Most common wounds are:

**Pressure Ulcers**
Arise from lying in bed or sitting without relieving pressure (can form quickly).

**Leg Ulcers**
Arise from underlying condition such as poor circulation, osteoarthritis, leg fractures, obesity or paralysis.

**Diabetic Foot Ulcers**
Arise from underlying condition of diabetes which causes neuropathy and reduced blood flow to the feet.

Chronic wounds can be prevented!

**Why should policymakers care?**

- Why should policymakers care?
- In the UK
- More than 200,000 chronic wounds (based on 2006 data)

**Annual costs to NHS:**
- £2.3 - £3.1 billion (2009 data)
- 90% of nurses time

**If not treated correctly, chronic wounds may lead to:**
- Hospitalisation & re-hospitalisation (short & long-term)
- Long-term disabilities (i.e., amputation)
- Reduction in workforce due to early retirement
- Greater burden on health systems

What can we do together to reduce the burden of chronic wounds?

1. Make wound prevention and treatment a part of national patient safety policies
2. Develop performance indicators for wound care
3. Improve patient access to innovative treatments and services

**Assessment**
Routine risk assessment for all at-risk patients

**Diagnosis**
Accurate diagnostic criteria and technologies

**Treatment**
Advanced wound care including negative wound pressure therapy, anti-microbials and advanced dressings

**Monitoring**
Surveillance, audits, pressure relief, blood glucose monitoring, prevention of recurrence through regular wound assessment & patient information