

# ARTERIAL LEG ULCER TERMINOLOGY: GLOSSARY OF USEFUL WOUND CARE TERMS

<b>Ankle Branchial Pressure Index</b>	The ankle-brachial pressure index measures the body's vessel competency. It is determined by a Doppler ultrasound that measures the blood pressure from the ankle and compares it to that of the arm.
<b>Angiogram</b>	An angiogram is a type of x-ray used to examine blood vessels.
<b>Antibiotics</b>	Antibiotics are drugs that are used to treat many types of bacterial infections. Antibiotics work by preventing or destroying the spread of bacteria.
<b>Atherosclerosis</b>	Atherosclerosis is the term for the narrowing and thickening of the artery wall due to a build-up of plaque. This plaque is made up of cholesterol, fats, and other substances.
<b>Atrophie Blanche</b>	Atrophie blanche is scarring caused by poor ulcer healing.
<b>Arterial Disease</b>	Inadequate blood flow through the arteries is caused by a build-up of plaque in the arteries. This can lead to pain, discomfort, and even arterial leg ulceration.
<b>Arterial Insufficiency</b>	Another term for arterial disease (see arterial disease).
<b>Arterial Ulcer</b>	An arterial ulcer is caused by inadequate blood supply to the lower limbs caused by a build-up of plaque blocking the artery. When the blood supply is reduced, so too is the supply of oxygen. The lack of oxygen to the affected area causes the tissue to break down and ulcerate.
<b>Arteriogram</b>	Another term for an angiogram (see angiogram).
<b>Carbon Dressing</b>	Carbon dressings contain a charcoal layer that is designed to absorb odour from wounds.

<b>Cellulitis</b>	Cellulitis is a bacterial infection that develops under the skin. Cellulitis usually develops on the lower limbs.
<b>Chronic Oedema</b>	Oedema is the build-up of fluid in the body's tissues. Oedema is considered chronic if it persists for more than 3 months. It is usually concentrated in one area of the body.
<b>Debridement</b>	Debridement is the process by which necrotic (dead) or infected tissue is removed from within or around the wound bed. Debridement assists wound healing and reduces the risk of infection and malodour.
<b>Dermis</b>	The dermis is the middle layer of the skin. It is the thickest layer of the skin and is made up of elastic and fibrous tissue. It is located between the epidermis and the hypodermis.
<b>Epidermis</b>	The epidermis is the outermost layer of the skin. It sits on top of the dermis and the hypodermis.
<b>Exudate</b>	Exudate is a fluid that leaks out of wounds. It is made up of electrolytes, water, nutrients, enzymes, and proteins. It is often referred to as pus (see Pus).
<b>Infection</b>	A reaction to bacteria and viruses invading the body.
<b>Maceration</b>	Maceration is when the skin softens and breaks down after prolonged exposure to moisture.
<b>Malodour</b>	Malodour is defined as a foul or unpleasant smell. Wound malodour can be problematic for clinicians and patients. It can lead to stress, discomfort, and isolation.
<b>Periwound</b>	The periwound is the skin around the wound bed.
<b>Pus</b>	Pus is another term for exudate (see Exudate).
<b>Slough</b>	Slough is considered a by-product of the inflammatory process. It is made up of skin cells, proteins, fibrin, and

microorganisms. It is usually an off-white or yellow colour. The presence of slough can increase the risk of maceration, infection, and malodour.

## **Superabsorbent Dressing**

Superabsorbent dressings absorb and retain exudate and fluid. Many superabsorbent dressings are designed to keep fluid away from the wound bed to maintain adequate moisture balance.

Find out more at [www.richardsonhealthcare.com](http://www.richardsonhealthcare.com)

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