

# The role of the patient in managing wound pain to achieve wound improvement

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## Introduction

Concordance plays a vital role in wound healing. This is even more pertinent in the area of wound pain, where the main measure of successful treatment is reduction in pain with no adverse side effects. Patient involvement needs to be balanced with the experience and knowledge of the tissue viability team. In a hospital environment this may mean finding new treatments that are not listed on the hospital formulary.

## Method

Increasing referrals of patients with unresolved wound pain led the tissue viability team to consider what was currently available on the wound care formulary. Although the listed dressings addressed the issues of wound debridement and exudate management, they did not relieve pain. A new ionic sheet hydrogel (ActiFormCool®) recommended for wound pain, (Hampton, S 2007) was evaluated on 5 patients with various wound conditions and, following successful outcomes, application was made to list this dressing onto the wound formulary. "Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage. Pain is always subjective". (International Association for the study of pain, 1986).

The two case studies discussed in this poster highlight the importance of taking patient comments into consideration when selecting treatment regimes. Both cases presented to the hospital specialist tissue viability team with painful and complex underlying conditions.

## Case study 1

This 67 year old man with Rheumatoid arthritis was referred to the specialist team having had a non-healing leg ulcer which had deteriorated to the point where amputation was scheduled, largely due to the pain he was experiencing. Previous treatments included silver dressings and hydrofibre dressings, which he was unable to tolerate. The wound was also infected with MRSA and this added to his pain.

ActiFormCool® sheet dressings were commenced initially by the community TVN to help deslough the wound and to relieve wound pain throughout the treatment time, and were continued by me at his wife's request. The success of our experiences has led to ActiFormCool® dressings being added to our formulary.

## Results

### Case study 1

Within 5 – 6 weeks with ActiFormCool® dressings the wound became noticeably cleaner and showed signs of healing. The patient was able to tolerate the dressing, despite the presence of MRSA at the beginning. Pain relief was effective immediately and the patient and his wife requested that the dressing was continued. Total healing was achieved after nearly five months, saving this patient the prospect of unresolved pain and possible amputation.

## Case study 1



Sloughy, MRSA infected, non-healing leg ulcer. ActiFormCool® applied



Clean, granulating wound after 5-6 weeks



Total healing after 5 months, saving possible amputation

## Case study 2

A 60 year old lady was referred to the TVN following an infected, non-healing biopsy site. The ulcer was deep, painful and sloughy with some necrosis in the lateral wound bed. Wound management to this point was Metronidazole gel and Mepitel dressings, and this was later changed to a hydrofibre with a secondary foam dressing plus toe to knee wool and crepe. Once the diagnosis of pyoderma gangrenosum was confirmed, potent topical steroids and systemic high dose Cortico-steroids up to 120mg per day were commenced to reduce the inflammation. Analgesia consisted of Oramorph 10mg prior to dressing change, Gabapentin 300mg 3times daily for neuropathic pain, topical Bupivacaine soaks for 10 minutes to remove the dressings, and Co-codamol prn.

## Results

### Case Study 2

After just 2 days of ActiFormCool®, the pain score had reduced from 9 out of 10 down to 7, but her medication remained the same. At the second dressing change the wound was less sloughy, and by the third dressing change the pain score was 5, with the wound appearing less deep and showing signs of granulation. Light compression with soft wool padding and Elset bandages was commenced. At this stage the Dermatology consultant requested application of topical negative therapy (TNP) to accelerate healing. However, the patient only tolerated this for 2 days due to the pain, and requested to go back on to ActiFormCool® dressings.

Six weeks later the patient was discharged home with ActiFormCool®, Elset light compression and a reduced analgesic regime of Gabapentin 300mg TDS, Co-Codamol prn and topical Bupivacaine for dressing changes. Her pain score at time of discharge was 3 out of 10.

## Discussion

In both case studies ActiFormCool® was effective in managing exudate, desloughing the wound bed and encouraging granulation. The patients found the dressing comfortable; it did not adhere to the wounds at any time, or cause any trauma to the wound bed. The pain gradually improved as the wounds improved.

## Conclusion

The dressing appeared to resolve wound pain where previously high doses of analgesia, including opiates, were required. In addition, noticeable improvements in wound progress were recorded. By listening to patients, treatment regimes can be adjusted to improve quality of life and aid healing.

## Case study 2



Sloughy, infected, non-healing biopsy site - confirmed pyoderma gangrenosum



Treated with systemic and topical steroids Pain score 9 out of 10



Referred to TVN. ActiFormCool® applied



After 2 days pain score 7; At 3rd dressing change pain score 5



Signs of granulation. Pain score at discharge at 6 weeks. Pain score 3



Now clean and granulating, pain controlled, still on ActiFormCool®

## References

- EWMA Position Document. Pain at wound dressing changes (2002).
- Hampton, S. A focus on ActiFormCool® in the reduction of wound pain. British Journal of Community Nurses Vol 12, Iss.9, Supplement Sept 2007. P S37-S42
- International Association for the study of pain, (1986) Classification of chronic pain. Descriptions of chronic pain syndromes and definition of pain terms. Pain supplement 3.