

Glossary of terms:

Cellulitis - diffuse infection of the soft tissues.

Clean technique - involves using instruments/supplies which are not thoroughly sterilized (completely free of potentially infectious agents). Boxes of nonsterile gloves and gauze that comes many in a package are examples of "clean" supplies. These "clean" supplies are less expensive than "sterile" supplies. Appropriate use of clean technique can save valuable resources while not increasing the risk for infection.

Clean wound - a wound that is in the process of healing; usually it has a bed of healthy granulation tissue (see below) without overlying exudate or surrounding cellulitis.

Debridement - the process of removing dead/unhealthy tissue from a wound.

Delayed primary closure - initially treating the wound with dressing changes, and then, usually after 48 hours when the swelling has diminished and there are no signs of infection, suturing the wound closed.

Dirty wound - a wound covered with proteinaceous debris or eschar, but without surrounding cellulitis.

Eschar - dried, proteinaceous material covering a wound. A scab.

Exudate - the tan/grayish material that is found on the surface of an open wound. It is proteinaceous material which comes from the wound itself. It is not pus. Therefore, the presence of exudate on a wound does not mean that the wound is infected.

Flap - tissue (skin/subcutaneous tissue, muscle, fascia, bone or some combination) with a blood supply that can be moved to cover a wound. Types of flaps:

a) *local flap* - the tissue is adjacent to the open wound.

b) *distant flap* - the tissue is not adjacent to the open wound and must be moved to the defect.

c) *free flap* - a distant flap that is completely detached from the body and transferred to the defect. The artery and vein that supply the flap must be reconnected to vessels near the wound.

Granulation tissue - the red, shiny tissue that forms at the base of an open wound during the wound healing process. It is composed of inflammatory cells necessary for wound healing, and also bacteria. Granulation tissue is very vascular and bleeds easily. This is why a healing wound may bleed with dressing changes or minor trauma.

Infected wound - a wound, covered with necrotic tissue/foreign material with surrounding cellulitis.

Necrotic tissue - dead tissue

Primary closure - suture the edges of a wound together to close the wound.

Reconstructive ladder - gives you a logical way to think about how to close an open wound, regardless of the etiology of that wound. Whether it be an acute traumatic wound or a wound that resulted from excising a tumor, the same principles apply. This ladder is set up so that if the first "rung" doesn't work, it will not prevent the next higher "rung" on the ladder from being able to be attempted. The rungs on the ladder are (in increasing order of complexity):

1. Secondary closure-leave the wound open
2. Primary closure
3. Skin grafting
4. Local flaps
5. Distant flaps

Secondary closure -allow the wound to heal using dressing changes alone.

Skin graft - a thin layer of skin used to cover an open wound. Two types:

a) *split thickness skin graft*- all of the epidermis and part of the dermis is included. The donor site (where the skin graft was taken from) will heal by secondary intention.

b) *full thickness skin graft*- all of the epidermis and all of the dermis is included. Subcutaneous tissue must be removed from

the undersurface of the dermis. The donor site must be closed primarily or a large open wound will result.

Sterile technique - uses instruments/supplies that have been specifically treated so that there are NO bacterial/viral particles on their surfaces. Examples of sterilized supplies include instruments that have been autoclaved (subjected to high temperatures to kill microorganisms) and gauze/gloves which have been specially prepared at the factory and are individually packaged. Procedures done in an operating room are usually done using sterile technique.

Tangential excision - the technique used to excise burned tissue, leaving the uninjured deeper tissue intact. This is done in the operating room under general anesthesia. A special knife is used to remove the burned tissue in thin slices. You know when you have reached healthy tissue, because it bleeds. Dead, burned tissue does not bleed.

Wet-to-dry dressing - a dressing technique used to treat a dirty wound or to prevent build-up of exudate on a wound. Apply a saline moistened (damp not soaking wet) gauze pad to the wound and then cover this with a dry gauze pad. The reason it is called a "wet to dry dressing" is that the moist gauze directly on the wound is allowed to dry out. When this bottom layer of gauze is removed, it pulls off the exudate, debris, and non-viable tissue which have become stuck to the gauze. Studies have shown that wound healing is optimized by being in a moist environment, so it is best to not let the dressing completely dry out, making it more of a wet-to-damp dressing.

Wet-to-wet dressing - a dressing technique that will keep a clean wound clean, and promote healing. Apply a saline moistened (slightly wetter than for a wet-to-dry dressing) gauze over an open wound and cover it with a dry gauze pad. The dressing is removed when it is still wet. If the bottom layer of gauze dries out, pour saline over the gauze prior to removing it.