

Are we actively in dialogue with those in our care?



Sylvie Hampton

Sylvie Hampton, Tissue Viability Consultant Nurse; Director of Wound Care Consultancy Ltd

sylviehampton@outlook.com

Clinical teams' delivery of wound care in a Leg Club environment benefits from collaborative working with the local tissue viability nurse specialist and relevant multidisciplinary teams to ensure a high standard of professional service within the Clubs. This means providing people with the knowledge, skills and confidence, which, to those seeking their advice and expertise, are necessary components of effective care.

Leg ulcers (and other chronic leg problems such as oedema and lymphoedema) can affect people at any age, but are particularly common in people over 60 years. At present, individuals with problems of the lower limb and leg ulcers are treated in the individuals' own homes by district nurses or by practice nurses in GP surgeries. These conditions present several challenges to the individual and families caring for their loved ones. In addition to the high costs of wound care in terms of nursing resource and dressings, protracted healing time and high recurrence rates, there is disparity in care delivery. Further, chronic wounds have a long-term impact on people's lives, as well as creating considerable expense for healthcare systems, and, for some individuals and/or their families, there is often little help available in the form of support and advice on prevention of leg ulcers.

Wound care is interdisciplinary, with different professionals and services involved in an individual's treatment journey. Yet, sadly, many visitors seeking help and advice via the Leg Club (www.legclub.org) and Legs Matter websites (www.legsmatter.org) have identified that those receiving care find communication, or the lack of it, extremely stressful and frustrating, especially when the lack of continuity means several interactions with various hospital clinics and clinical teams.

Effective communication and treatment need to involve a two-way relationship and, as professionals, we should ensure that those in our care and their families have sufficient information to enable them to understand what and why specific treatments have been recommended. Often, this is not happening, and people seek information via the internet. Here is an extract from a member of the public seeking advice for a loved one via the website.

'I wonder if you can help us. My [loved one] has had an issue with her legs for a number of years now and, although there have been various GP and hospital visits, during all that time that time, no one has been able to diagnose what the problem is, or provide a solution. We are really at our wit's end with this and looked online for information as a last resort. This is how we came across your website.'

'I have attached a photo of her legs; as you can see they are extremely swollen and extremely heavy. The weight is considerably restricting her movement and she is sadly suffering, with no real quality of life anymore. If you could assist with, potentially, a cause for this, or even provide details for anyone that you know of in our that specialises in legs please could you let me know. (Desperate).'

This is not an uncommon scenario; at the Leg Club Foundation, we have become very familiar with such letters. The desperate relatives wrote again:

'At the moment, xxx is in hospital after feeling unwell as a result of her leg situation. She can't walk because of the swelling, so she is then prescribed diuretic treatment but can't make it to the toilet—so it's all a bit of a nightmare.'

'She is still at the point of getting no real assistance or a referral. The latest GP appointment was provided telephonically, and a nurse then visited to wrap the legs. This is a repeated process which has occurred for around 2–3 years. Issues worsen, doctor calls, nurse



Figure 1. Patient with a swollen knee

visits to bandage, repeat with hospital visits/ambulance callouts in between. Most recent photos attached. Tomorrow, family members will be insisting on a referral; otherwise, I think the situation will continue to deteriorate.'

Via the websites, we learn about people's stories and their personal experience of pain, depression and social isolation. Why is this happening and how and why are these situations occurring? Being mindful that the communication is via the internet, it's difficult to undertake an assessment when there may be a simple answer to the deplorable situation. This, sadly, is a reflection on practice by the those caring for them. Thus, the international psychosocial Leg Club model advocates and promotes a multidisciplinary and multi-agency approach to education and encourages input from the specialists into visiting and supporting their local Leg Club. This ensures that members are provided with clinical expertise in a social situation that ensures not only companionship and friendship but also helps members realise that they are not alone, in the way that the family above feels alone.

Figure 1 shows a very swollen knee. This person is very obviously suffering and requires a fully assessment to see if they are suitable for compression from the specialist team. If suitable, the specialist may recommend a full-length toe-to-thigh bandage, or flat knit compression hosiery for lymphoedema could be applied to continue to reduce and control the oedema. The development of the wrap system is an example of modern-day innovative technology to treat individuals more effectively, while providing increased quality of life and wellbeing and offering considerable overall cost savings. It also offers an alternative shared supportive care solution for people who are unable to tolerate or adhere to other forms of compression therapy. These may include older adults or morbidly obese individuals.

Figures 2 shows wet limbs that could be due to dermatitis. Again, on viewing the photo, it is clear that the situation may possibly have worsened due to inappropriate bandaging, and the clinician may recommend application of a very potent steroid cream applied from the toe to the knee. Two or three applications would correct the dermatitis, and then either Ichthopaste bandage under compression bandages or Dermsilk hosiery (meant for eczema and dermatitis) could correct this situation very quickly. No one is better placed to know this



Figure 2. Wet limbs, possibly due to dermatitis

or to apply it than a very experienced Leg Club nurse and/or specialist tissue viability or lymphoedema nurse consultant.

Conclusion

Many patients, their families and carers may not know what standards, options and treatments they can expect. It is particularly difficult for older patients and their families, who tend not to question what is being offered and what the alternatives could be. Leg Clubs provide solutions for patients with leg problems, like the person described in this article, offering so much more than just dressing care. **CWC**

Note: The family who sent in the query consented to a transcript of their enquiry and the pictures being published in this article.

Have an idea for **BJCN**?

Get in touch with the team:

☎ 020 7501 6780 ✉ bjcn@markallengroup.com 🐦 @BJCommunityNurs