

Types of Wound Healing

Being able to identify the type of a wound and what stage the wound is in for healing is an important skill for healthcare providers. Plan of care and treatment will be determined by its classification: cause, extent of skin and tissue damage, and cleanliness of the wound. Wounds can either be acute or chronic and identified as primary, secondary, or tertiary intention.



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Types of Wounds

Acute

Acute-angle

Acute wounds are typically caused by a surgical incision or a traumatic injury. These wounds can happen anywhere on the body and have a predictable healing process.

Chronic

Crone

Chronic wounds typically involve significant tissue loss. These wounds take a long time to heal and require frequent dressing changes. Common chronic wounds are diabetic foot ulcers, pressure ulcers, and venous stasis ulcers.

Healing Process

Primary Intention

(1) Wand In-tent

Primary intention wounds are closed. These wounds heal fast with minimal scarring and are at a lower risk for infection.

Approximated Edges

Approxi-mated Edges Mated together

Wounds or lacerations that are surgically closed with sutures, staples, or glue will be approximated. Notify the provider if the wound opens or an increase in redness around the wound is observed.

Secondary Intention

(2) Tutu In-tent

Unlike primary intention, these wounds remain open and are not closed. Healing occurs by granulation tissue (scar), wound contraction, and epithelialization. These wounds are at a higher risk for infection. Monitor these wounds closely.

Edges Not Approximated

Approxi-mated Edges Not mated together

Because the wound is not closed, the edges of the skin are not touching. Frequent dressing changes are typically required for these wounds.

Tertiary Intention

(3) Tree In-tent

These wounds are intentionally left open to heal and then surgically closed by primary intention. Wound is contaminated and inflamed.

Delayed Closure due to Infection and Necrosis

Closure Delayed by Bacteria and Necrosis-crow

Wounds are left open until the risk of infection has been removed. Typically seen after wound debridement (the infection is surgically removed from the wound).