

The value of collaborative working with industry in a community setting

Teresa Greaves - Tissue Viability Nurse, Bromley Healthcare

Introduction

Chronic oedema is a poorly recognised and under treated condition, despite being a common problem in the community – with at least 100,000 patients with the condition in this country (Moffatt et al, 2003). However, a decade on, there remains a lack of skills and knowledge within the community, to treat and manage this condition. The reason for this is the lack of comprehensive training on the causes of oedema and its management (Hedger, 2008). Consequently, the cost of not treating chronic oedema appropriately will become an ever increasing financial burden on NHS Organisations.

Aim of this study;

- To evaluate a monofilament debridement pad* in patients with chronic oedema and hyperkeratosis. This method has been proven to be effective in the removal of hyperkeratosis and can be used by the generalist in the community (Wounds UK, 2013).
- To highlight the evaluation with a case study
- To identify the benefits from working in partnership with industry

Method

Mr C is a 65 year old man with a 13 year history of bilateral chronic oedema with extensive hyperkeratosis from his toes spreading to above knee level (Pictures 1 and 2). Hyperkeratosis is thickening of the stratum corneum due to excessive amounts of a protein keratin, which can occur as part of the skin's defence against chronic inflammation, infection and eczema (MacLaren, 2001). The combination of hyperkeratosis and leakage of lymphatic fluid provided an ideal breeding ground for bacteria and infection, which resulted in constant bouts of cellulitis and uncontrolled lymphorrhoea. Mr C expressed feelings of deep embarrassment due to the malodour from his legs. As a result, he had become socially withdrawn and isolated due to depression. Timmons & Bianchi (2008) considered that advanced disease with hyperkeratosis can have associated malodour, with further odour produced from the leakage of lymphorrhoea. They also acknowledged the devastating psychological impact of mismanagement on a patient's mobility and independence, which can lead to a complete loss of self-esteem. Mr C had undergone numerous unsuccessful treatment regimes, recommended by the Dermatologists and implemented by the District Nursing Service.

Mr C agreed to undergo an intensive period of treatment with collaborative working between the Tissue Viability Service, the District Nursing Team and the expertise of a Specialist Nurse from industry. A monofilament debridement pad was commenced to debride the hyperkeratosis from his skin and to stimulate his microcirculation, as stiff skin with increased scaling compromises lymph flow (Browse et al, 2003).

The monofilament fibre pad is designed to mechanically bind the hyperkeratotic debris within the fibre composite, thereby removing it from the skin (EWMA, 2013). Inelastic, short stretch, cohesive compression bandaging** was applied to treat his underlying chronic oedema.

Digital photographs were used to supplement the documentation and demonstrate progress.



Picture 1 - 22.01.2013



Picture 2 - 04.02.2013



Picture 3 - 17.05.2013

Result

Treatment was commenced on 4th February 2013. The District Nursing Team received training on bilateral full limb and toe bandaging from the Specialist Nurse, with on-going support from the Tissue Viability Service. Mr C's legs had intensive treatment with the monofilament debridement pad, four times weekly initially; reduced to three times weekly by 18th February 2013. Mr C became increasingly involved in his skin care regime as he witnessed the transformation of his skin. He confided that, over the years, he has been watching the hyperkeratosis slowly creeping up his legs.

Mr C's progress was reviewed by members of the collaborative team on 27th March 2013. His hyperkeratosis had resolved and chronic oedema responded to the inelastic short stretch cohesive compression therapy (Picture 3). After 13 years of mismanagement from healthcare professionals due to the lack of knowledge of his underlying disease process, Mr C was measured for thigh length. Made to Measure flat-knit European class compression hosiery***, for long term management.

Six months on from the start of his treatment Mr C's lymphoedema is now successfully maintained, with a regular skin care regime involving maintenance treatment with a monofilament debridement pad and emollient therapy. He wears bilateral toe caps and thigh length class 3 compression hosiery*** on his left leg and class 2 on his right.

Psychologically, Mr C initially found it difficult to believe that the compression therapy would maintain his condition. However, he has experienced no reoccurrence and he is now striving to rebuild his life and is beginning to regain his self-esteem.

Conclusion/discussion

Support from industry via the specialist nurse enabled the right treatment to be given to Mr C – including use of the monofilament debridement pad within intensive skin care and bandage regime. This specialist nurse now works with the Tissue Viability team within an honorary contract, giving added specialist input with no financial cost to the organisation. The Government requires organisations to make cost savings, but also to improve the quality of the care they provide (DOH, 2013).

This successful health outcome for Mr C reflects the partnership working between the clinicians, industry and the shared decision making with the patient. The Government (DOH, 2011) reinforced this way of working to create a patient-centred, quality-focused NHS that puts patients fully involved in their own care.

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