Implementation of a structured approach to leg ulcer care

Rachael Smithdale and Ruth Martin, Tissue Viability Nurse Specialists, Wandsworth Primary Care Trust, London.

Introduction
This poster will review the implementation of a leg ulcer care pathway by a team of specialist nurses who have responsibility for an integrated leg ulcer service in a busy urban area. The service incorporates advisory consultations and training in the community for district and practice nurses, and also in the hospital outpatient setting. A leg ulcer service and guidelines had been in place for a number of years with good results, but there was no trust-wide, standardised leg ulcer care pathway. The authors observed differing standards of care across the trust and variations in referral rates for specialist intervention, sometimes leading to misdiagnoses, costly, inappropriate treatments and inequality in the care received by patients. There were pockets of good and bad practice and sometimes outdated treatment regimes keeping the level of non-healing patients in some parts of the trust high. Although the ‘four layer’ bandaging system was considered the gold standard at the time, some of the less experienced nurses lacked the confidence to learn how to apply the bandages, and viewed the application technique as complicated to learn.

Method
With this in mind, a decision was made to review current practice, develop a standardised care pathway and disseminate this through training and education in order to improve patient care. The work of the widely respected International Leg Ulcer Advisory Board was consulted, and guidelines were adapted and devised to achieve this. Education included assessment, to encourage accurate diagnoses and early referrals, and awareness of all treatment options in order to increase choice for both patients and practitioners, including both elastic and inelastic bandaging.

Research has shown that healing rates are similar with elastic and inelastic bandage systems (Partsch et al, 2001; Franks et al, 2004), and nurses were encouraged to consider patient preference and comfort. Continuous compression with multilayer elastic bandages may be painful for some patients at night. In this case short stretch (inelastic) bandages may be better tolerated by patients because of the fluctuations in pressures: providing high working pressures and lower pressures when patients are at rest. For this reason these systems (Partsch et al, 2001; Franks et al, 2004), and nurses were encouraged to consider patient preference and comfort. Continuous compression with multilayer elastic bandages may be painful for some patients at night. In this case short stretch (inelastic) bandages may be better tolerated by patients because of the fluctuations in pressures: providing high working pressures and lower pressures when patients are at rest. For this reason these bandages may be also suitable for patients with mild arterial impairment and for reduction of oedema. (Marston and Vowden 2003)

Discussion
Leg ulcer management is a science that needs to be approached in a systematic way, with nurses being aware of the consequences of poor management. Specialist teams are invaluable in guideing nurses through the sometimes baffling maze of available treatments and in supplying the much needed training, especially in areas where staff turnover is high. Although the ‘four layer’ bandaging system was considered the gold standard at the time, some of the less experienced nurses lacked the confidence to learn how to apply the bandages, and viewed the application technique as complicated to learn.

Conclusion
With a structured approach and by implementing research based practice, patients and practitioners benefited from the new service, and the documented pathway facilitates continuation of good practice.

References


