ActiFormCool®: A useful adjunct to aid wound healing and reduce wound pain.

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Introduction
There is now evidence to show that venous leg ulcers can cause considerable pain (Hofman D, 1997) and there are many dressings that relieve pain at dressing change (Hollinworth, 2002). However it is important to offer pain relief between dressing changes and throughout the healing process.

Aim
The author will present two case studies, which describe the role of ActiFormCool® sheet hydrogel in reducing pain and promoting wound healing in two patients with chronic leg ulceration.

Methods
The author will describe the advancement of recalcitrant leg ulcers in two patients. Both patients reported constant wound pain prior to the use of ActiFormCool. Hollinworth & White (2006) propose patient’s pain may be given a low priority and that practice will only change if all professionals engage in care strategies proven to minimise trauma and pain in wound care. (Hollinworth & White (2006)

By following the progress of the two patients in these case studies, the author will describe the advancement of recalcitrant leg ulcers. Both patients had reported constant wound pain, with one patient requiring opiates to help her cope with the pain. Both patients reported reduction in pain to the extent that they no longer required analgesia.

Patient 1
The patient is a 68 year old female. This patient has had her ulcer for almost 2 years.

A comprehensive leg ulcer assessment was undertaken. The ABPI was 0.8.

No predominant features of arterial insufficiency were identified.

<table>
<thead>
<tr>
<th>Time Scale</th>
<th>Ulcer Dimensions</th>
<th>Tissue Type</th>
<th>Infection/Infammation</th>
<th>Moisture</th>
<th>Pain Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>At presentation</td>
<td>8cm x 6cm</td>
<td>Thick adherent</td>
<td>Moderate purulent</td>
<td>Minimal</td>
<td>8</td>
</tr>
<tr>
<td>1 week</td>
<td>12cm x 8cm</td>
<td>10% granulation tissue</td>
<td>None</td>
<td>Moderate</td>
<td>6</td>
</tr>
<tr>
<td>4 weeks</td>
<td>12cm x 8cm</td>
<td>Granulation tissue</td>
<td>Increased pain</td>
<td>Moderate</td>
<td>5</td>
</tr>
<tr>
<td>6 weeks</td>
<td>12cm x 8cm</td>
<td>Granulation tissue</td>
<td>Increased pain</td>
<td>Minimal</td>
<td>0</td>
</tr>
<tr>
<td>4 months</td>
<td>6cm x 2cm</td>
<td>New epithelium</td>
<td>None</td>
<td>Minimal</td>
<td>0</td>
</tr>
<tr>
<td>15 weeks</td>
<td>3cm x 3cm</td>
<td>New epithelium</td>
<td>None</td>
<td>Minimal</td>
<td>0</td>
</tr>
</tbody>
</table>

At presentation ulcer measured 8cm x 6cm.

At 1 month the patient is no longer requiring opiates. Amitryptilline has been commenced to reduce neuropathic pain. The patient reports no pain at dressing changes. There is evidence of new granulation tissue in the wound bed and a new bridge of epithelium separates the ulcerated areas. The 2 ulcerated areas measure 6cm x 5cm and 4cm x 3cm respectively.

This patient’s attitude towards her ulcers has changed. She is sleeping and has now begun to leave the home using a scooter. Prior to this she would not leave the home environment.

The use of photography and wound measurement has enabled this author to demonstrate significant improvements in wound dimensions, exudate levels, pain scales and independence for both these patients as a result of appropriate wound management using ActiFormCool® as a primary dressing.

Discussion
EWMA (2002) advocate strategies for the relief of pain at dressing changes, which include maintaining a moist environment, minimise pain and trauma on dressing removal and maximising time dressings are insitu. Using ActiFormCool® hydrogel enabled these principles to be followed and as a result one leg ulcer has healed and the other is showing significant signs of healing. Additionally, pain was reduced not just at dressing change, but throughout the treatment time.

References
Hollinworth H (2002) How to alleviate pain at wound dressing changes. NT Plus; 98;44