

STELLA'S STORY: THE SUCCESSFUL USE OF A MONOFILAMENT DEBRIDEMENT PAD* IN A PATIENT WITH COMPLEX REGIONAL PAIN SYNDROME

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About Complex Regional Pain Syndrome (CRPS)

Symptoms:

- persistent severe and debilitating pain
- usually confined to one limb, can spread further
- sensitive skin
- affected areas can become swollen, stiff and undergo fluctuating changes in colour and temperature

Triggered by:

- injury in most cases – with pain of greater severity/longevity than normal
- minor contact (a slight touch/bump) or temperature change can provoke intense pain in sufferers

Knowledge: CRPS is a poorly understood condition

My name is Stella (not my real name) and I would like to share my story of how a simple, but effective, medical device helped to heal my leg ulcer and facilitated my early discharge back home to my family. Everyone's experience of living with a long term condition is different, so there is a lot to be learned from others. For me, CRPS meant that dressings and bandages were just too painful, as they caused long-lasting pain and sensitivity reactions that I could not endure. I am only twenty three, and the fact that my skin and leg reacted and functioned in a different way to that of a normal limb, made treatment very difficult. In November 2013 I developed a small ulcer on the back of my leg. Despite various interventions, the condition worsened rapidly and I was fast running out of options, as each day the pain increased. Then an infection developed and I was referred to the Vascular Surgeon, who said he wasn't sure if he could save my leg! At that point I started to realise how serious everything had become.

I was given a sample of a monofilament debridement pad* by my nurse. I took it out of the packaging and spent some time just touching it and trying to understand how it could be useful to me.

I started to use the monofilament debridement pad in March 2014 - expecting it to fail like many treatments before. This time, however, I was in control and, as I suffer from Obsessive Compulsive Disorder (OCD), this was vital. I quickly discovered I could apply as much or as little pressure to my wound as I wanted with the monofilament debridement pad. At first it was really painful, but I could see the immediate improvement and so I persevered. Very quickly I could see how my wound was looking better and, not only that, but the pain was easing. I started incorporating this into my everyday care, soaking my leg for 30 minutes before use. As my leg improved I was able to apply more pressure, removing dead skin and allowing the fresh skin to return.



before

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For me the monofilament debridement pad was soft on my sensitive skin, quick and easy to use, I was in control of the pressure applied and could use it independently. The monofilament debridement pad removed infected tissue, avoiding the need for surgical debridement and I was able to continue the treatment at home.

Patient power is a key factor in the success of the NHS moving forward. It is widely considered that a patient who is engaged actively in the plans for their care is much more likely to be concordant - and outcomes improve as a direct result of their involvement.

The NHS agrees with Stella (2006)[†], and is working towards moving care out of hospitals and closer to home. Expert Patient Programme initiatives work to empower patients, giving them more information and control over their care and support. The Department of Health is committed to improving care for patients, and the Friends and Family Test and Patient Satisfaction results form part of the CQUIN targets.

The patient's own testimony shows that she felt empowered using the monofilament debridement pad and was able to continue the treatment at home, saving time and money for the NHS.

Stella continues to use and share information about the monofilament debridement pad with patients who have similar conditions.



after

The most important thing in all of this was that this little pad saved my leg!

Note from the clinicians

This case study demonstrates the importance of working as a multi-disciplinary team as this condition was outside the authors' area of expertise. It was also an example of partnership working between primary, secondary care and industry - which has cemented future relationships.

References

[†] Our health, our care, our say: a new direction for community services (2006) Department of Health