

SIGNS OF WOUND COMPLICATIONS: A GUIDE FOR PATIENTS AND CAREGIVERS



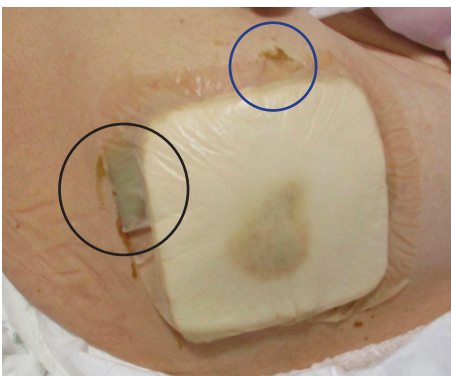
This guide is designed to help individuals with wounds or their family caregivers recognise early signs that a wound may not be healing as expected. By understanding what to look for, such as changes in the skin, unusual redness, increased fluid, or signs of pressure, you can act quickly and seek help when needed. Taking a few moments each day to check the wound can make a big difference in preventing complications and supporting healing. Please note that this document does not include an extensive description of the possible complications, but provide examples of frequent situations.

Picture 1a, 1b, 1c, 1d: Wound fluid (exudate)



Examples of dressings with wound fluid (exudate), but no leakage. This is normal and shows the dressing is doing its job. If the dressing is full of wound fluid but hasn't started leaking yet, it means your wound should be checked and cared for soon.

Picture 2: Leakage



This wound is leaking, which means it needs to be treated straight away. If you cannot do this immediately, add extra layers to the dressing and contact your wound care team. Do not remove the dressing unless your healthcare professional has shown you how to do it and you feel confident carrying it out.

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Picture 3a, 3b: Compression bandage leakage



If fluid is leaking through the dressing or compression bandage, the wound needs to be treated straight away to prevent problems with the wound and the surrounding skin.

Picture 4: Inflammation



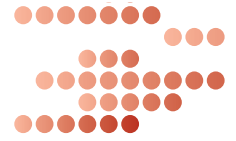
This shows irritation (inflammation/folliculitis) of the skin around the wound. It is not an infection, but it can cause some discomfort and itching.

Picture 5: Discolouration



The pale or white skin around the wound may be caused by too much wound fluid, using the dressing incorrectly, or the dressing becoming wet, for example during a bath.

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Picture 6: Redness, example 1



Redness can be a sign of infection. In this example, the whole leg is red, not just the area where the dressing touches the skin. Infection often causes the wound to become more painful, produce more fluid, and sometimes develop an unpleasant smell. The wound may also need to be treated more often.

Picture 7: Redness, example 2



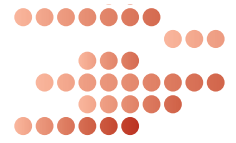
Redness can sometimes be caused by the sticky part of a dressing. The redness appears only where the adhesive has touched the skin. Your healthcare professional may recommend a suitable cream, and you may need to avoid adhesive dressings.

Picture 8: Pressure dressing

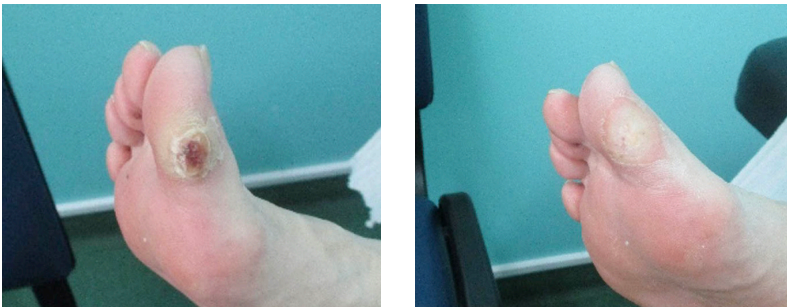


Some types of dressings apply gentle, ongoing pressure to help your wound heal. Follow the instructions given by your healthcare team and make sure the machine is working properly. Small spots of wound fluid on the dressing are usually not a concern. If you want, you can draw a line around the wet area to check if it gets bigger. If the machine stops working, contact your healthcare team as soon as possible.

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Picture 9a, 9b: Callus wounds, example 1



Calluses are thick, hard areas of skin that can develop into ulcers, especially in people who have reduced feeling in their feet. If you notice any calluses or similar changes, contact a healthcare professional so they can check your feet and assess the area properly.

Picture 10a, 10b: Callus wounds, example 2



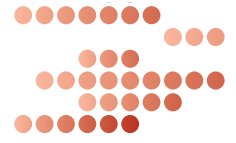
After the dead tissue was carefully removed (debridement), an ulcer was found underneath the callus.

Picture 11: Lesions



In this picture, you can see a small sore between the 4th and 5th toes. For someone with diabetes, or anyone who has reduced feeling in their feet, even a small sore like this can quickly become serious and may lead to amputation if not treated. You should check your feet twice a day, and if you notice anything like this, contact a healthcare professional as soon as possible.

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Picture 12a, 12b: Infected lesions



The small sore between the 4th and 5th toes became infected and led to the toe being amputated. This is the most common reason for amputations in people with diabetes that are not caused by an injury. Check your feet twice a day, and if you see a sore like this, contact a healthcare professional straight away.

Picture 13a, 13b: Skin tears



These examples of skin tears and wounds can happen from small bumps against furniture, often when carers are helping someone move. They are very common in home care. If this happens, clean the area with saline, put on a non-stick (anti-adherent) dressing, and contact a healthcare professional. Do not try to remove the loose flap of skin. If the dressing sticks to the wound, leave it in place until a healthcare professional has checked it.

Picture 14: Burns



Burns are very complicated and extremely painful wounds. They are one of the most common serious injuries in children. At home, pay attention when you are in contact with sources of heat such as ovens, heaters, fireplaces, hot water, and steam, and try to keep children away from these.

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Picture 15a, 15b: Pressure injury test



If you notice any redness on areas of the body that take pressure, you can do a simple check to see if the skin is damaged. Gently press the area with your finger to see if the redness fades after a moment, or use a clear object like the one shown in the picture. This could be the early stage of a pressure ulcer. Do not massage the area, and contact your healthcare provider. If you can, keep pressure off this area until you get advice.

Picture 16a, 16b: Blood blisters or dark patches



If you notice a blood blister or a dark patch on the skin, even if the skin hasn't broken, contact your healthcare provider straight away. Protect the area and try to keep any pressure off it until you get advice.