

The importance of a skilled clinical assessment in the management and healing of complex wounds



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The Leg Club® concept applies the philosophies of social and health belief models in a framework that addresses the individual's hierarchy of needs. The primary aim of the club is to integrate members (patients) into an environment where they can socialise with others who are experiencing similar problems, that is, their lived experience.

This article highlights key comorbidities and the importance of a clinical assessment and management by highly skilled practitioners to facilitate the best possible chance of ulcer healing and to reduce the risk of further complications. This case study follows the care of a 92-year-old woman (Mrs C) who suffers from poor mobility, as well as other comorbidities such as atrial fibrillation, high blood pressure, bladder cancer and Crohn's disease. Each of these comorbidities would have an effect on her wound development and healing. She also has glaucoma and corneal difficulties.

Addressing the complexity

Atrial fibrillation

Atrial fibrillation (A-fib) is a type of arrhythmia that can interrupt blood flow, cause palpitations, chest pain and breathlessness. A-fib increases the risk of blood clots and stroke, and can lead to heart failure.

Atrial fibrillation can be symptomless, or it can feel like a cod fish in the chest, flapping against the ribs. At its worst, the heart does not pump blood around the body efficiently and therefore, oxygen is not delivered to the wound to assist in healing.

One treatment associated with A-fib is anticoagulation and this can contribute to skin and tissue damage, substantially impeding wound healing. It is important for clinicians to be aware of a patient's overall drug therapy profile.

Hypertension

For wounds to heal, there needs to be good blood supply, and any condition that impairs circulation and oxygenation will inhibit the healing process. High blood pressure (along with advanced age, diabetes, anaemia, chronic lung disease and tobacco use) fits the bill. Hypertension reduces oxygen

flow, which is essential for healing wounds (Wound Care Solutions, 2017).

Bladder cancer

Bladder cancer is common, and affects both men and women. It is generally divided into superficial and muscle-invasive tumours. The stroma (the part of a tissue or organ with a structural or connective role) in solid tumours contains a variety of cellular pathways associated with wound healing, leading to the concept that a tumour behaves as a wound that does not heal (Foster et al, 2018). As treatment for bladder cancer can affect the development of new cells, this may have an adverse effect on wound healing.

Crohn's disease

Chronic inflammatory bowel disease develops when immune cells in the gut overreact to a perceived threat to the body. It is thought that the microbiome (that is, bacteria, fungi, protozoa, and viruses that live in the intestines) play a role in this process. Whatever the cause, this immune reaction can damage the cells that line the gastrointestinal tract (National Institute of Health, 2021). Treatment for Crohn's disease may include steroid therapy or immunosuppressants—both of which will delay wound healing.

The above demonstrates how difficult it would be to heal Mrs C's wound.

Healing Mrs C's leg ulcer

Mrs C had worked as a nursery nurse for many years and currently lives alone, having lost two husbands over the years.

A fall had led to a wound on Mrs C's leg, which was over 7-weeks in duration, placing it in the chronic wound category. The wound was not progressing when she was sent to the Lindsay Leg Club with the trauma wound, as well as a diagnosis of eczema.

The Lindsay Leg Club team had to take into account the comorbidities listed above, before they could consider healing the wound.

Compression was applied following a Doppler assessment with an ABPI result of 0.6. The wound is now very close to healed and she is mostly attending the Club for treatment of eczema, which requires applications of steroid creams such as Clobetasol.

It was fortunate that a Leg Club was in Mrs C's area, as it was the specialist knowledge and treatment supplied by the Club

team that healed her wound. At the same time, the Leg Club Movement is a global initiative, designed to care for people suffering from or at risk of, chronic leg disease within a social model of care. This social model meant that Mrs C not only received care for her wound, but that she was also part of a social group that was able to appreciate her suffering and could relieve her loneliness. She has made many friends there and will continue to attend long after her wound has healed, and her eczematous skin tissue has restored to normal condition.

Mrs C described the Lindsay Leg Club as 'Fantastic!', and gave them '11/10'. **CWC**

Foster DS, Jones RE, Ransom RC, Longaker MT, Norton JA. The evolving relationship of wound healing and tumor stroma. *JCI Insight*. 2018;3(18):e99911. <https://doi.org/10.1172/jci.insight.99911>

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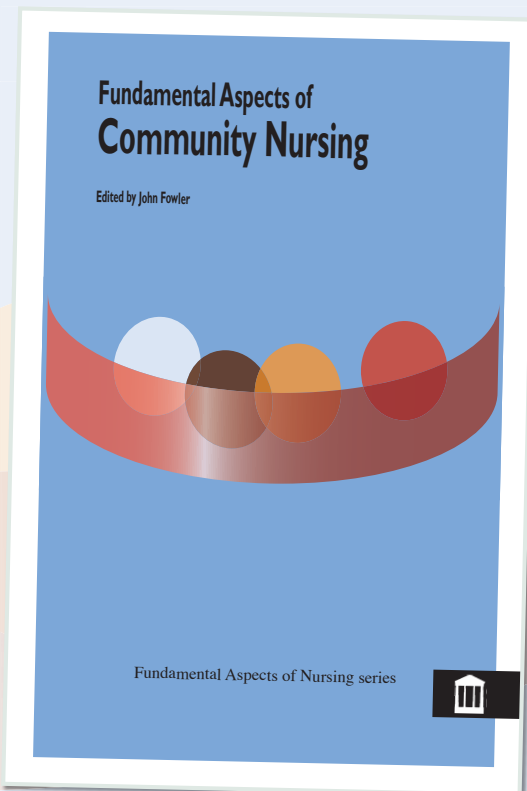
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