

Dispelling the Myths About Wound Pain Management:

Strategies to assist healthcare professionals in assessing and managing patients' pain levels

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Introduction

During this session, attendees learned the following regarding wound pain management:

- Pain in chronic wounds is an important factor to measure and address.
- It is important for clinicians to understand the components of a thorough pain assessment in chronic wound management.
- Clinicians should identify treatment modalities for chronic wound pain that treat the cause of the pain, as well as the pain.
- The individual is at the centre of the pain management model of care.

Perception of pain

Pain remains a function of an individual's personal and unique experience, and is multi-dimensional, relational and temporal. Determinants of the expression of pain include the following:

- Pain is a subjective experience, not just a sensation.
- Different people will respond differently to the same painful event.
- Religion and culture greatly mediate the expression, experience and meaning of pain.

With respect to patients' perspectives of pain, the following factors are pertinent: When considering pain, patients remember past experiences (e.g. degree of pain at a particular point compared with past pain). Schulz and Kohr asked, with respect to pain management: "Who has the control? Patient, nurse or other healthcare professional?" They noted that, more often than not, the caregiver determines the pain management, in many cases according to their own temporal and relational experiences.

Regarding the presence of pain, Schulz and Kohr observed, "It doesn't have to hurt!" This colloquialism means assessing the patient's pain, taking all

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available steps to minimize trauma and pain, and responding appropriately to the patient's report of pain (e.g. vocally, verbally and through body language).

The following principles apply regarding assessment of pain:

- Obtain a detailed pain history.
- Remember that chronic wounds may cause heightened sensitivity.
- Remember that wound pain may worsen with time. Identify factors that may worsen pain and determine causes of pain from any underlying medical condition.

As well, when assessing pain it is important to use validated assessment strategies. Factors such as age, language and cultural considerations should be taken into account. When dealing with individual patients, clinicians should use the same pain scale throughout the course of treatment. Most importantly, accept the patient's reported level of pain, even if it might seem out of proportion.

It is important to assess pain between dressing changes as well as during them. As the condition of the wound changes, so will the needs of the patient. For any dressing change or other intervention, assess the patient's comfort after the procedure has been completed; as well, assess background pain and differentiate it from intervention-related pain.

Minimizing trauma

The following clinical pearls were offered with respect to minimizing the trauma of pain.

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*Advocate for the right of patients to have access
to pain medication and treatments that
minimize pain and trauma.*

Avoid trauma to the wound bed

Dressing removal can damage healing tissue, and traumatic dressing removal will not only cause unnecessary suffering to the patient but will also delay wound healing. Avoid dressings such as gauze, which adhere to the wound bed and require soaking prior to removal; rather, replace them with an atraumatic cover dressing.

Avoid trauma to skin surrounding a wound

The following should be avoided: dressings with allergenic potential; adhesive dressings that may cause skin stripping upon removal; and dressings that do not adequately control exudate. Choose a dressing that may be left in place for as long as possible, as frequent dressing changes increase the risk of further skin breakdown as well as increased pain.

Dressing selection should be based on an individual wound's needs, and the following principles apply:

- Soft silicones, hydrofibre, hydrogels or alginates maintain a moist wound environment, are atraumatic at dressing changes and support a favourable healing environment.
- With respect to appropriate absorptive capacity, exudate level is likely to change during treatment; thus, avoidance of a "one for all" approach is prudent to minimize the risk of maceration, as well as to seal wound edges and protect peri-wound skin.
- Dressing selection should be reviewed at each dressing change, as dressing requirements may change as the wound heals.

Minimizing pain

A major consideration with respect to minimizing pain is minimizing patient anxiety. To this end, the following considerations should be noted with respect to dressing changes:

- choose a quiet, relaxing environment;
- involve the patient throughout the procedure;
- explain the procedure thoroughly; and
- establish how the patient would like to be involved.

Avoidance of pain triggers is crucial, so the following considerations should be borne in mind:

- Patients may be extremely sensitive to even the slightest stimulus.
- The wound should be handled very gently.
- Identify what the patient thinks affects their pain.

- Choose the right dressing for the wound.
- Avoid any unnecessary stimulus or manipulation.

The use of pain-reducing factors is also crucial. To this end, ensure the patient is made as comfortable as possible, and use approaches the patient has previously found helpful. As well, consider the following:

- Use distractions such as relaxing music.
- Use relaxation techniques, such as slow rhythmic breathing.
- Vary the procedure in response to pain.
- Allow the patient to pace the procedure.
- Encourage the patient to tell you immediately about any pain they are experiencing during the procedure.
- Use frequent verbal pain checks and pain assessment tools.
- Give the patient 'time out' breaks if discomfort becomes unacceptable.
- Consider preventive analgesia, especially for debridement.

Conclusion

In conclusion, Schulz and Kohr noted the following general points:

- Advocate for the right of patients to have access to pain medication and treatments that minimize pain and trauma.
- Recognize the intrinsic value of each individual in all dimensions (i.e. physical, psychological, social, spiritual and family).
- Always take the time to assess patients' pain, and be sure to engage them and their family members/caregivers in treatment decisions and processes. ☺

Suggested reading

1. Kohr R, Gibson M. Doing the right thing: Using hermeneutic phenomenology to understand management of wound pain. *Ostomy Wound Manage.* 2008;54:52-60.
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3. Woo K. Exploring the effects of pain and stress on wound healing. *Adv Skin Wound Care.* 2012;25:38-44.
4. Canadian Institutes for Health Research. *Malignant Wound Assessment Tool.* Available at: www.cancerpainnet.net. Accessed November 15, 2012.