When deciding the most appropriate plan of treatment and care, it is not always the case that the opinion of the medical professional and the patient are the same. These delicate situations can become a balancing act between the need to tentatively gain the patient's trust in order to accept an appropriate plan of care, against the risk of the patient's condition significantly deteriorating.

This case study will demonstrate the role of the tissue viability nurse specialist in the treatment of a patient with an infected leg ulcer, reluctant to accept medical attention.

Mrs L was an eighty three year old lady who suffered from mild dementia and sustained a leg ulcer with mixed aetiology by knocking her leg on a coffee table.

Following her admission to the accident and emergency department, Mrs L was offered a skin graft by the Plastic's team, due to the extensive size of the laceration. She refused a graft as her partner wanted her to be at home. Mrs L and her partner also refused later outpatient appointments and all other medical advice and services. They were a very private couple and very rarely had visitors to their home. Their living conditions were extremely unkempt and Mrs L had a poor nutritional status. Despite their reservations, Mrs L and her partner reluctantly allowed the community nurses to visit.

Mrs L's ulcer needed to be re-dressed every day. This regime continued for three weeks, at which point advice was sought from the tissue viability nurse specialist (TVNS).

The TVNS was presented with a wound measuring 17cm x 20cm with large amounts of slough to the wound bed and clinical signs of infection, including increased exudate levels, pain and erythema. Mrs L refused any kind of antibiotics. Early diagnosis of infection can result in improved patient outcomes and the reduction of treatment costs, combined with reducing the risk of further complications (White, 2009).

The main challenge to the TVNS was to reduce the amount of slough present in the wound and treat the current infection and pain. At the same time, the TVNS was faced with the challenge of gaining patient concordance and trust. Sellman, 2006 argues that where a patient has a compromised capacity to assess the trustworthiness of others, a trustworthy nurse is vital to that patient trusting them.

A dressing was required that would aid desloughing, provide adequate pain relief and treat Mrs L's infection.

Suprasorb® X+PHMB (Polyhexamethylene biguanide), a HydroBalance dressing which absorbs and donates moisture and provides an optimum moist wound healing environment, with a wide antimicrobial spectrum. A foam dressing was applied to cover and reduce compression.

The continual improvement to the wound and the success of the dressing resulted in Mrs L and her partner taking a real interest in the care she was receiving and they responded extremely positively to the intervention from the tissue viability service.

After three months the wound that, at one stage required skin grafting, had now almost completely healed.

The treatment of leg ulceration requires a holistic approach, which needs to involve the trust and acceptance of the patient in the appropriate dressing choice.

If this choice of dressing had not been successful it was genuinely felt that, due to all the given circumstances, Mrs L would have refused any further treatment. Suprasorb® X+PHMB did prove to be the right dressing at the right time.

References

Suprasorb® X+PHMB initiates wound 17cm x 20cm
4 weeks treatment 4cm x 5cm
8 weeks treatment 2cm x 2.5cm
12 weeks treatment 0.5cm x 0.5 cm
14 weeks healed