Development and experiences of wound/leg ulcer management within Rochdale Harm Reduction Services

Introduction
I am a Community Staff Nurse working with the Harm Reduction Service within Rochdale Community Drugs Team (RCDT). I commenced this post in June 2004 at which time there was no wound/leg ulcer provision within any local Drug Services.

A thorough literature search revealed very little regarding the nature and causes of wounds, abscesses and leg ulceration in the injecting population. Even so, it remains a challenge that many wound care nurses, drug service staff and leg ulcer specialist nurses encounter on a regular basis.

Statistics Regarding Substance Use in Rochdale
The population of Rochdale is 262,518 (Census 2000).
Prevalence studies of illicit drug use estimate between 1500-1800 problematic drug users and it would appear that this figure is constantly rising.

- 68% male
- 32% female
- 70% of clients are white majority of the remainder being from a black and ethnic background
- Majority age ranges 25-34.

Purpose of Needle Exchanges
Tier 2 service, (Models of Care 2003) Developed with the wider context of risk reduction – referring to the reduction of drug related harm including social, medical, legal and financial problems until the client is ready to move on. (Legal Highs Unit, Department of Health (DOH) et al 1999).

Important for preventing Blood Borne Viruses (BBV), HIV and public health measures (DOH 2001b).

Prevalence of Needle Exchanges
In 1998 – 2000 needle exchanges in UK
September 2005 - 1980 clients registered Rochdale needle exchange covering a 5-mile radius
Recommended that N/Ex employ nurses to check injection sites and deal with minor infections and dressings, National Needle Exchange Working Party – updated
This poses the problem of limitations with provision of basic wound care.

Aetiology of Leg Ulcers
Classification – “A loss of skin below the knee on the leg or foot which takes more than 6 weeks to heal”. (Cullum and Roe 1996)

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Acute and Chronic Wound in IDU
Abcesses form easily, although inconsistently, and it still remains uncertain as to the opportunistic mechanisms and factors that contribute directly to the skin problems found in IDU. (Finnie and Nicholson 2002)

The injected drug is not sterile, is manufactured in filthy conditions, and further down the supply chain is often injected in far from ideal circumstances and conditions by clients, who often have little knowledge of their anatomy or safe injecting practice.

Numerous skin changes occur upon breaching the skin surface. Abscesses have the potential to develop into chronic ulcers, especially in the lower leg. (Finnie and Nicholson 2002)

Skin disease can be a direct result of the solvency, quality and cleanliness of the drug together with poor injecting behaviour. (Finnie and Nicholson 2002)

Basic Wound Care Provision
Ranged from 2 clients and 5 interventions to 18 clients with 36 interventions
Figures from June 04 to September 05
It should be noted that between Sept 04 – Jan 05 figures fell due to absence for leg ulcer module training.

Leg Ulcer Management
Jan 05-Sept 05
13 males
8 females
1 male and 3 females have only received previous mainstream treatment spasmodically
4 males healed compression hosiery
2 females healed compression hosiery
1 male and 1 female assessed to be too chaotic and high risk to treat at present – offered conservative treatment for the present time

Factors for assessment
- Past medical history
- Predisposing factors
- Medication
- Risk assessment
- Chaotic lifestyle
- Risk to staff
- Willingness to engage
- Vaccination level
- Blood borne virus status
- Accommodation settings
- Pain
- Footwear – no choice of treatment
- Nutritional status
- Suffering injecting advice
- Treatment care pathway for variations in leg ulcer management guidelines regarding
- Doppler results and problematic healing.

Actico bandages are favoured by many of the clients because they are less bulky under clothing and have low resting pressures.

Case study 1
8 weeks with Actico bandages

Case study 1
16 weeks with Actico bandages

Case study 2
Female client 28 year old street sex worker
Picture taken upon release from prison sentence, had had previous leg ulcer management at RDCH and had almost healed.
Request for continuation of compression bandaging made to prison health care but this service is not provided due to “Suicide Risks”. Therefore on release further deterioration and infection.

The Way Forward
On going work to forge links with, and receive referrals from, other agencies. Inform DAT’s and other agencies of provision and importance of specialist service provision.

Break down barriers to accessing mainstream services by shared care facilities.

Facilitate the development of service provision by obtaining further funding/appropriate specialist staff.

Conclusion
It is the aim and philosophy of this new nurse-led initiative of provision of wound care/leg ulcer management within Rochdale Community Drug Team to engage with those individuals who have previously had negative experiences, or no access to treatment, to begin the process of gaining trust and providing the opportunity to access some of the services on offer by means of a client focused, non-judgemental and open access process. Ultimately the aim is to guide clients towards returning to, or accessing mainstream services.

References


Mutasa HCF (2001) Risk factors associated with non-compliance with methadone substitution therapy (MST) and relapse among IDU-past femoral groin injector.

Case study 1
32 year old female IDU past femoral groin injector. Lower leg ulcer - right leg - 2 years duration.
Self treated.
Chronically infected treated with Oral antibiotics and Silver dressings for wound bed preparation.
Actico bandaging – client fully mobile and able to wear own footwear.

Case study 1
45 year old female IDU, injecting past femoral groin and popliteal vein. Lower leg ulcer - right leg - 1 year duration.
Infection.
Actico bandaging – client very mobile and able to wear own footwear.

Case study 1
32 year old female IDU past femoral groin injector. Lower leg ulcer - right leg - 2 years duration.
Self treated.
Chronically infected treated with Oral antibiotics and Silver dressings for wound bed preparation.
Actico bandaging – client fully mobile and able to wear own footwear.