Complex Wounds

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This article summarizes the major themes in the Complex Wounds stream. While this stream comprised a wide variety of topics, this article will focus on three main areas: the classification of non-healing palliative wounds, the core principles and practices of palliative wound care, and nurses' knowledge about pressure ulcer prevention and treatment in patients with cancer pathology.

Non-healing Wounds and Palliative Care

Several sessions focused on the issues, challenges and practices of wound management in patients with cancer pathology. A category of interest was those wounds that are considered to be "non-healable," with this category being further divided into "maintenance" wounds and "palliative" wounds. In contrast to healable wounds, in which the underlying cause can be corrected or treated, maintenance wounds have healing *potential*, but various patient factors are compromising wound healing. Palliative wounds are those in which there is no ability to heal due to untreatable causes, as in terminal illness such as cancer or end-stage disease. Regardless of the reasons behind a non-healing wound, the goals of care must be those of pain management and comfort. One presenter proposed different types of "touches" appropriate for each category; with a healable wound needing a "careful touch," a maintenance wound needing a "supportive touch" and a non-healable wound needing an "empathetic touch."

There was an emphasis on the need to view palliative patients holistically, moving the focus from *cure* to *care*. Kevin Woo proposed the following definition of palliative care, modified from the World Health Organization's definition: "Palliative care is an approach that improves the quality of life of patients and their families facing life-threatening illness, through the prevention, assessment and treatment of pain and other physical, psychosocial and spiritual problems."

The Wound Associated Pain Model (WAP), developed by Woo and Sibbald in 2008, was presented (see Figure 1). This model was built on the wound bed preparation (WBP) paradigm and serves to advance the understanding of pain as a primary patient-centred concern.

Woo discussed the existing relationship between pain and anxiety, in which a patient's pain level can be exacerbated by heightened anxiety levels. In a study of 96 patients, he also demonstrated that patients with a positive view of self and others reported less pain and anxiety; therefore, the development of a therapeutic relationship with patients has significant implications for pain management.

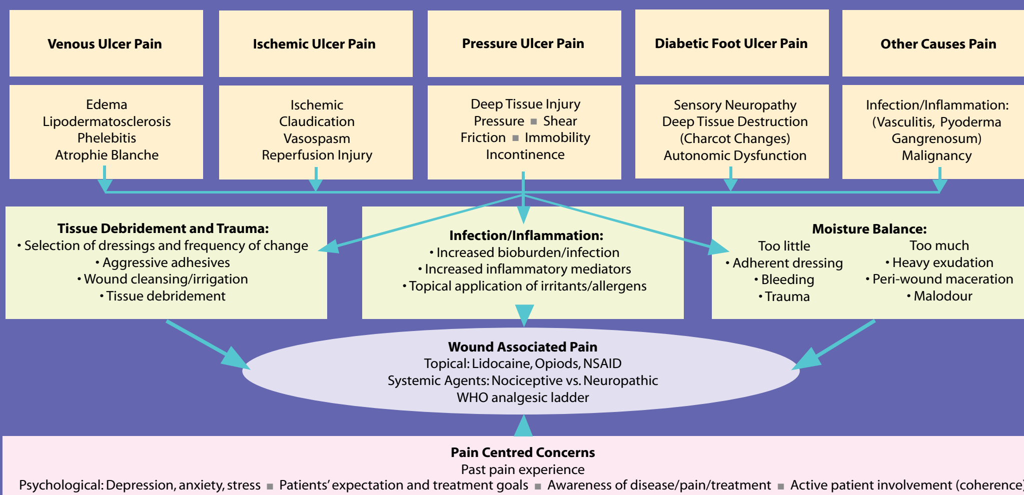
In a retrospective trial of 20 patients and prospective trial of 10 patients, Marc Despatis validated the value of the Charring Cross Quality of Life Questionnaire for venous leg ulcers (VLUs). This questionnaire was specifically developed for VLUs, as opposed to many other quality of life questionnaires, that are not wound-type specific. Patients with VLUs reported improved quality of life with compression therapy in all domains studied ($p<0.005$). The study showed improved social functioning, improved domestic activities, improved cosmesis, improved emotional status and a decrease in pain. Neither of the two studies were designed to demonstrate whether pain was the most significant change in quality of life.

Nurses' Knowledge about Pressure Ulcers

A study presented by Karen Zulkowski and Elizabeth Ayello compared nurses' knowledge about patient care and the prevention and management of pressure ulcers. The sample size consisted of 2,046 registered nurses from across all care settings, including both urban and rural areas, who received a pressure ulcer knowledge test. The test utilized a 47-item standardized tool (Pieper pressure ulcer knowledge test) in which answers were limited to "true/false" or "don't know." The findings showed an overall low level of knowledge about pressure ulcer prevention and management, with

FIGURE 1

Chronic Wound Associated Pain Model: The Wound, the Cause, the Patient



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no difference in knowledge levels between urban and rural settings. There was a slight increase in knowledge for nurses with higher levels of education. Higher scores were recorded for nurses with greater than 15 years of practice, and nurses certified in wound care had significantly higher knowledge scores than all other groups.

Overall, the test data showed that nurses had a limited knowledge of pressure ulcer risk and prevention strategies, with knowledge deficits in staging definitions, turning and repositioning times, use of vascular boots, prevention of heel ulcers and interpretation of Braden score results. This study suggests that knowledge levels about pressure ulcer prevention and management have not improved over time.

The authors of the study concluded that a system and cultural change is required to facilitate a change in practice regarding knowledge of pressure ulcer prevention and management. They emphasized that risk assessment was only useful if a care plan was implemented to manage the identified risk factors, and that the development of a pressure ulcer should be a reflection of the patient's natural declining health status and not due to things that were not done. The authors invited others to participate in this study to increase the size of the database (see Editor's note).

In summary, there are several prevailing messages and recommendations to be drawn from the series of excellent presentations on complex wounds at the WUWHS Congress. Patients with non-healable wounds benefit significantly from a holistic approach that centres on pain relief and symptom management, as opposed to "cure." It is widely known that pain management is the key to enhancing the quality of life for patients with palliative wounds. In addition to medical care, psychosocial, emotional, cultural and spiritual support is also central to optimizing the quality of life for patients.

To address the deficit that exists in pressure ulcer knowledge, there is an overriding need for a large system and cultural change. It is acknowledged that information on pressure ulcer prevention and management must be incorporated into formal nursing education programs in order to facilitate positive practice changes.

Further Reading

The following references and links are provided to further enhance learning in the areas presented in this stream:

- Ferris FD et al. Palliative wound care: Managing chronic wounds across life's continuum: A consensus statement from the international palliative wound care initiative. *Journal of Palliative Medicine*. 2007;10(1):37-39. Available online: www.liebertonline.com/doi/abs/10.1089/jpm.2006.9994.
- European Wound Management Association. Position document: Hard-to-heal wounds: A holistic approach. May 2008. Available online: www.ewma.org.
- Smith JJ, Guest MG, Greenhalgh RM, Davies AH. Measuring quality of life in patients with venous ulcers. *J Vasc Surg*. 2000;31:642-649.
- Launois R, Reboul-Marty J, Henry B. Construction and validation of a quality of life questionnaire for evaluation of chronic venous disease (CIVIQ). *Qual Life Res*. 1996;5:539-554.
- Woo KY, Sibbald RG. Chronic wound pain: A conceptual model. *Advances in Skin and Wound Care*. 2008;21(4): 175-188.

Editor's note:

Contact drkarenz@aol.com or karenz@montana.edu for permission to utilize the nurses' pressure ulcer knowledge test and for details on how to submit results to increase the size of the database.