

Sheila 'shark bite' - a case history.

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Introduction

This paper describes the management of a patient experiencing extreme pain at dressing change following a surgical debridement of a pyoderma gangrenosum leg ulcer. The patient, Sheila, was traumatised by both the pain and visual experience of the wound, and called it her "shark bite".

The tissue viability nurse was called upon to give support during a traumatic dressing change, when both the ward nursing staff and surgical team felt unable to support the patient. The patient was 2 days post op following an extensive leg debridement to the medial aspect of the left leg extending from the gaiter area to above the knee (>30cm x >18cm). The patient was situated in a 6 bed bay on a busy vascular unit. As the tissue viability nurse approached the ward, the patient could be heard screaming loudly. Morphine had been administered for pain relief with little effect and the nurses were trying to remove the dressings. The nurses were visibly anxious and the patient was distressed and sweating profusely.

Method

The dressing needed to be changed, and the patient's pain had to be better managed before that could happen. It was important to gain Sheila's trust in order to reduce her anxiety and pain experience. The tissue viability nurse sat with the patient for 45 minutes both reassuring her and exploring pain control options. Sheila tried entonox gas and was reassured by the effect. She was given ActiFormCool[®] ionic sheet hydrogel dressing to look at and feel, and she agreed to try this as a wound contact dressing. This dressing had not been used in the Trust before for management of surgical wounds. However, the TVN had good experience of the dressings with chronic wounds in terms of debridement of devitalised tissue and pain control, and this was discussed with the patient. Sheila wanted the dressing change to be rapid and maximum analgesia used. 6 staff were present for the dressing change - to open packs, position the leg, reassure the patient, and administer analgesia as necessary.

The patient did require Midazolam, which was administered by the doctor. However, the procedure was rapid. The dressings were easy to apply and were held in place by sterile pads and bandages.

Results

Sheila reported significantly less pain at 15 minutes post dressing change, she found the wound dressings to be comfortable to wear and easy to remove. At day six there was a visible increase in vascularisation, no malodour and a significant decrease in reported pain using a visual analogue scale. Less analgesia was subsequently required at dressing changes. The wound continued to be dressed on alternate days. After 4 weeks of treatment several small areas of necrosis developed in the wound bed and these were conservatively sharp debrided where possible by the vascular advanced nurse practitioner. Honey and alginate products were applied to the remaining necrosis on alternate days for 3 consecutive dressing changes and successfully removed the remaining devitalised tissue. ActiFormCool[®] dressings then resumed for 4 weeks until a split skin graft was performed.

Discussion

The evidence base for the management of pyoderma gangrenosum is poor. Sheila was in a great deal of pain due to the wound and her anxiety about the dressing procedure. This particular case called for a team approach, to support good wound management and systemic treatment, and clearly demonstrates the central role of the tissue viability nurse in acute wound management. The author spends an increasing portion of time in the operating theatre advising on wound management options to prevent this scenario occurring on the ward.

Conclusion

The successful management of this situation was possible through a process of negotiation and engagement with the patient and the facilitation of a multidisciplinary approach under the guidance of the tissue viability nurse specialist.



2 days post surgical debridement of pyoderma gangrenosum leg ulcer



Less pain 15 minutes post dressing change with ActiFormCool[®]



Day 6: Increase vascularity, reduced pain and malodour



Sharp debridement to necrotic areas. Honey and alginates for 3 dressings changes



ActiFormCool[®] resumed for 4 weeks for pain management until grafting



Area grafted with split skin graft