THE CHALLENGE OF PAIN

WOUND PAIN MANAGEMENT

DUICK GUIDE

DEFINITION AND TYPES OF PAIN

- Pain: An unpleasant subjective, sensory and emotional experience associated with actual or potential tissue damage⁶
- Nociceptive pain: Caused by damage to body tissue and usually described as a sharp, aching or throbbing pain⁷
- Neuropathic: Often described as shooting, stinging, drilling or stabbing pain. Caused by damage to peripheral or central nerves and very difficult to treat. as normal analgesia may not have an effect; may be relieved by antidepressants or anticonvulsants, but these can have intolerable side effects³.

WHY IS IT IMPORTANT TO MANAGE PAIN?

Wound-related pain can be an all-encompassing experience and is often one of the most devastating aspects of living with a wound⁸, seriously impacting patient wellbeing and quality of life. Pain and stress have been found to slow the various intricate mechanisms of wound healing. Moreover, if patients are anxious and anticipate a painful experience, this may actually intensify the pain felt at dressing change⁹.

THE PATIENT MAY EXPERIENCE PAIN FOR A NUMBER OF REASONS:

- Wound or skin-related for example, itchy hyperkeratosis, skin breakdown caused by exudate, infection or inflammation, etc
- Management of the wound for example, skin stripping from adhesives, friction caused by bandages or debridement
- Emotional distress for example, embarrassment caused by malodour and anxiety due to lack of healing progression³

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In addition to the physical aspects of painful wounds patients can also experience emotional distress. For example, embarrassment caused by malodour and anxiety due to lack of healing progression.

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MANAGING WOUND PAIN

Wherever possible, it is important to effectively manage wound pain according to its cause¹⁰. Accurate assessment is key to implementing a plan to reduce or eliminate pain, and may include:

- Identifying sources of pain and implementing appropriate management strategies, e.g. treat infection, provide pressure relief, reduce oedema using compression
- Optimising dressing wear time so the wound is not disturbed unnecessarily
- Selecting a dressing that manages wound pain and can be removed atraumatically
- Providing additional analgesia
- Using an integrated strategy to facilitate healing progression where appropriate (e.g. combining dressings with compression therapy for a VLU).

MEASURING WOUND PAIN

Due to lack of an objective tool, pain measurement relies on patients' experience, which is unique to them, and can be affected by physiological, psychological, emotional and environmental factors¹¹. Diagnostic tests may be required to identify the cause of pain and assessment will need to continue once treatment has been implemented.

Ideally, one practitioner would always record pain levels, but since this is often unrealistic, recognised tools such as the visual analogue scale (VAS) and McGills pain scoring system are used¹².

No pain | Slight | Annoying | Dreadful | Vicious | Excruciating

EXAMPLE PAIN MEASUREMENT SCALE

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ACTIFORMCOOL®

MANAGING WOUND PAIN

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WHAT IS ACTIFORMCOOL® AND WHY USE IT?

CLINICAL APPLICATIONS OF ACTIFORMCOOL®: CASE STUDY RESULTS

ActiFormCool[®] is an ionic sheet hydrogel that is suitable for a variety of wounds and skin conditions, but is particularly useful for:

- Pain relief: It cools inflamed tissue and bathes nerve endings, relieving pain and soothing irritated skin. Pain is managed throughout the period of wear - not just at dressing change. The underlying causes of pain are treated, reducing the period of time a wound is painful
- **Debridement**: It stimulates autolytic debridement through moisture optimisation; the formation of granulation tissue follows rapidly to generate a healthy wound bed.

ActiFormCool[®] is a low sensitivity dressing, so is safe for those with especially vulnerable skin, such as neonates. However, ActiFormCool® should not be used on deep, narrow cavities or sinuses.

HOW ACTIFORMCOOL® OPTIMISES MOIST WOUND HEALING Dynamically responds to moisture levels, donating moisture or absorbing



BROWN ARROWS Exudate and devitalised tissue is absorbed into the hydrogel polymers.

impermeable to bacteria.

The outer film is

TOP

BILLE ARROWS Moisture is donated. debriding necrotic and sloughy tissue, and hydrating dry areas.

HINTS AND TIPS

- Use in conjunction with Debrisoft[®] (mechanical debridement) to optimise wound progression, particularly in static chronic wounds
- For treating larger areas, several dressings may be used side by side; for smaller areas, the dressing may be cut if required
- ActiFormCool[®] is effective under compression therapy and may be combined with other dressings
- The dressing becoming cloudy or opaque from fluid absorption is a good indicator that it should be changed^{1,2}.

Chronic wounds	Immunocompromised patients	Malignant wounds and palliative care	Acute injury	Burns and radiotherapy damage
 Wounds become chronic for many reasons. Chronicity in leg ulcers is commonly caused by poor venous return, arterial insufficiency, systemic disease (e.g. lupus) or diabetes. ActiFormCool® has been proven to³: Facilitate an environment conducive to healing Reduce slough, exposing areas of granulation tissue Substantially reduce pain Be safe and effective under compression. 	 Such patients can experience pain and discomfort associated with wounds and may be at a comparatively greater risk of infection or anxiety. ActiFormCool® has been proven to³: Support patients' wellbeing and self-esteem Reduce the need for analgesics at dressing change and at night Keep skin dry and clean, providing full and immediate pain relief. 	 Malignant wounds present a challenge in terms of pain, bleeding, exudate and odour, and have a psychological impact. Healing may not always be a realistic objective, but providing comfort and improved quality of life should be a primary concern for this patient cohort. ActiFormCool® has been proven to³: Give immediate pain relief Last without leakage and malodour over a 48-hour period. 	One example of acute injury is extravasation, which is caused by tissues becoming macerated with fluid that has seeped from IV lines into the surrounding area. Skin breaks down and can cause damage to adjoining structures (e.g. tendons). ActiFormCool® has been proven to ³ : Reduce exudate levels, inflammation and odour Debride the wound bed through autolysis Induce formation of granulation tissue. Case Study: Neonatal extravasation injury ⁵	Superficial burns and blisters can be extremely painful; full thickness burns are generally painless due to nerve ending injury, but may require pain management in the surrounding areas. ActiFormCool® has been proven to ³ : Provide pain relief and allow granulation and epithelisation to commence.
Case Study: Chronic leg ulcer ⁴	After 4 weeks			Following debridement

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