Patient-centred leg ulcer care

This has resulted in a different approach to bandage choice, and selection of bandage type now relies largely on individual requirements and preferences. The case study overleaf illustrates how important it is for nurses to remain individualised.

Compressi


tion therapy can promote healing in venous ulcers (Charles, 1991; Eriksson et al, 1984; Taylor et al, 1998). However, patient cooperation is key if this form of treatment is to be successful. Faster healing rates are only achieved if the bandages are applied correctly and stay in situ for the specified period (Nelson, 1996). Compliance is a recognised problem in compression therapy (Mayberry et al, 1992). There are a number of reasons why this is the case, including factors such as forgetting instructions, difficulty applying the bandages and discomfort caused by the bandages - for example, finding them too tight (Samson and Showalter, 1996).

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therapy is a tendency for the bandages to slip, particularly after the first 24 hours, when the limb oedema has reduced.

Conclusion
Patients with chronic leg ulcers can suffer physically and psychologically (Charles, 1995). Nursing diagnosis should be patient- rather than disease-centered and enable nurses to view psychosocial elements of care alongside physiological needs (Husband, 1996). Compression bandaging has been described as the single most important element in the treatment of venous ulcers (Nelson, 1995) but without firm commitment from the patient based on an acceptable quality of life, and nursing practice based on relevant clinical evidence, compliance with treatment will not be achieved and wounds will not heal.

The short-stretch bandages proved to be the ideal system for the patient in the case study as it suited her life-style and encouraged compliance with the compression therapy, thereby promoting healing in her long-term ulcer. This positive outcome was due to the partnership that developed between her and the nurses in the leg ulcer clinic, with the rationale for treatment regimens being dependent on the requirements of the patient. The case study demonstrates the need to offer alternative methods of treatment to suit the individual patient in order to provide best care.

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CASE REPORT

Ann Smith is 67 years old. She is a tall and overweight but also an active woman with a long history of venous ulceration to her right leg. In the past Ms Smith had attended a private clinic in London for management of the ulcer, but following a bereavement her mood had become low and she decided to treat it herself. Ms Smith was referred to her local leg ulcer clinic following recommendation by a friend when her ulcer began to deteriorate.

Assessment and management
On examination Ms Smith was found to have diabetes. Doppler assessment revealed an ankle brachial pressure index of 0.6 which indicated that there was no arterial involvement. As is often the case in venous incompetence, Ms Smith's legs were shaped like upside down champagne bottles. The ulcer was 3 cm x 2 cm on the right lateral malleolus, with 50% slough and small areas of granulation. The leg ulcer nurse decided that a four-layer compression bandage applied over NA Ultra would generate the best results in terms of wound healing. However, for a period of three months the ulcer became locked in a cycle of partial healing followed by deterioration. Whenever the ulcer deteriorated, a four-layer bandage was applied, but this was found to encourage eczema around the wound. A number of problems were also highlighted by Ms Smith during this time. Because of the shape of her legs the bandages frequently fell down, and she found it difficult to use her normal footwear due to the thickness of bandages and complained that her leg was too warm with them in place.

Ms Smith and the nurse responsible for her care became increasingly frustrated with the existing treatment regimen. After exploring the options available and following discussion with Ms Smith it was decided that short-stretch compression bandaging would be a suitable alternative. It was hoped that this would result in a number of benefits — for example, reducing the discomfort associated with thick bandages and enabling Ms Smith to wear her usual shoes. This form of compression therapy was also suited to Ms Smith as she is an active individual, and the compression component of the bandaging was therefore optimised. To minimise the risk of the bandages falling down a cohesive bandage — where the layers adhere to each other — was chosen.

The new regime consisted of a non-adherent dressing at the wound contact layer. A stockinet was placed over skin from toe to knee to reduce the potential for eczema development. Actico short-stretch bandages were then applied in a spiral over the top. The cohesive element of the bandage held the shape of the leg. During this time Smith visited the clinic on a weekly basis.

Outcome
Ms Smith found the short-stretch bandaging to be much more compatible with her expectations. She was able to use all of her usual footwear and found the short-stretch bandage less obvious than the more bulky multi-layer bandage, which was an aspect she found very important. Ms Smith also considered the short-stretch bandages to be more comfortable than the multi-layer bandages, and far cooler. She did not experience problems with eczema under the new bandages.

Most significantly, the bandages stayed in place and it is possible that this factor may have influenced the fact that the ulcer healed within three weeks.

Ms Smith continued to attend the clinic over a period of four weeks where she was offered advice and support. In order to prevent a recurrence of the ulcer, Ms Smith was provided with compression hosiery and was taught how to apply it independently. She was also offered support by the nurses and was informed of the importance of using the hosiery to prevent future recurrence.

References


