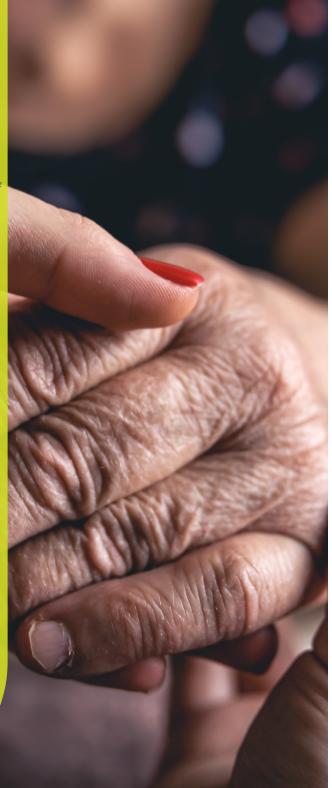
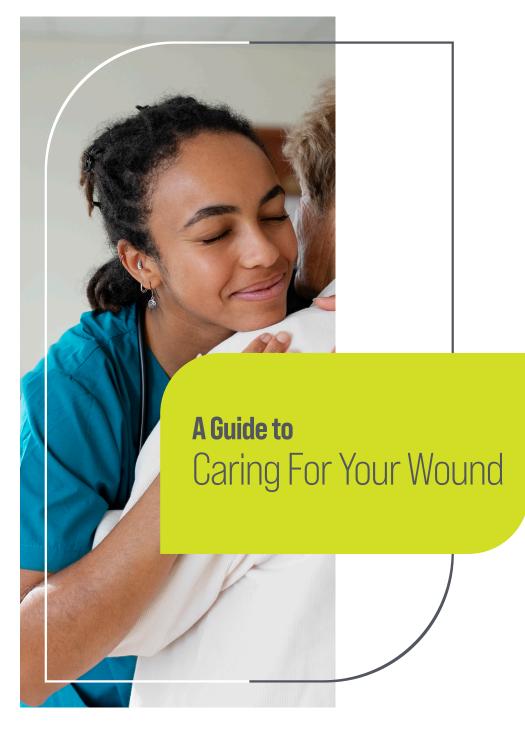
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What is a **Wound**?

A wound is a break in the structure of an organ or tissue caused by an external agent (oxfordreference.com).

You are reading this booklet because you have a wound, or you are caring for someone with a wound. Its purpose is to provide you with information to help you make lifestyle choices that can aid the healing process.

Most minor wounds, such as cuts and grazes heal quickly if we are healthy and keep the wound clean and free from infection. Others may be harder to heal and require help from a healthcare professional.

What types of Wounds are there?

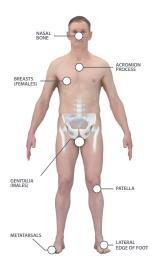
Wounds that heal easily and take up to a few weeks to heal are classified as being acute, whereas those which take longer to heal, are described as chronic or non-healing.

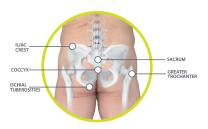
Wounds have many causes including trauma, burns, surgery and pressure.

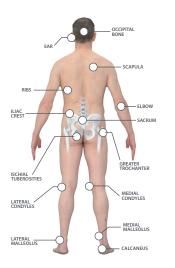
- An example of trauma may be from taking a plaster off which removes your skin.
- An example of pressure may be from sitting in the same position for too long.

This will particularly happen in areas where the bone is closer to the surface of the skin e.g. heels, sacrum, elbows and hips. Those who lack mobility and find it difficult to change their position are particularly susceptible to this type of wound. It is important to keep moving if you can, to relieve pressure on these areas.

Pressure **Ulcer Guide**







Other types of wounds include diabetic foot ulcers (DFUs), that may develop in people with diabetes, taking weeks or months to heal and venous leg ulcers (VLUs), that can develop from a minor injury if there is a problem with the circulation of blood in your leg veins. VLUs may take up to six months to heal.

Damage may also be caused by moisture on the skin surface e.g. urine, faeces, sweat, or liquid from a wound (known as exudate). For further advice please refer to our "A Guide to Caring for Your Skin to Prevent Moisture Damage" booklet (Medicareplus International).



What is the best nutrition and hydration for wound healing?

Optimal wound healing requires adequate nutrition. Nutrition deficiencies impede the normal processes that allow progression through stages of wound healing (Stechmiller JK,2010).

Promote Wound Healing with Good Nutrition:



Plan healthy, balanced meals and snacks that include the right amount of foods from all the food groups — protein foods, fruits, vegetables, dairy and grains.



Choose vegetables and fruits rich in vitamin C, such as broccoli or strawberries. For adequate zinc, choose fortified grains and protein foods, such as beef, chicken, seafood or beans. Some wounds may require a higher intake of certain vitamins and minerals to support healing. Speak with your healthcare provider before starting any new supplements.



Include adequate protein throughout the day. Include a source of protein at each meal or snack. A sample menu may include scrambled eggs for breakfast, black bean tacos for lunch, yogurt or cheese for a snack and chicken at dinner.



Stay well-hydrated with water or other unsweetened beverages.



For people with diabetes, control blood sugar levels to help prevent wounds from developing and to support healing and recovery.

A registered dietitian or nutritionist can work with you to develop an individualised eating plan that meets your specific needs (eatright.org, 2021).

If you are elderly or you are caring for someone who is elderly, please be aware that thirst response reduces as we get older, so encouragement with fluids may be needed. The government recommends that we should drink 6-8 cups or glasses of fluid per day. Water, lower fat milk, sugar-free drinks, including tea or coffee, all count (Eatwell Guide, 2018).

The Eatwell Guide



Problems associated with wound healing

A common complication of wound healing is infection. This can delay the normal healing process. You are more likely to develop a wound infection if you smoke, have diabetes or have a condition that affects your immune system.

If any of these symptoms develop, seek advice from your healthcare professional:

- Reddening or swelling on or around the wound site
- Increased pain
- An unpleasant odour
- Leakage of pus (a thick yellow/greenish opaque liquid)
- A high temperature
- Generally feeling unwell

You may require a course of antibiotics. Remember to take the full course, even if the wound looks and feels better. Infections are easier to treat if caught early.

Patients often feel worried about telling someone about their wound, and sometimes seek help when it's too late. Wounds are nothing to be embarrassed about. They are very common.





Not all wounds require a dressing.

Dressings are primarily used for protection and to create the ideal environment for healing.

It is important to keep the dressing as dry as possible. Some dressings are waterproof so can be kept on for light showering, but it's not advisable to soak your dressing in the bath. If unsure, avoid getting it wet.

If your wound does not require a dressing, avoid applying products such as talc, body lotion, shower gel or soap directly over the wound.

It was often thought that wounds had to dry out to heal. Research has shown that wounds heal up to 50% quicker when moist (Rippon Metal, 2016).

Your healthcare professional will give you instructions on your dressings and whether you should change them or not. If you and your healthcare professional have agreed that you will change them, you can reduce your chances of developing an infection by following these few simple steps:

- Wash your hands with soap and water before the dressing is changed
- Carefully remove the used dressing
- Avoid touching the wound with your fingers
- Do not touch the inside of the new dressing when applying

If you have a venous leg ulcer:

A dressing will be used to dress your ulcer. This usually requires to be changed 1 to 3 times a week. Many people find they can manage cleaning and dressing their own ulcer under the supervision of a healthcare professional.

You may be invited to undergo an ABPI (ankle brachial pressure index) test, which is an assessment carried out by a healthcare professional to determine the best course of treatment for you.

To improve vein circulation in your legs and treat swelling, your nurse will apply a firm compression bandage over the affected leg. These bandages are designed to squeeze your legs and encourage blood to flow upwards towards your heart. There are many different types of bandages or elastic stockings used to treat venous leg ulcers, that may be made in 2, 3 or 4 different layers. The application of a compression bandage is a skilled procedure and should only be carried out by trained healthcare staff. The bandage is usually changed 1 to 3 times a week, when the dressing is changed.

When compression bandages are first applied to an ulcer, it's usually painful. Ideally, you should have paracetamol or an alternative painkiller prescribed by your GP. The pain will lessen once the ulcer starts to heal.

It's important to wear your compression bandages exactly as instructed. If you have any problems, it's usually best to contact your nurse instead of trying to remove it yourself.

If the compression bandage feels a little too tight and is uncomfortable in bed at night, getting up for a short walk will usually help.



But you'll need to remove or cut the bandage off if:

- you get numbness or tingling in your feet or toes
- you get unusual pain in your legs, feet or toes
- your toes become swollen, or look pale or blue

Once you remove the bandage, make sure you keep your leg highly elevated and contact your doctor or nurse as soon as possible.

In some clinics, specialist teams are using new alternatives to compression bandages, such as special stockings or other compressive devices. These may not be available at every clinic, but it could change the way ulcers are treated in the future. Your specialist will be able to advise you whether a different approach may help you (NHS, 2022).

Aids are available to support you in applying hosiery.

