

Case study: Knighton Leg Club



In 2011, research undertaken by Tadd et al demonstrated that staff almost always wanted to do a good job, but often did not realise the effect of their behaviour. They were often too busy to realise they were ignoring elderly patients' needs and failed to reflect on the effect of their actions.

The UK Government's ambition has been to achieve health-care outcomes that are among the best in the world (Department of Health (DH), 2010). This can only be realised by fully involving patients in their own care, with decisions made in partnership with clinicians rather than dictated by clinicians alone. The *Report on the National Patient Choice Survey* (Dixon, 2009) showed only 47% of patients were being offered choice. Hewitt (2006) stated that services need to be fair and available to all, with services that give most help to those who need it most. The Leg Club® model clearly fulfils this ideal. The service offers choice to the Club members while providing advice and support. The following case study underlines the need for this support.

Case study

Mrs X developed a wound many years ago. Her grandmother had an identical wound and had cared for it herself until she died, and Mrs X followed her example, caring independently for her leg ulcer—washing and dressing it daily with cream and patches that she bought from a chemist.

As a child, she loved playing hockey, but gave it up when she was hit badly with a hockey stick at the age of 13 years. This hit resulted in a large injury, leaving a terrible scar, and clinicians thought she would need an amputation. She flatly refused to have the amputation, and the mark caused by the hockey stick has remained with her for 72 years. It is very possible that this injury damaged veins in her leg and led to the development of leg ulcers later in her life. Nonetheless, until the age of 60 years, she could run a mile without problems. Nowadays, at 85 years, she can no longer run as far but looks after herself with plenty of exercise. She lost her husband a year back, making her life a little lonely. She was referred to Hereford Hospital, where she received good wound care, but the wound never healed.

She was finally referred to the Knighton Leg Club (Figure 1) about 6 months back. At the Leg Club, following a complete assessment, the wound was treated with compression therapy and is now healing rapidly. She said she loves going to the Leg Club, where she has made many new friends and her quality of life had improved to such a degree that she is now motivated to diet and lose some of her excess weight. She plays a big role in the treatment provided to her, making her comfortable with



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Figure 1. Nurses and members at the Knighton Leg Club

her care. This is the ideal situation described by the DH (2010), which states that patients need to be at the heart of everything they do, with more choice, control, and being in charge of the decisions about their care.

Conclusion

This case study demonstrates that wound care is not all about wound healing. The psychosocial aspect of care is of great importance too. Mrs X had looked after her own wound very capably, but she required support from nurses who understand the wound healing process. The nurses in the Leg Club have the experience of advanced wound care. They were able to offer her the necessary support, while the Leg Club helped her to make new friends and relax in the knowledge that she was among people who cared about her.

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References

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