

The Patient Journey: evidence into clinical practice

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PATIENT 1

ASSESSMENT

66yrs, male, retired pilot.
Ulcer 12mths. Self caring 6months
Assessed – venous.
Awaiting knee replacement.



WOUND

- T** Tissue – sloughy
- I** Inflammation due to
- M** Moisture - exudate damage
- E** Edge irregular shallow ulcer**

DRESSING

*ActiformCool Hydrogel sheet.
Exudate held in sheet
Clean granulating wound base



COMPRESSION

*Actico bandage used for 4 wks. Patient keen for more independence. Commenced 2 layer hosiery kit providing 40mmHg pressure.

PATIENT 2

ASSESSMENT

68yrs, retired manual worker.
Ulcer 15mths rt leg, 9mths left leg.
Assessed –uncertain aetiology. Venous component.
Angiogram excluded arterial involvement



WOUND

- T** Tissue - initially 100% sloughy
- I** Inflammatory appearance due to new healing
- M** Moisture - exudate / serous leakage ++, unable to elevate legs
- E** Edge irregular / shallow ulceration

DRESSING

*ActiformCool hydrogel sheet.
Held exudate. Donated more moisture to tenacious slough.
Clean granulating tissue with
Some epithelialisation.



COMPRESSION

Unable to tolerate elastic compression bandaging. Treated with *Actico bandage. Once established, compression increased by application of 2 Actico bandages (leg circumference > than 25cms).

DISCUSSION

Both of these patients had treatment decided on the basis of their individual experience.

Patient 1 was a very active gentleman who wished to pursue his usual activities as much as possible. This included showering, which he was able to do once the wound was manageable.

Patient 2 was challenging due to the area size of ulceration and the amount of wound leakage. ActiformCool was very effective at removing slough, however the amount of wet gel on removal could be off putting to some patients and practitioners. This gentleman has had the same experience with the right leg therefore is confident that ulcers will heal.

Although patient 1 has a relatively small ulcer, he cannot proceed to knee surgery until it has healed, therefore the impact on his quality of life can appear disproportionate when compared to patient 2.

Successful treatment is more likely where there is a partnership approach between the nurse and patient.

By listening to the patient and their experience, and incorporating this safely in to the treatment plan, there is more likely to be a successful outcome.

Right leg healed and in Activa liner



Leg ulcer guidelines

- CREST 1998 Guidelines for wound management in Northern Ireland. Belfast
- RCN 1998 The management of patients with venous leg ulcers. Clinical practice guidelines. London
- SIGN 26 1998 The care of patients with chronic leg ulcer: a national clinical guideline. Edinburgh.

Wound Assessment

** T.I.M.E. Courtesy of International Advisory Board on Wound Bed Preparation 2003

* Activa Healthcare Ltd.