

Reframing the Patients Mindset on Compression Therapy and Overcoming Pain

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Introduction

Patient's treatment should always be done in partnership with the patient "no decision about me without me"^[1]. This case study is a good example of how working in partnership builds a patient's confidence in the clinician and aids concordance. In this case pain was affecting treatment, changing to a Hydro-Responsive Wound Dressing (HRWD[®]) reduced pain allowing compression therapy to be tolerated.

Patients background

Patient is a 76-year-old independent lady, with predisposing risk factors for developing leg ulcers – Polymyalgia rheumatica, recurrence of Leukocytoclastic vasculitis which effects the small vessels near the surface of the skin^[2] and Vasculitic ulcers 7 years ago. The ulcer related to this case study started by a knock to left anterior aspect of the shin while on holiday, May 2019.

Clinical challenges

The patient was independent and wanted to self-care as much as possible. She had a painful ulcer with oedema to the lower limb and declined a recommended doppler assessment, a crucial part of a lower limb holistic assessment, assessing vascular status to treat effectively.^[3]

Treatment

She was initially seen in a wound clinic on 17/6/19 and referred to the leg ulcer clinic. Ulcer measured 1.1 x 1.7cm with 80% slough and 20% granulation. On 26/6/19 she was reviewed in the leg ulcer clinic and declined a doppler assessment due to pain and being informed that she must never have compression due to her vasculitis. She was self-caring for next 3 weeks and continued to decline a doppler at her next review. On 28/8/19 the patient's ulcer had deteriorated and increased in size to 3 x 3cm with an escalating pain score of 10. Vasculitic ulcers can be extremely painful and deteriorate quickly as the disease causes inflammation and degradation of small vessels.^[4]

With further explanation a doppler was completed, results excluded peripheral arterial disease, compression hosiery kit was recommended to treat signs of venous disease and allowing selfcare. The following visit hosiery was declined due to pain, A HRWD[®] was discussed to debride and ease her pain. Two weeks later she agreed to have the HRWD[®] applied, wound 4 x 3cm, 10% wet slough and 90% granulation and pain score 6.



28/08/19



28/08/19



20/11/19



4/12/2019



11/12/2019

Outcome

Within two weeks the patients pain score reduced to 4. Following four weeks of HRWD[®] two compression liners were tolerated, by week seven there was no reported pain and a third liner was applied, wound had reduced in size with 90% granulation and 10% slough.

This example shows the care and attention taken in treatment explanation can have a positive effect on patient choices and healing outcomes. By 11/12/19 the patient had the confidence to go on holiday as she found the dressing easy to apply and had no pain, wound 0.8 x 0.9cm.

References

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