient has gout, this crystalline material is due to uric acid crystals

This could be true slough but is more likely liquefying material

This is a tendon clearly visible in the wound bed

Probably true slough, adherent material

This is liquefying material
Is it about the treatment?
Is it about the disease process?
What else could it be?

• Potential to heal
• Environment of care
• Delay in seeking treatment
• Impact of previous treatments
• Non concordance
• Lack of knowledge
• Lack of competence
Patient related factors