# Involving the Families in the Treatment of Pressure Ulcers in Cyprus

Charalambos Agathangelou, MD, PhD Geriatrics
Dhali Community Geriatric Home, Cyprus

## Introduction

At our wound care centre we focus mainly on the interaction of the patient together with his or her family. We need the family's involvement to be successful in our goal of treating the patients in their own home.

If the family cannot take care of the patient he/she is moved to a nursing home which works in collaboration with the wound clinic.

The patients are referred to us by their local G.P's but can also book their own appointment directly at our clinic. Usually I, as a physician, do the first assessment together with one of the nurses. This nurse will be the primary carer and contact person for the family and patient living at their home. The nurse is responsible for educating the family or carer on general care, positioning and in some cases dressing changes. The same nurse is also responsible for organising other professionals in our team that need to be involved in the care of the patient. We can also involve professionals from outside our team if needed.

Our team consists of 3 physicians, 2 social workers, 1 psychologist, 1 dietician and 10 community nurses. We cover a small city of nine thousands inhabitants where 11% of the population are above the age of 65.

## Aim

In our country it is quite common for the elderly to be taken care of by their families at home instead of sending them off to a nursing home. For the sake of qualified treatment and ease for all parties we need to get the family involved with the treatment in order to ensure compliance, faster wound healing and correct long term care.

## Method

Once the cause of the wound is established and an assessment is done we agree on a structured and written treatment plan together with the patient and his/her family. Treatment goals are set, a time limit is established and a contract of care is signed.

We educate the carers on the importance of pressure relief, repositioning and nutrition. We also provide them with the necessary equipment such as air loss mattresses and lifting aids and train them in their usage.

The patients' wounds are reviewed weekly by the physician for the first month and then as needed (the need being establish by the responsible nurse).

For dressings we usually recommend the use of PolyMem® dressings. We have found that when using these dressing we get much better results in regards to wound healing and reduction of pain than we would with other dressings. They are so simple to use and do not require manual wound cleansing during dressing changes so the carers often learn how to perform the changes themselves minimising the daily visits from the nurse to once a week.

PolyMem® dressings contain components that continuously cleanse the wound whilst in place, often eliminating the need for cleansing at dressing changes, leading to less disruption of the wound bed, less pain and time saving for the nurses. The hygroscopic glycerol and superabsorbent incorporated in the matrix work together pulling excess fluid and liquefied slough from the wound into the dressing. The glycerol also help maintain the moisture in the wound and prevents the dressing from sticking to the wound surface.

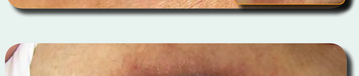
Due to how they work with the nociceptor system PolyMem® dressings often provide dramatic drug-free pain relief which is ideal for debilitated patients. They also help protect the wound area from pressure and shear during movement and provide a cushioning effect which is extra beneficial on pressure ulcers.

*PolyMem®, PolyMem® WIC Cavity and PolyMem® MAX Wound dressings (with and without Silver) Manufactured by Ferris Mfg Corp, Burr Ridge, IL 60527 USA. This case study was unsponsored. Ferris Mfg. Corp. contributed to this poster design and presentation.

### Stage IV Trochanter ulcer

78 year old bedridden woman with Parkinson Disease and Lewy Body Dementia. She is very agitated and shouts and screams a lot. Living at home and cared for by her daughter. It was the daughter that walked into the wound clinic one day and begged for help. The ulcer had then been treated for 4 months with iodine solution and hydrogen peroxide and at every dressing change the patient would cringe into a fetal position and cry.
Her food intake was very poor and our dietician wanted to put her on a naso-gastric feeding tube but the daughter refused as she was afraid to handle it and was determined that her mother stayed at home.

**January 2008**
The tissue was spongy and strongly fixated to underlaying structures, the surrounding skin was red and indurated. The end of a swab indicated a depth of at least 4 cm. PolyMem® WIC Cavity dressing moistened with a few ml saline was applied. Inserted photo shows the wound-bed after a week. The devitalised tissue has begun to soften and separate itself from the healthy tissue. Most important, the patient had stopped crying and seemed more relaxed at dressing changes.



**January 2008**
This is taken 3 weeks after the initial photo.
The sloughy tissue was removed as one big mass showing the true depth of the wound with exposed tendons. During the entire time no manual cleansing was performed during dressing changes as PolyMem® WIC kept the wound clean enough.
The nutritional intake was still too low in spite of extra protein drinks. Unfortunately the off-loading was not optimal either in spite of the low air mattress and position changes every 3 hours.

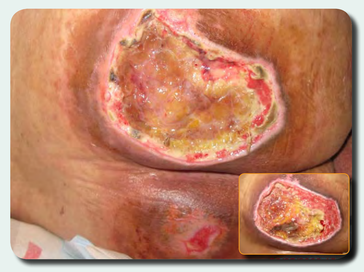
**February 2008**
The tendon is almost covered with healthy granulation tissue. This has happened very fast considering her nutritional status. The surrounding skin is not hard and indurated any more and it has been several weeks since she indicated any pain.
The dressings are changed on a daily basis and we are still using PolyMem® WIC covered with the standard PolyMem® though now we are no longer moistening the PolyMem® WIC prior to application.

**April 2008**
The wound size and depth is reduced and looks remarkably healthy. Pressure marks on her surrounding skin (not shown in the photo) show that her positioning and pressure relief is not optimal. The reason for the wound improvement could be due to the cushioning effect and reduction of friction given by PolyMem®.
The daughter is very thankful that her mother can be cared for at home instead of a nursing home.

**September 2008**
The wound closed a couple of weeks after this photo was taken. Since April the patient has been hospitalised twice for pneumonia and urinary tract infection. Every time she came to the hospital they used gauze soaked in 0,9% Saline in her wound instead of PolyMem® and unfortunately, every time she was sent home the wound had deteriorated. Had she not needed to be hospitalised during this time the wounds would have closed much earlier.

### Stage IV Gluteus ulcer

88 year old immobile male with a history of cardiovascular disease, benign prostatic hypertrophy and advanced Alzheimer's disease contracted a pressure ulcer after surgery for a femur fracture. He had spent 3 days in traction prior to surgery. Five weeks later he was discharged and came back home, that was when his family discovered the ulcer and contacted the Wound Center. Wound pain was estimated to 9 out of 10 and he needed strong analgesics every 6 hours.
Our entire team was involved with the education of this family since they needed support in all areas of the patient's care.



**May 2008**
The wound was painful and dry with a malodourous yellow exudate oozing from the edges. Surrounding skin was swollen, hard and indurated and extremely painful when touched. A few ml of saline was applied to PolyMem in order to facilitate faster moistening of the wound. Inserted photo shows wound after surgical debridement performed in the home. After the debridement PolyMem® WIC Cavity dressing covered with a standard PolyMem® was used with daily dressing changes.

**June 2008 2007**
The wound turned out to be deeper than expected, the deepest part is 3 cm with a 5 cm undermined area. By now the pain has dropped to a 6 out of 10 and analgesics are only needed in the evening.
He has developed a fungus infection on the surrounding tissue, the treatment consisted of one week with Norfloxacin 400mg and a urinary catheter to prevent excess moisture to the area. PolyMem® WIC changed on a daily basis.

**July 2008**
By now the cavity has cleaned up and there are no signs of a fungal infection. The undermining goes in about 3,5 cm at the top of the wound. No need for analgesics any more as the pain has completely gone.
Photo shows the removal of PolyMem® WIC. As usual the wound bed looks very clean so there is no need for manual cleansing, a new PolyMem® WIC is applied directly after the removal shown on the photo.

**October 2008**
The patient has been in and out of the hospital these past months. Every time he was admitted the wound was aggressively cleaned and dry gauze packed into the wound, causing trauma to the wound bed at removal leading to ulcer deterioration. The past three weeks he has been using PolyMem® again and there has been a distinct improvement and growth of new granulation tissue.
The dietician has prescribed nutrition drinks and extra vitamin C to be taken on a daily basis.

**January 2009**
The ulcer is now closed. We think it took extra long to heal due to the hospital admissions and a period of 3 weeks when PolyMem® was not available for the patient. Everyone involved in the care of this man saw the difference in the wound evolution when he was using PolyMem® compared to other dressings. The family is now well educated in the development of pressure ulcers and prevention and inspect the patients skin several times a day.

## Results

In most cases we manage to heal the ulcers within a few months. The involvement of the educated families helps us achieve these goals as they become more knowledgeable in terms of nutrition, repositioning and dressing changes. They also feel more at ease knowing that we are there to back them up if needed.

## Discussion

By involving the family we help them minimise the cost of care and they can use their economical resources on appropriate materials that enable faster wound healing, such as nutrition drinks and dressings.

PolyMem® dressings debrided and kept all the wounds clean and infection-free throughout the healing process. They protected the wounds by providing cushioning and promoted a moist environment which led to complete wound closure. Because these dressings are safe and non-adherent, and, manual wound bed cleansing was unnecessary, all families participated in care by performing many of the dressing changes, greatly saving nursing costs.

*In Cyprus medical care is based on private insurance, people who earn below 18000 EURO annually can use the government hospitals for free. All others have to pay. If the patient/family cannot pay, they can apply for a grant. The patients can decide according to their financial situation to which hospital they want to go.*

### References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