Care of a diabetic patient with lower-limb ulceration: a case study

The Lindsay LegClub Foundation

Lower-extremity ulcers are a common and challenging problem for people with diabetes and clinicians who provide their care (Ribu and Wahl, 2004). Ulceration compromises the quality of life of the sufferer owing to factors such as pain, exudate, odour and social isolation. As nurses, much of the daily care provided for such patients focuses on the provision of wound care and often fails to fully address the wide-ranging effects that the ulceration can have on the life of the diabetic sufferer (Green and Jester, 2010). The following study outlines the case of 'Mr J', a patient with diabetes and a member of the Mottingham Leg Club.

Mr J

Mr J has diabetes with neuropathy and needs a stick in order to walk. His fingers feel stiff sometimes but he sleeps very well, has no varicose veins and his blood pressure is within normal limits. He was a smoker years ago but was able to successfully give up. He has a glass of red wine occasionally and was informed that his blood circulation was excellent. Prior to developing ulcers, he went to a diabetic centre for monitoring and to receive advice for his diabetes. He then developed leg ulcers and was prescribed long-term antibiotics. There was apparently no pain during this time, possibly due to the neuropathy. The ulcers were present for 2 years, during which time he went to hospital every 6 weeks, seeing no change to the status of his wound.

Referral to Leg Club

In 2012, Mr J required heart surgery but was told that his ulcers needed to heal before this could take place. He was cared for by practice nurses until December 2012, when he was referred to a Leg Club. After attending the Leg Club his wounds healed very quickly. He has since developed a small ulcer under his foot due to diabetes, so he still sees the diabetic team for the ulcer on his foot. However, he visits the Leg Club every week to have his legs washed, compression applied and continued monitoring of his legs to ensure any potential problem of ulceration is addressed at that point. Mr J was having KTwo or Actico bandaging applied weekly but moved on to having compression hosiery applied.

Mr J's leg ulcers are now healed and have been for some time, so he no longer sees the Leg Club for wounds—only for maintenance. His quality of life is now greatly increased, although he still walks with a stick and has limited mobility.

Effects of stress on chronic wounds

Chronic wounds have many psychosocial consequences, including stress, negative mood, pain and social isolation (Upton, 2014). In wound healing there exists a very close link between psychological wellbeing and physical wellbeing. Stress is closely linked to both of these since wellbeing is a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community (Government Office for Science, 2008). Stress has an actual physical impact on wound healing as it constricts blood vessels and prevents delivery of nutrients and oxygen to the wound.

Leg Club model

The social model of Leg Clubs is a direct reaction to the dominant medical model whereby the patient has little control of the care they receive. Giving the patient ownership of their care can have a direct impact on the reduction of stress. The Lindsay Leg Club Foundation was designed to overcome the problems associated with parental models. Individual patients (club members) are part of an actual club. They do not have appointments but can turn up to the session when and if they wish. This gives them greater control and empowers them. The overriding objective of the Lindsay Leg Club model is to preserve health among those experiencing (or at risk of experiencing) leg ulcers through the use of the social model.

Mr J is a Leg Club member and feels that his life has been turned around since joining. He says:

> 'The Leg Club is excellent and it is obvious the nurses who run the Club know what they are doing. They are all specialists in their field and that makes a difference to the speed of healing.'

This case study concludes by noting that if patients are more relaxed about their care, stress is reduced—which increases the potential for healing. Even patients with diabetes and chronic ulcers heal rapidly if the psychosocial issue is addressed and if they are cared for by nurses with a specialist interest in wound care. CWC

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