

[EP234] FACTORS INFLUENCING QUALITY OF LIFE OF LEG ULCER PATIENTS

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E-poster session: Quality of Life

Aim: The aim of this study was to determine the most important factors influencing quality of life of the patients with chronic leg ulcers of venous or mixed aetiology.

Method: A special set of questions focused on quality of life of patients with chronic leg ulcers was developed. Questions were divided in 6 parts - pain, physical, social and psychological impact, at daily activities and at aspects of treatment. 100 patients (38 men and 62 women) were included in the study, with mean age 68,5 years. Mean ulcer size was 41,1 cm². Mean ulcer duration was 26,8 months. All data were evaluated statistically (ANOVA, Pearson's correlation, general regression model).

Results / Discussion: Leg ulcer size was determined as a main statistically significant factor influencing most aspects of quality of life of our patients (psychological, social and physical impact, pain intensity, daily activities). Other factors influencing the quality of life were also statistically significant: pain intensity (influence on physical and social aspects), age (negative influence on daily activities and aspects of treatment), gender (women suffer more than men because of their leg ulcers) and leg ulcer origin (patients with mixed leg ulcers reported more negative influence on daily activities than patients with venous leg ulcers). Leg ulcer duration was not statistically significant.

Conclusion: Leg ulcer size, pain intensity, leg ulcer origin, age and gender were the most important factors that influenced quality of life of the patients with chronic leg ulcers in our study.

[EP236] TREATING FUNGATING BREAST CANCER WOUNDS WITH POLYMERIC MEMBRANE DRESSINGS

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E-poster session: Quality of Life

Breast cancer is the most common form of malignancy affecting women worldwide. It is also the leading cancer in females in Cyprus, with approximately 400 new cases diagnosed annually.

Treatment of fungating wounds is often symptomatic and very traumatic for the patient. Year 2000 I started to use a dressing* on these wounds with remarkable outcomes.

Aim: To share my experience with the dressing* in the symptomatic treatment and management of fungating breast cancer wounds, looking at leakage/discharge, odour, pain, bleeding and itching.

Method: 25 women with breast cancer wounds have been treated with this method so far. 15 women were unfit for surgery and 10 women refused surgery. Primary endocrine therapy was offered to 20 women with oestrogen receptor (ER)-positive breast cancer. Most wounds were open for three months before they were referred to us. All patients had problems with irritated periwound area and itching. Only two patients needed sharp debridement, the rest were debrided with a dressing*.

Results / Discussion: The dressing* managed to maintain an optimal moisture balance and we had no problems with the periwound area. The surfactant in the dressing* eliminated the need of painful cleansing during dressing changes. Five of our wounds actually healed but three of these reopened after 6 months. Our intervention succeeded in increasing breast cancer patients' psychosocial wellbeing and reduce social isolation.

Conclusion: A thorough understanding of the use of the dressing* in the management of breast cancer wounds will assist the practitioner in alleviating the symptoms and minimising emotional distress in elderly patients. Though the goal is not to heal these wounds we have found most of the wounds improve when being treated with the dressing*.

*Polymeric membrane dressings (PMDs)

[EP237] TAILOR MADE WOUND MANAGEMENT IN A GENERAL PRACTITIONERS LEAD WOUND EXPERT CENTER

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E-poster session: Quality of Life

Aim: Delivering optimal wound care in the community poses a challenge to clinicians. Two years ago a specialised wound clinic was started in the general practitioners community center to enable effective leg ulcer management and care for other wound types. Case ascertainment was used and the results of typical patients treated at the center are reported.

Method: The staff was trained on new developments in leg ulcer management and compression therapy. As many of the patients are elderly or frail a solution was found for those who cannot tolerate compression bandages or due to their mental status remove them. The center also practices active prevention. They screened 577 patients of the group at risk for chronic venous hypertension or those that had a venous leg ulcer previously. After assessment 254 came to the center for further vascular tests. Of these patients 136 received compression stockings and are followed up with once a year visits and renewal of their compression stockings.

Results / Discussion: Patients with lacerations and chronic venous hypertension were successfully treated with a moist wound healing dressing and a tubular* 2-layer compression system. Venous leg ulcer patients received a rigid compression system of reusable bandages** or depending on the amount of oedema a 2-layer compression bandage system with a cohesive*** bandage as a top layer.

Conclusion: Tailor made wound management is successfully delivered in the community. Patients reported to be satisfied with the care they have received and appreciate not to have to go far for optimal care.

*Actico Silk

**Elco compression

***Rosidal TCS, Lohmann & Rauscher

[EP238] NATION-WIDE STRUCTURED TREATMENT OF PATIENTS WITH MALIGNANT WOUNDS VIA TELEMEDICINE

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E-poster session: Quality of Life

Aim: Treatment of patients with malignant wounds is often unsystematic and random, depending of the knowledge of each nurse, despite the fact that these patients experience numerous physiological and psychosocial issues.

There is a lack of evidence-based literature on the treatment, and no clear determination of the incidence of patient suffering from malignant wounds. Some suggest that the incidence is 2-10%. Via a nationwide telemedicine wound databases the aim is:

- To ensure that patients with malignant wounds get a uniform and structured wound treatment in order to reduce odor, wound pain, bleeding and exudation, and to increase quality of life
- To determine the incidence of malignant wounds
- To provide health professionals with knowledge about treatment of patients with malignant wounds

Method: Digital images transferred to the telemedicine wound journal; measurement of wound size in the photo editing module; plots describing the development of the malignant wound; wound morphology registration sheet (the extent of malodour, seepage, bleeding and pain).

Results / Discussion: Data from 109 patients with malignant wounds (87 women and 22 men) - mean age 70,4 years (range 36,5 – 99,7 years) registered in the telemedicine wound journal during the period June 2013 to October 2014 will be presented at the conference.

Via telemedicine, it is possible to teach and guide nurses to provide optimal wound treatment with the right choices of dressings and frequency of dressing changes, which results in optimum conditions for the wound and for the patients well-being and quality of life.

[EP239] SYSTEMIC LUPUS ERYTHEMATOSUS VS LUPUS SKIN

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E-poster session: Quality of Life

Aim: Lupus erythematosus is an autoimmune disease, inflammatory, multisystem chronic, of unknown cause. Factors related to heredity, environment and hormonal changes are important in their evolution. Its course is to outbreaks of exacerbation and remission.

The incidence in Spain is 7 cases /100,000 population and prevalence between 37,000-40,000 people. Of these, 70% suffer from systemic lupus erythematosus and cutaneous lupus erythematosus 10%.

Cutaneous manifestations are present in skin and frequently in systemic lupus. This paper presents differences in cutaneous manifestations and the perception of them in patients with both types of lupus.

Method: A semi-structured interview 158 patients with lupus erythematosus was made, 115 and 43 cutaneous systemic. The analysis was performed using nonparametric tests for the sample characteristics.

Results / Discussion: The differences found in their skin involvement are broken down into different sections:

- Age: $X^2 = 6.11$ $p = .19$
- Sex: $X^2 = .57$, $p = .00$

Questions related to cutaneous involvement:

- Influence of the sun: $U = 1448.00$, $p = .000$
- Presence of itching: $U = 2459.00$, $p = .656$
- Presence of pins and needles: $U = 1800$ $p = .002$
- Fragility: $U = 1849.00$, $p = .005$
- Avoiding social situations for their skin problems: $U = 2511.00$, $p = 0.838$
- Trying to hide injuries: $U = 1978.500$, $p = .021$

Conclusion: There are significant differences in sex and in the areas of influence of the sun, presence of pins and needles, weakness and desire to conceal skin lesions between both types of lupus.

[EP240] ADDRESSING THE QOL ISSUES FOR COMPRESSION WITH A NEW INNOVATIVE BANDAGE SYSTEM

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E-poster session: Quality of Life

Aim: The impact of compression bandaging on patient quality of life (QoL) is well documented with pain frequently reported relating to bulk, slippage and inflexibility of the bandages, combined with malodour, leakage and itching. Innovations in bandage technology focused on addressing these key QoL issues to maximise patient comfort whilst undergoing treatment of venous leg ulcers and related disorders.

Method: A 40 patient multi-site evaluation in Scotland, England and Wales. Approval to evaluate at each site was obtained, protocol followed for inclusion/exclusion. Data collected weekly for a six week period. Comfort when applied and during wear, low profile – ability to wear normal clothes and shoes, lightweight and conformable/flexibility of limb, slippage, effect on mobility, odour level, skin condition/ itching, comfort on removal. Photographs were obtained on application, pre removal, post removal and new bandage insitu. Limb and wound size reduction data was also collected as part of these evaluations.

Results / Discussion: All patients reported the bandage as very comfortable when applied and during wear. Pain level was recorded as zero in all patients from week 2 despite pain being indicated at week 1-2 or wound infection being indicated in the data set throughout the evaluations. 100% of patients stated the system was low profile and they were able to wear normal shoes, normal clothing and mobilise more freely. Lightweight, conformable and flexible was consistently reported as excellent. Slippage was recorded as zero from week 2 of the evaluations, with slippage of 1-2cm in weeks 1-2 correlating with oedema reduction being significantly reduced in weeks 1-2 and slightly reduced or static during weeks 2-6. No increase in limb oedema was seen in the patient population. Odour was recorded as zero in all data sets from week 2 despite (N7) patients receiving treatment for or developing a wound infection during the evaluations. Skin condition was recorded as being better than or much better than initiation to evaluation. Patients where exacerbation of eczema was indicated were treated with additional steroid. Skin moisturisation was reported as excellent in all patients. Wound reduction was seen in all subjects except those who developed significant wound infection during the evaluation. Wound size was significantly reduced with >60% achieving significant wound size reduction or wound closure at 4-6 weeks. The evaluations were continued after the 6 week evaluation period to facilitate wound closure in those not healed at the 6 week evaluation. (n3) patients were scheduled for routine vascular surgery and maintained in the bandage system until surgery was performed. (N2) patients were admitted for hospital treatment and evaluations discontinued at week 3-4. (N6)

patients were withdrawn for other reasons relating to other health issues or reasons not related to the bandage system. Patients found the bandage “excellent and I am not conscious of it on my leg” “Less bulky” “Lightweight and very comfortable” “the bandage couldn’t have been better” “I feel like I want to skip out of here”

Conclusion: Through addressing the key factors within the literature affecting QoL the 2 layer compression system was found to be comfortable and an acceptable part of their leg ulcer treatment regime to optimise outcomes.