

These are wounds that may worsen a number of times before they heal, and some not ever heal.

These wounds are harder to heal because the tissue is too wide for the edges to be brought together and close up the wound.

Almost all wounds are colonised by bacteria and is the main reason to cause infections, however chronic wounds can tolerate a lot of bacteria and continue to heal.

Chronic wounds are often described as being 'stuck in the inflammatory phase of wound healing' which may result in some factors.

Things that may hinder the inflammation process are:

- **Medication** - e.g. steroids or anti-inflammatories slow down the process of healing
- **Old age** - tissue regeneration in elders is slow
- **Smoking** - obstruct blood flow

Most chronic wounds are often categorised as 'ulcers' which have different aetiologies.

Venous Aetiology

To identify the wounds of this aetiology we must look at:

- **Varicose veins**
- **Hemosiderin staining** = brownish discolouration on lower legs
- **Lipohypertrophy** = lumpy, bumpy legs
- **Lipodermatosclerosis** = inflammation of fat under skin

The position of the wound is important and venous ulcers tend to be located on the middle side of the leg.

Arterial Aetiology

Arterial ulcers are much harder to manage and **arterial diseases must be confirmed before the wound can be managed.**

Its wounds are mostly located at the middle forefoot and have a punched-out appearance.

Other features include:

- Absence of hair
- Limb feels cold
- Appear dusky in colour
- Reduced blood pumping into the area