



**AMPUTEES
NSW**

Amputees nsw wound prevention and care

This information should be used in conjunction with any information given to you by your doctor.

What is a wound?

A wound is damage to the integrity of biological tissue, including skin, mucous membranes, and organ tissues. Your skin is one of the greatest protective organs for your immunity and one of the most recognisable organs for visible wounds.

Typically, wounds can be classified as incisions (cuts), lacerations (rugged cuts) or abrasions (grazes or scratches).

- Incisions are usually caused by a sharp object slicing the skin, such as a knife or during an operation.
- Lacerations are caused by blunt trauma that splits the skin (such as being hit with a cricket bat).
- Abrasions occur when the surface layer of the skin (epidermis) has been rubbed off or grazed.

It is critical to ensure wounds are cleaned and appropriately dressed to limit the spread of infection and further injury.

Will I have a scar?

All wounds leave a scar. Sometimes your Health team may refer to your wound as your scar. At first, the scar will be red and thick, then over time it will become white, thin, and smaller (sometimes almost invisible). Ultimately, your scar can break down due to an increase in pressure on part of the residual limb.

The skin heals at different rates, depending on factors such as your general health, age, diet and, whether the wound becomes infected. Some you may form a keloid scar, where the scar is thicker and raised. If this occurs, your doctor can advise treatment options for this type of scar.

If your scar becomes stuck to the bone underneath, this will increase the chance of rubbing over that area, particularly when you wear a prosthesis.

Massaging around your wounded area can prevent your scar from sticking to the bone. If you have already suffered limb loss, you should not shave your residual limb as this can cause skin breakdown and a wound.

Changes in body weight can affect the fit of your prosthesis and increase pressure points on your residual limb. If you notice that you have lost or gained a reasonable amount of weight you should let your clinic or medical practitioner know. Often simple adjustments can be made to prevent wound development.

How will my wound heal?

Inflammatory stage – blood vessels at the site constrict (tighten) to prevent blood loss and platelets (special clotting cells) gather to build a clot. Once the clot is completed, blood vessels expand to allow maximum blood flow to the wound. White blood cells flood the area to destroy microbes and other foreign bodies. Skin cells multiply and grow across the wound.

Fibroblastic stage – collagen starts to grow within the wound. The growth of collagen encourages the edges of the wound to shrink together and close. Small blood vessels (capillaries) form at the site to service the new skin with blood. Your diet can heavily influence the growth of collagen

Maturation stage – as the body adds more collagen, scars will start to fade, and the noticeability of the wound should start to reduce.

How do I attend to my wound?

Wash your hands regularly

- Avoid scratching, itching, or irritating your wound
- Avoid the use of creams, lotions, and powders on or around your wound
- Keep your wound dry
- If you have been told to “keep your dressing intact”, continue to dress your wound according to your Doctor's instructions. There are many types of dressings; your Doctor will prescribe a dressing specifically to your wound and may consult a wound specialist depending on the severity of the wound
- Be mindful of who or what is near your wound
- Observe your wound and the surrounding skin

What are the barriers to my wound healing?

Factors that can slow your wound healing process include:

- Dead skin (necrosis) – dead skin and foreign materials interfere with the healing process
- Infection – an open wound may develop a bacterial infection. The body fights the infection rather than healing the wound
- Haemorrhage – persistent bleeding will keep the wound margins apart
- Mechanical damage – for example, if you are immobile, you are at risk of bedsores because of constant pressure and friction
- Diet – poor food choices may deprive the body of the nutrients it needs to heal the wound, such as vitamin C, zinc, and protein
- Medical conditions – such as diabetes, anaemia and some vascular diseases that restrict blood flow to the area, or a disorder that hinders the immune system
- Age – wounds tend to take longer to heal in elderly people
- Medicines – certain drugs or treatments used in the management of some medical conditions may interfere with the body's healing process
- Smoking – cigarette smoking impairs healing and increases the risk of complications
- Varicose veins – restricted blood flow and swelling can lead to skin breakdown and persistent ulceration
- Dryness – wounds (such as leg ulcers) that are exposed to the air are less likely to heal
- The various cells involved in healing, such as skin cells and immune cells need a moist environment
- Friction – unnecessary rubbing against your prosthesis or clothing including footwear can cause abrasion

How do I know if my wound could be infected?

- Increased pain
- Redness, swelling, and warm/hot to touch
- Increased bleeding
- Wound discharge (may or may not be offensive smelling and sometimes yellow or green in colour)
- The injury is not healing as expected, breaking open or starting to separate
- Generally feeling unwell
- Increased temperature – feeling hot or cold

Why might my wound breakdown?

Some of the many causes of a chronic skin wound can include:

- Being immobile (pressure injuries or bed sores), where persistent localised pressure restricts blood flow
- Significant trauma injury to the skin
- Surgery – incisions (cuts made during operations) may become infected and slow to heal

- Underlying medical conditions such as diabetes or some types of vascular disease
- Skin Cancers and Burns
- Trophic ulcers, where a lack of sensation allows everyday trauma to lead to an ulcer – such as in diabetic neuropathy and leprosy.

How can I prevent further wounds from developing?

- Do not take drugs that interfere with the body's natural healing process if possible. Inflammatory drugs such as ibuprofen may hamper the action of immune system cells
- Unless your doctor directs you otherwise, eat a well-balanced diet high in protein (e.g., meat, nuts, eggs, dairy, soy) with moderate amounts of healthy carbohydrates (e.g., wholegrain bread and cereals) to help your body replace and repair damaged tissue
- Vitamin A, C, Zinc, and Copper will help your body heal and build collagen to support repair
- Minimise the amount of time your wound is exposed to air while changing dressings
- Avoid antiseptic creams, sprays, and body washes especially to open wound.
- Maintain regular exercise unless directed otherwise by your doctor or Physiotherapist. This will increase your blood flow and promote faster healing
- Do not smoke

What do I do if I am concerned about my wound?

If you are concerned you have a wound infection:

- Visit your GP or nearest medical centre
- Contact your Amputee Clinic
- Contact your Prosthetist. They may be able to adjust your prosthesis to prevent wound development

How will my health team assess and diagnose a wound?

Assessing your wound will determine if it is an Acute, Pressure and Chronic Wound and may in turn lead to a more formal assessment.

- Physical examination including inspection of the wound and assessment of the local nerve and blood supply
- Medical history including information about chronic medical conditions, recent surgery, and drugs that you routinely take or have recently taken
- Blood and urine tests
- Biopsy of the wound
- Culture of the wound to look for any (pathogenic) disease-causing micro-organisms

How will my wound be treated?

There are different ways to dress or bandage a wound. The doctor or nurse will choose what is best for your injury. Simple uninfected wounds may be left open to allow them to dry and heal. Others need to be kept covered and moist to improve healing.

- Cleaning to remove dirt and debris from a fresh wound. This is done very gently and often in the shower
- Vaccinating for tetanus may be recommended in some cases of traumatic injury
- Exploring a deep wound surgically may be necessary. local anaesthetic will be given before the examination
- Dressing the wound. The dressing chosen by your doctor depends on the type and severity of the wound. In most cases of chronic wounds, the doctor will recommend a moist dressing
- Relieving pain with medications. Pain can cause the blood vessels to constrict, which slows healing. If your wound is causing discomfort, tell your doctor. The doctor may suggest that you take over-the-counter drugs such as paracetamol or may prescribe stronger pain-killing medication

- Treating signs of infection including pain, pus, and fever. The doctor will prescribe antibiotics and antimicrobial dressings if necessary. Take as directed
- Reviewing your other medications. Some medications, such as anti-inflammatory drugs and steroids, interfere with the body's healing process. Tell your doctor about all medications you take (including natural medicines) or have recently taken
- Using aids such as support stockings. Use these aids as directed by your doctor
- Treating other medical conditions, such as anaemia, that may prevent your wound healing
- Prescribing specific antibiotics for wounds Buruli ulcers. Skin grafts may also be needed

Medication

If you are prescribed antibiotics by your doctor, please take them as directed and complete the entire course.

Rest

Rest and taking things easy are important parts of caring for your wound. A healing wound uses a lot of the body's energy.

Australian Wound Management Association (AWMA) RACF dressing recommendations

http://www.awma.com.au/publications/aged_care_recommendations-jul13.pdf

Recommended inventory stock items	Retention tapes/products	Skin care	Miscellaneous items
<p>Films e.g. Opsite, Tegaderm</p> <p>Low-adherent absorbent pad e.g. Melolin, Cutilin, Interpose</p> <p>Hydrogels e.g. Intrasite gel, Solugel, Purilon gel, Solosite</p> <p>HydTo colloids e.g. DuoDenn, Comfeel</p> <p>Alginates e.g. Algisite M, Kaltostat</p> <p>Foams e.g. Allevyn, Biatain, Lyofoam, Mepilex</p> <p>Hydrofibf-e e.g. Aquacel</p> <p>Impregnated mesh dressing/ contact layer e.g. Adaptic, Mepitel, Urgotul</p> <p>Secondary absorbent pad e.g. Combine, Zetuvit plus, Mesorb,</p>	<p>Tubular retention bandage eg Tubifast, Tubular Band</p> <p>Tubular support bandage e.g. Tubigrip, Tubular Form</p> <p>Tubular protection e.g. Tubular Plus</p> <p>Paper tapes e.g. Micropore</p> <p>Polyacrylate tape e.g. Me-fix, Hypafix, Fixomun</p>	<p>Barrier cream e.g. zinc & castor oil, Critic Barrier cream, Sudocrem, Calmaseptine</p> <p>Barrier ointment e.g. Ungvita A, Bepanthen</p> <p>Moisturizer e.g. Derrnaveen, QV, Nutn Synergy, Hamilton, Cavilon Durable Barrier cream</p> <p>Protective barrier wipes e.g. No Sting Barner Wipe, ConvaCare barrier w'ipes.</p> <p>Skin barrier removers e.g. Convacare Adhesive removers</p>	<p>Dressing pack</p> <p>Normal saline</p> <p>Sterile instruments</p> <p>Hand hygiene products e.g. rapid dry alcohol moisturisers</p> <p>Plastic aprons</p> <p>Gloves</p> <p>Wound tracing equipment & pens</p> <p>Camera</p> <p>Wound resource folder with update product information</p>