Wound Terminology

This site will give you a verbal pronunciation of a word.


**ABRASION** (Main Entry: *abra·sion* - Pronunciation: \\ə-ˈbrā-zhən-\) - Wearing away of the skin through some mechanical process (friction or trauma).

**ABSCESS** (Main Entry: *ab·se ss* Pronunciation: \\əb-ˌses\) - Localized collection of pus in any part of the body. An acute abscess is characterized by inflammation, pain and possible increase in temperature. An accumulation of pus formed in tissue as a result of infection.

**ACTIVE HEALING** - The use of wound dressings to optimize the healing environment.

**ACUTE** - Having a rapid onset and a short course; the opposite of chronic. A surgical incision is an example of an acute wound.
AEROBE - A microorganism which lives and grows in the presence of oxygen. Aerobes are commonly found on the skin.

ALGINATE - A highly absorptive dressing derived from brown seaweed. See Dressing Types.

AMBULATORY - Able to walk; not confined to a wheelchair. Patients who are ambulatory have a decreased risk for skin breakdown.

ANAEROBE - A microorganism which lives and grows in the absence of oxygen. The presence of anaerobes in a wound is a potential problem with gas impermeable dressings.

ANGIOGENESIS - Development of capillaries that provide nutrients to regenerating tissue. The process of angiogenesis gives rise to the beefy, red nature of granulation tissue.

ANTIBACTERIAL - An agent that kills or inhibits the growth of bacteria. Certain antibacterial agents, such as iodine or CHG, are toxic to blood components.

ARTERIAL ULCER - Arterial ulcers are extremity ulcerations that result from complete or partial blockage of the arteries, also known as arterial insufficiency. Because arteries are blocked, adequate circulation fails to reach certain parts of the body. The extremities, such as the hands and feet, often suffer from arterial insufficiency, as blockage in the legs or arms impedes blood flow. The most common location of arterial ulcers is at or below the ankle, between the toes, or over bony prominences. See Ulcer Types.

ASEPTIC - Free of microorganisms; sterile.

ATROPHY BLANCHE - White, smooth flat scars with focal dilated capillaries

AUTO-DEBRIDEMENT - Disintegration or liquification of nonviable tissue by leukocytes and enzymes; autolysis.

BACTERICIDAL - A property of an agent which destroys (kills) bacteria.

BACTERIOSTATIC - Inhibiting or retarding bacterial growth.

BIOBURDEN - The sum total of microbes capable of causing colonization and/or infection.

BLANCHING - To become white with pressure; maximum pallor. Blanching will occur in an area where more than 20mm of external pressure has been introduced.

BLISTER - a collection of fluid below the epidermis.

BURN - Tissue injury resulting from excessive exposure to thermal, chemical, electrical, or radioactive agents.
CAPILLARY - Minute blood vessels that connect small arteries with small veins; gives granulation tissue its characteristic red color and provides nutrients to regenerating tissue.

CELL MIGRATION - Movement of cells in the repair process.

CELLULITIS - Inflammation of loose connective tissue characterized by redness, swelling and tenderness. Inflammation of the tissues indicating a local infection; characterized by redness, edema and tenderness.

CHEMOTAXIS - The attraction of leukocytes (white blood cells) to a specific part of the body by chemical stimuli.

CHRONIC - A disease of slow progression and low continuance. Pressure sores and leg ulcers are examples of chronic wounds.

CHRONIC WOUND - wound that has failed to proceed through an orderly and timely process to produce anatomic and functional integrity, or proceed through the repair process without establishing a sustained anatomic and functional result.

CLAUDICATION – Pain that develops in the legs upon walking. Due to inadequate circulation (arterial blood supply).

CLINICAL INFECTION - The presence of microorganisms in a quantity that overpowers the host’s defenses; generally accompanied by fever, redness, swelling pain and heat. Wounds that are colonized with microorganisms will not necessarily result in a clinical infection.

COLLAGEN - Main supportive protein of skin, tendon, bone, cartilage and connective tissue. Collagen is synthesized from fibroblasts and replaces lost dermis.

COLONIZATION - Refers to a site of reproduction of microorganisms. Wounds containing less than $10^5$ colony-forming units are considered to be colonized rather than infected.

COMPRESSION DRESSING - Promotes venous circulation in the management of venous stasis ulcers.

COMPROMISED - Refers to reddened or broken skin due to some underlying cause. Skin that has been compromised by pressure first appears as a reddened area.

CONTAMINATE - To become soiled by contact; the introduction of organisms into a wound. Most wounds are contaminated, although, few are infected.

CONTRACTION - The process by which full thickness wounds are drawn together along the tension lines of the skin; proceeds in tandem with granulation tissue growth. The edges of the wound are brought together through the process of contraction.
CONTRA-INDICATED - Circumstances that indicate the inappropriateness of a given treatment.

CUTANEOUS - Pertaining to the skin; synonyms include dermal and integumentary.

DEBRIDEMENT - The removal of foreign material and nonviable tissue from a wound. Types include surgical, mechanical, enzymatic and autolytic. Wound healing can occur only after the debridement process is complete.

DEBRIS - Remains of damaged cells or tissue.

DECUBITIS - A misnomer for a pressure sore. Decubitis is an outdated term for pressure injuries.

DEFORMITY - An unnatural alteration in the natural form of a part of the body.

DEHISCENCE - Separation of wound edges.

DENUDE - Erosion of the epidermis. Highly acidic or alkaline body fluids may denude healthy skin. Removal or loss of superficial skin layers.

DEPENDENT RUBOR - Congestion of arterial system demonstrated by bright red (ruby) color when legs are dependent and white color when legs are elevated. Symptomatic of arterial disease.

DERMAL WOUND - Loss of skin integrity; may be superficial or deep. Dermal wounds include pressure sores and leg ulcers.

DERMAL REPAIR - The regeneration of the dermis. Dermal repair is a function of granulation tissue growth and wound contraction.

DERMATITIS - Inflammation of the skin, usually described by the presumed cause.

DERMIS - The inner layer of skin in which hair follicles and sweat glands originate. The dermis lies between the epidermis and subcutaneous tissue. See Skin Structure.

DESICCATION - The process of drying; an undesirable condition for wound healing. Desiccation is enhanced by the use of wet-to-dry gauze dressings.

DIABETIC ULCER - An ulcer that develops due to diabetic risk factors. Diabetes affects circulation as well as the nerve endings in the feet. As a result, many diabetics suffer reduced circulation and loss of sensation in their feet. The loss of sensation is dangerous, because diabetics are unable to feel rubbing, pinching or other pain that could cause a wound to develop on the foot. Lack of circulation to the feet makes it very difficult for a wound to heal. Risk factors for developing a diabetic foot ulcer include loss of sensation or peripheral neuropathy, structural foot deformity, infection, and decreased circulation.
DRESSINGS TYPES:

Alginate dressings - These are derived from brown seaweed and contain calcium alginate, which turns into sodium alginate gel when it comes in contact with wound fluid. They are available as pads or ropes.

Biosynthetic dressings - These are composites of biological (often animal-derived) and synthetic materials such as polymers.

Collagen dressings - These are made from collagen, a protein obtained from cowhide, cattle tendons, or birds. They are available as particles or gels.

Composite dressings - These are similar to plastic adhesive strips and include an adhesive border, a non-adhesive or semi-adhesive surface that is applied to the wound, an absorbent layer, and a bacterial barrier.

Contact layers - A low-adherent layer of perforated or woven polymer material designed to stop a secondary absorbent dressing from sticking to the surface of a wound.

Gauze - This woven fabric of absorbent cotton is available in a number of formats and materials, including cotton or synthetic, non-impregnated, and impregnated with water, saline, or other substances. Gauze is sold as surgical swabs, sheets, rolls, pads, sponges, and ribbon.

Growth factors - These short-chain proteins affect specific target cells. They exist naturally in humans, and can be transplanted from one part of the body to another or manufactured outside the body.

Hydrocolloid dressings - Used for leg ulcers, minor burns, pressure sores and traumatic injuries, these self-adhesive dressings form a gel as they absorb fluid from the wound. They consist of materials such as sodium carboxymethylcellulose (an absorbent), pectin, and gelatin that are attached to a foam sheet or a thin polyurethane film.
Hydrofibers - Similar in appearance to cotton, carboxymethylcellulose fibers turn into a gel when they come into contact with wound fluid. They are available as ribbons or pads and are highly absorbent.

Hydrogels - These are sold as sheets and in gel form, and are primarily used to supply moisture to wounds. Depending on the state of the tissue, they can either absorb fluid or HYPERLINK "http://www.answers.com/topic/moisten" moisten the wound. An electrically conductive HYPERLINK "http://www.answers.com/topic/aloe-vera"" aloe vera gel is available to provide HYPERLINK "http://www.answers.com/topic/electrotherapy" electrotherapy to wounds.

Hydropolymers - These foamed-gel products consist of multiple layers. The surface layer is designed to expand to fill the contours of a wound and, at the same time, draw away fluids.

Leg compression/wrapping products - These are designed to apply external pressure to improve blood flow and resolve chronic HYPERLINK "http://www.answers.com/topic/edema" edema in the feet and legs. They are available in a broad range of formats, including stockings, compression bandages, or HYPERLINK "http://www.answers.com/topic/pneumatic" pneumatic pump.

Polyurethane foam dressings - These are sheets of foamed polymer solutions with small open chambers that draw fluids away from the wound. Some of these foam products offer adhesive surfaces. They are available as sheets and rolls, as well as in various other formats suitable for packing wounds.

Skin substitutes - Also known as allografts or skin equivalents, these are obtained from human cells cultured and expanded HYPERLINK "http://www.answers.com/topic/in-vitro" in vitro from HYPERLINK "http://www.answers.com/topic/neonatal" neonatal foreskins.

Superabsorbents - These are particles, hydropolymers, or foams that act like the material inside diapers, with a high capacity for rapid absorption.

Transparent films - These consist of a thin, clear polyurethane sheet that, on one side, has a special adhesive that does not stick to HYPERLINK "http://www.answers.com/topic/moist" moist surfaces like those found on a wound. They prevent bacteria and fluids from entering the wound through the dressing, but allow limited circulation of oxygen.

Wound fillers - These can be bought as powders or pastes, or in strands or beads. They are used to fill wounds and also absorb wound fluid.

Wound pouches - Equipped with a special collection system for wounds that have a high flow of secretion, they are designed to contain odors and to be easily drained.
Other assorted wound care products - These include adhesive bandages, surgical tapes, adhesive skin closures, surgical swabs, paste bandages, specialty absorptive dressings, support bandages, HYPERLINK "http://www.answers.com/topic/retention" retention bandages, elasticized HYPERLINK "http://www.answers.com/topic/tubular" tubular bandages, lightweight elasticized tubular bandages, foam-padded elasticized tubular bandages, and plain stockinettes.

ECCHYMOTIC - Purplish patch >3 mm diameter caused by extravasation of blood into the skin.

ECZEMA - A superficial inflammatory process of the skin often characterized by redness, itching, weeping, oozing, and crusting.

EDEMA - The presence of abnormally large amounts of fluid in the interstitial space. Poor circulation may lead to edema of lower extremities. Swelling

ENZYMES - Catalysts for biochemical reactions that are capable of breaking down tissue. Enzyme products may be used to debride necrotic tissue.

EPIDERMIS - The outer cellular layer of skin. The epidermis remains intact in a Stage 1 pressure injury.

EPITHELIAL - Relating to the epithelium, the outside layer of cells that covers all the free, open surfaces of the body including the skin, and mucous membranes that communicate with the outside of the body.

EPITHELIALIZATION - Cellular regeneration of the epidermis across the wound surface.

ERYTHEMA - Reddened skin as a result of vasodilatation. Erythema is seen during the early stages of wound healing.

ESCHAR - Thick leathery necrotic tissue; devitalized tissue. Eschar forms on wounds that are exposed to the environment. Thick, leathery black crust; it is nonviable tissue and is colonized with bacteria.

ETIOLOGY - The underlying cause of a disease or condition. Unrelieved pressure is the etiology of many dermal ulcers.

EXCORIATION - Abrasion of the epidermis. Linear scratches on the skin.

EXTRAVASATION - escape of blood or fluid into tissue.

EXUDATE - Accumulation of fluid in a wound. May contain serum, cellular debris, bacteria and leukocytes. Wound fluid or drainage.

EXUDATE ABSORBING COMPOUNDS - Hydrophillic pastes and powders that
absorb large amounts of wound fluid and bacteria. Exudate absorbing compounds are often difficult to remove from the wound bed without trauma.

FIBRIN - A protein deposited as a fine interlacing filament which entangles red and white blood cells. Excessive fibrin deposits in the wound lead to scarring.

FIBROBLAST - A cell from which connective tissue is developed. Fibroblasts are the critical cells for granulation tissue growth.

FIBROTIC - An abnormal formation of fibrous tissue.

FRICITION - The action of skin rubbing against another surface. When patients are moved incorrectly, friction may lead to skin breakdown. Rubbing that causes mechanical trauma to the skin.

FULL-THICKNESS - Tissue injury extending through the dermis to involve the subcutaneous layer; may also involve muscle, tendon and/or bone. Tissue destruction extending through the dermis to involve subcutaneous level and possibly muscle, fascia or bone.

GRANULATION - The growth of small blood vessels and connective tissue in a full thickness wound. Granulation tissue in the wound base has a beefy red, moist, cobblestone appearance. Formation of connective tissue and many new capillaries in a full-thickness wound; typically appears as red and cobblestoned.

GRANULOCYTE - A polymorphonuclear leukocyte; a type of white blood cell. Granulocytes phagocytize cellular debris and bacteria.

GROWTH FACTOR - A therapeutic agent administered to the wound bed at a specific stage of repair to enhance healing.

HAIR FOLLICLE - An invagination of the epidermis which holds the hair root. Hair follicles give rise to new epithelial cells after injury to the epidermis.

HEALING PROCESS: There are basically 4 phases to the healing process:

Inflammatory phase: The inflammatory phase begins with the injury itself. Here you have bleeding, immediate narrowing of the blood vessels, clot formation, and release of various chemical substances into the wound that will begin the healing process. Specialized cells clear the wound of debris over the course of several days.

HYPERLINK "http://www.emedicinehealth.com/script/main/art.asp?articlekey=18076" Proliferative phase: Next is the proliferative phase in which a matrix or latticework of cells forms. On this matrix, new skin cells and blood vessels will form. It is the new small blood vessels (known as HYPERLINK "http://www.emedicinehealth.com/script/main/art.asp?articlekey=2622" capillaries) that give a
healing wound its pink or purple-red appearance. These new blood vessels will supply the rebuilding cells with oxygen and nutrients to sustain the growth of the new cells and support the production of proteins (primarily collagen). The collagen acts as the framework upon which the new tissues build. Collagen is the dominant substance in the final scar.

Remodeling phase: This begins after 2-3 weeks. The framework (collagen) becomes more organized making the tissue stronger. The blood vessel density becomes less, and the wound begins to lose its pinkish color. Over the course of 6 months, the area increases in strength, eventually reaching 70% of the strength of uninjured skin.

Epithelialization: This is the process of laying down new skin, or epithelial, cells. The skin forms a protective barrier between the outer environment and the body. Its primary purpose is to protect against excessive water loss and bacteria. Reconstruction of this layer begins within a few hours of the injury and is complete within 24-48 hours in a clean, sutured (stitched) wound. Open wounds may take 7-10 days because the inflammatory process is prolonged, which contributes to scarring. Scarring occurs when the injury extends beyond the deep layer of the skin (into the dermis).


HYDRATION - Refers to an individual’s total fluid volume; includes fluid taken orally, intravenously and/or through a feeding tube. Also refers to the maintenance of a moist wound bed.

HYDROCOLLOID DRESSING - An adhesive gelatin/pectin mass that absorbs wound exudate; generally does not allow for gaseous exchange. A category of wound dressings composed of materials, such as gelatin, pectin and carboxymethylcellulose that provide a moist healing environment and adhere to the skin around the wound. See Dressing Types.

HYDROGEL DRESSING - A polymer that consists mainly of water. Although non-adhesive and absorptive, hydrogels are permeable to bacteria. Because they are cool to the
touch, hydrogel dressings are soothing to broken skin. Water or glycerin-based gels, impregnated gauzes or sheet dressings. Hydrogels maintain a moist healing environment and absorb a minimal amount of wound exudate. See Dressing Types.

HYDROPHILIC - Attracts moisture.

HYDROPHOBIC - Repels moisture.

HYPEREMIA - Presence of excess blood in the vessels; engorgement. Hyperemia may occur if a leg ulcer is dressed too tightly.

HYPERGRANULATED - Overgrowth of granulation tissue

HYPERKERATOTIC - Callus-like tissue containing keratin (a component of the epidermis)

INCIDENCE - The frequency with which something, such as a disease, appears in a particular population or area. In disease epidemiology, the incidence is the number of newly diagnosed cases during a specific time period. The incidence is distinct from the prevalence which refers to the number of cases alive on a certain date.

INFECTION - Overgrowth of microorganisms in sufficient quantities to overwhelm the body’s defenses. The growth of a parasitic organism within the body. (A parasitic organism is one that lives on or in another organism and draws its nourishment there from.) A person with an infection has another organism (a "germ") growing within him, drawing its nourishment from the person.

The term "infection" has some exceptions. For example, the normal growth of the usual bacterial flora in the intestinal tract is not usually considered an infection. The same consideration applies to the bacteria that normally inhabit the mouth.

IMMUNOSUPPRESSION - An alteration in the immune response. Patients with immunosuppression have a poor potential for wound healing.

INDURATION - An area of hardened tissue that may accompany venous insufficiency; may also be noted in the presence of a true clinical infection. Wound edges with induration feel hard to the touch.

INFLAMMATION - Defensive reaction to tissue injury that facilitates physiologic clean-up; involves increased blood flow and capillary permeability. Accompanied by increased redness, swelling, pain and heat in the affected area. Inflammation is the first phase of wound healing.

INJURY - Harm or hurt. The term "injury" may be applied in medicine to damage inflicted upon oneself as in a hamstring injury or by an external agent as in a cold injury. The injury may be accidental or deliberate, as with a needlestick injury. The term "injury"
may be synonymous (depending on the context) with a wound or with trauma.

INSULATION - The protection of the wound bed with a non-conducting medium to prevent the transfer of heat. Insulation of the wound bed enhances the process of cellular regeneration.

ISCHEMIA - Local deficiency of blood supply as a result of obstruction. Ischemia occurs when more than 20mm of pressure is applied to an area of the body. In medicine, ischemia is a restriction in blood supply, generally due to factors in the blood vessels, with resultant damage or dysfunction of tissue. It may also be spelled ischaemia or ischæmia.

LESION - A broad term referring to wounds or sores.

LEUKOCYTES - White blood cells that act as scavengers and help combat infection; includes macrophages, neutrophils and monocytes.

LIPODERMATOSCLEROSIS - an induration and erythematous hyperpigmentation of the leg.

MACERATION - a process of softening tissues by soaking in liquid.

MACROPHAGE - A type of leukocyte which has the ability to destroy bacteria and devitalized tissue. Macrophages are white blood cells which protect the body and are easily destroyed by antiseptic agents.

MOISTURE VAPOR TRANSMISSION RATE (MVTR) - The rate at which moisture vapor is passed from the wound bed through a semi-permeable matrix. The relative speed at which a thin film manages exudate is a function of its moisture vapor transmission rate.

NECROTIC - Refers to the death of tissue in a small, localized area. Devitalized tissue; may appear yellow and moist, gray, or dark and leathery.

NEUTROPHIL - A leukocyte which destroys bacteria and devitalized tissue; also called macrophages. Neutrophils are critical to the process of phagocytosis.

NOSOCOMIAL - Infection acquired in a hospital. Thorough hand-washing is considered to be the first line of defense against nosocomial wound infections.

OCCLUSIVE - Refers to a class of dressings that maintain a moist wound bed including hydrocolloids, foams, hydrogels and calcium alginate dressings; vary in terms of permeability to gases and bacteria.

OPEN WOUND - An injury that is exposed due to broken skin. An open wound is at
high risk for infection.

PAIN - An unpleasant sensation that can range from mild, localized discomfort to agony. Pain has both physical and emotional components. The physical part of pain results from nerve stimulation. Pain may be contained to a discrete area, as in an injury, or it can be more diffuse, as in disorders like fibromyalgia. Pain is mediated by specific nerve fibers that carry the pain impulses to the brain where their conscious appreciation may be modified by many factors.

PARTIAL THICKNESS - Injury extending into the dermis. Traumatic lacerations and stage II pressure sores are two examples of partial-thickness wounds. Wounds that extend through the epidermis and may involve the dermis; these wounds heal by re-epithelialization.

PASSIVE HEALING - The use of dressings to simply cover a wound and absorb exudate. Traditional gauze dressings are an example of passive healing.

PATHOGEN - Any disease-producing agent or microorganism.

PERFUSION - pumping a liquid into an organ or tissue (especially by way of blood vessels). In physiology, perfusion is the process of nutritive delivery of arterial arterial arterial blood to a capillary capillary bed in the biological tissue. The act of perfusing; the introduction of a drug or nutrients through the bloodstream in order to reach an internal organ or tissues.

PERIPHERAL VASCULAR DISEASE (PVD) - Alterations in the arteries and veins of the extremities; those conditions which interfere with adequate flow of blood to or from the extremities. Peripheral vascular disease broadly describes the underlying pathology of venous stasis ulcers and arterial ulcers.

PERIWOUND - The area immediately around the wound.

PHAGOCYTE - Cells having the ability to ingest and destroy particulate substances. Phagocytes are easily destroyed by many antimicrobial agents.

PLATELET - Cells which serve to clot the blood. Platelets and white blood cells infiltrate the wound soon after tissue injury.

POLYURETHANE FILM DRESSINGS - The first occlusive dressings; also called thin films and transparent adhesive dressings.

POLYURETHANE FOAM DRESSINGS - Occlusive dressings that serve to absorb/
transmit moisture while providing thermal insulation without adhesion.

PRESSURE SORE - An area of localized tissue damage caused by ischemia; the result of unrelieved pressure. Pressure sores are most common on the sacrum, hips and heels.

Stage I: An observable pressure-related alteration of intact skin with indicators, as compared to an adjacent or opposite area on the body which may include changes in one or more of the following: skin temperature (warmth or coolness), tissue consistency (firm or boggy feel), and/or sensation (pain, itching).

INCLUDEPICTURE "http://www.hollisterwoundcare.com/images/pressure_ulcer_stage1.jpg" 

The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue, or purple hues. (NPUAP, 2003)

Stage II: Partial thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister or shallow crater. (NPUAP, 2003)

INCLUDEPICTURE "http://www.hollisterwoundcare.com/images/pressure_ulcer_stage2.jpg"

Stage III: Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue. (NPUAP, 2003)

INCLUDEPICTURE "http://www.hollisterwoundcare.com/images/pressure_ulcer_stage3.jpg"

Stage IV: Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint, capsule). Undermining and sinus tracts also may be associated with Stage 4 pressure ulcers. (NPUAP, 2003)

INCLUDEPICTURE "http://www.hollisterwoundcare.com/images/pressure_ulcer_stage4.jpg"

PRIMARY INTENTION - Refers to clean wounds closed with sutures. Surgical incisions are generally healed by primary intention.

PROGNOSIS - 1. The expected course of a disease. 2. The patient's chance of recovery. The prognosis predicts the outcome of a disease and therefore the future for the patient.

PROLIFERATION - To grow or multiply by rapidly producing new tissue, parts, cells, or offspring.

PRURITIS - Severe itching.
PURULENT - Drainage that is thick, cloudy, yellow or tan in appearance. It contains leukocytes, bacteria, and dead cells.

PSORIASIS - A common, genetically-determined dermatitis consisting of pink or dull red lesions covered by silvery scaling.

PUS - Thick fluid that contains leukocytes, bacteria and cellular debris; generally indicative of infection.

PUSTULES - Small elevation of skin filled with pus.

PYOGENIC - The presence of microorganisms that form pus. Microorganisms that cause pyogenic reactions in wounds include staphylococcus aureus, streptococcus pyogenes, and pseudomonas aeruginosa.

RANGE OF MOTION: The range through which a joint can be moved, usually its range of flexion and extension. Due to an injury, the knee may for example lack 10 degrees of full extension.

RESURFACING - The combined processes of epithelialization and contraction. Occlusive dressing therapy enhances the process of epithelial resurfacing.

SANGUINEOUS - bloody drainage.

SCAB - Dried exudate. A scab forms when wound exudate interacts with the environment.

SCAR - Mark left in skin by healing of a wound, sore, or injury because of replacement of the injured tissue with connective tissue.

SECONDARY INFECTION - Infection arising during the process of wound healing rather than from the injury itself. Urine and feces are potential sources of secondary infection in sacral wounds.

SECONDARY INTENTION - Refers to wounds that are sutured to the muscular layer only. Granulation tissue gradually fills the deficit from subcutaneous tissue upward. Wounds that are considered to be contaminated and have significant tissue loss are often left to heal by secondary intention.

SENSATION - In medicine and physiology, sensation refers to the registration of an incoming (afferent) nerve impulse in that part of the brain called the sensorium, which is capable of such perception. Therefore, the awareness of a stimulus as a result of its perception by sensory receptors. (Sensory is here synonymous with sensation.)

SEPSIS - The result of microorganisms and their toxins in the blood stream; requires treatment with systemic antibiotics. A grossly infected wound is a potential source of
sepsis.

SEROSANGUINOUS - Containing both serum and blood (i.e. thin, watery, pale red to pink).

SEROUS - Resembling serum (i.e. thin, watery and clear).

SHEAR - Sliding of skin over subcutaneous tissues and bones obstructing cutaneous capillaries which may lead to ischemia.

SHEARING - A process that enables the tissue layers to slide against each other; results in disruption or angulation of blood vessels. When the head of the bed is elevated, patients gradually slide downward. Such action is a shearing force to the sacrum.

SILENT INFECTION - Wound infections that do not display clinical signs and symptoms. A silent infection is considered if all impediments to healing have been addressed and granulation tissue is not evident.

SINUS TRACT - Course or pathway that can extend in any direction from the wound surface. It results in dead space that could potentially form an abscess. A sinus tract ends at a bony prominence and should be measured with a rayon or alginate swab. A course or pathway which can extend in any direction from the wound base; results in dead space with potential for abscess formation.

SKIN STRUCTURE - The epidermis, which is the outermost layer of the skin, is characterized as follows: avascular, varies in thickness (depending on body location), a dry structure which sheds cells and replaces itself every 4 to 6 weeks; approximately the thickness of a piece of plastic wrap.

The dermis is located directly beneath the epidermis and is characterized as follows: provides strength and structural support through a vascular network of connective tissue blood vessels, nerves, hair and nails. Sebaceous glands and sweat glands originate from this layer which is thicker than the epidermis.

Below the dermis is the subcutaneous tissue which is composed of major vessels, lymphatics, fat and connective tissue. This area provides insulation and nutritional support for the skin. Located below the subcutaneous tissue are fascia, muscles, tendons and bone. The thickness of the dermis and subcutaneous layers vary from person to person and on different parts of the body.

SKIN TEAR - Traumatic wound defined as a separation of the epidermis and dermis from underlying structures as a result of friction or shearing.

SLOUGH - Loose, stringy necrotic tissue. Stringy, necrotic tissue; usually yellow.
STRIKE THROUGH - Leakage of wound exudate from the edges of the primary dressing or the appearance of wound exudate through a gauze secondary dressing. Once strike-through has occurred, bacteria may enter the wound bed.

STRIP - Removal of epidermis by mechanical means, usually tape.

SUPERFICIAL - In anatomy, on the surface or shallow, as opposed to deep. The skin is superficial to the muscles.

SURGICAL WOUND - Wound caused by surgery.

TENSILE STRENGTH - Refers to the maximum amount of pressure which can be applied to a wound without causing it to rupture; a function of the deposition of collagen. Wounds generally regain only 80% of their tensile strength.

TRAUMA - A physical injury caused by external force. Friction, shear and pressure are sources of trauma to healthy skin.

TRAUMATIC WOUND/INJURY - A traumatic wound is one that results from an unintentional injury or accident. Traumatic wounds are acute wounds. A number of wounds are considered traumatic wounds, including lacerations, cuts, scrapes and skin tears associated with an accident or trauma to the body.

TUNNELING - Tissue destruction underlying intact skin along wound margins. Indicate area of undermining on drawing. Measured by probing gently with rayon or alginate swab.

ULCER - Loss of epidermis/dermis or mucous membrane with definite margins.

ULCER TYPES:

Pressure Ulcers: Any lesion of the skin caused by unrelieved pressure resulting in damage to underlying tissue. Pressure ulcers usually occur over bony prominences such as the heel, coccyx or trochanter which are in contact with a surface, such as a bed, wheelchair, shoe or cast. When pressure is not relieved, tissue ischemia develops and a pressure ulcer results. Most pressure ulcers are preventable. Therefore, early risk assessment, skin care, attention to patient support surfaces and education are essential.

Venous Ulcers: These are the most common type of lower-leg ulcers in ambulatory people. The underlying cause involves vein damage or an incompetent calf muscle pump action which leads to venous hypertension. As a result, the blood pools in the lower extremities causing edema and leakage of fibrinogen and other blood products into the tissues. Trauma to the area or increased pressure within the tissues results in ulceration.

Arterial Ulcers: Arterial ulcers result from chronic or acute arterial insufficiency to the skin and subcutaneous tissue of the lower extremities. The most common cause is a progressive disease: atherosclerosis. The precipitating event leading to ulceration is usually trauma, such as a bumped toe or tight shoes. Arterial ulcers may occur alone or in
combination with diabetes, venous stasis and numerous other conditions. Multidisciplinary management of these patients with early intervention and close monitoring is key to prevention of more serious complications.

**Neuropathic Ulcers**: Neuropathic ulcers may occur in individuals with diabetes, spinal cord injury, Hansen’s Disease, or other conditions that result in loss of sensation in the legs and feet. Diabetic foot ulcers are most commonly caused by peripheral neuropathy and peripheral vascular disease. Multidisciplinary management of these patients with early intervention and close monitoring is key to prevention of more serious complications.

**UNDERMINE** - Skin edges of a wound that have lost supporting tissue under intact skin.

**UNDERMINING** - Separation of dermis and epidermis from the subcutaneous layer.

**UNSTAGEABLE PRESSURE ULCER** - Covered with eschar or slough which prohibits complete assessment of the wound.

**VARICOSITIES** - Swollen, twisted veins.

**VAVULAR INCOMPETENCE** - Refers to damaged valves in the perforator veins of the legs; results in poor venous return to the heart. Valvular incompetence is the underlying pathology of venous stasis ulcers.

**VAPOR** - Gaseous state of any substance.

**VAPOR PERMEABLE** - Allows the exchange of gases.

**VASCULITIS** - Inflammation of a blood or lymph vessel.

**VENOUS STASIS** - Stagnation of the normal flow of blood from the lower extremities to the heart due to valvular incompetence; also called venous pooling, venous congestion and venous hypertension. Venous stasis ulcers account for 95% of all leg ulcers. See Ulcer Types.

**VENOUS INSUFFICIENCY** - also called venous stasis - Stagnation of the normal flow of blood from the lower extremities to the heart due to valvular incompetence; also called venous pooling, venous congestion and venous hypertension. Venous insufficiency ulcers account for 95% of all leg ulcers.

**VENOUS LEG ULCERS** - Venous leg ulcers are shallow, irregular-shaped ulcers that often appear beefy and red. Typically, they are located below the knee, usually on the insides of the legs just above the ankles; however, they can occur almost anywhere on the lower leg. Venous leg ulcers are related to chronic venous insufficiency, a condition in which the veins in the leg are inadequate at pumping blood back towards the heart. As a result, fluid and blood products leak through the vessel walls into the surrounding tissue.
See Ulcer Types.

VESSEL - A tube in the body that carries fluids: blood vessels or lymph vessels.

VIABLE TISSUE - Refers to healthy tissue; the opposite of necrotic tissue. Viable tissue appears as pink/red tissue with a granular appearance.

WOUND - A break in the integrity of the skin; an injury to the body which causes a disruption of the normal continuity of the body structures.

WOUND BASE - Uppermost viable tissue layer of a wound; may be covered with slough or eschar.

WOUND MARGIN - Rim or border of wound.

WOUND REPAIR - Healing process. Partial thickness injury involves epithelialization; full-thickness injury involves contraction, granulation and epithelialization.

YEAST - unicellular fungi. Presents on the skin as raised reddened patches with satellites.

Glossary of Wound Care Terms