

Wound Pain: Revisiting a Time-Honored Strategy

Lia van Rijswijk, RN, MSN, CWCN

Wounds hurt. They are sensitive to temperature changes, chemicals, manipulation, pressure, and movement. Healing wounds, with their newly formed nerve tissue, are often hypersensitive to stimuli.¹ Most publications on wound pain focus on the potential role of dressings — especially, dressing changes. This focus in the healthcare literature seems logical— after all, it is the pain healthcare providers often witness (and may have to inflict). However, in the process, we may have lost sight of the pain experienced between dressing changes and ways to reduce it.

Pain often can be drastically reduced by stabilizing the wound.² Recovering surgical patients instinctively hold their incisions when moving; hence, the tradition of splinting sutured wounds and using support bandages (eg, abdominal binders). This may explain observations that wounds covered with dressings that adhere securely to the surrounding skin (not the wound bed itself) are significantly less painful than wounds covered with non-adherent dressings.^{1,3} Thus, in addition to binders, splints, or body positioners, a simple wrap can make a huge difference. Patients should be encouraged to apply bandages themselves to ensure comfortable support. Clinicians just need to suggest and explain why this time-honored strategy may help reduce pain. - OWM

References

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Commentary from Ferris Mfg. Corp.

Pain is the fifth vital sign. Acute and chronic wounds often are painful. Frequently acknowledged causes of wound pain include 1) wound bed cleansing, which can damage the tissues in the wound bed and 2) the trauma caused during dressing changes — a wound dressing that sticks to the wound bed can cause damage during removal. An often overlooked cause of wound pain is the inflammatory cascade continuously re-activating in the chronic wound.¹ The key to reducing wound pain is to address all three causes.

PolyMem® QuadraFoam dressings address all three causes of wound pain. These dressings continuously fill, cleanse, absorb, and moisten a wound. Originally designed to eliminate pain during dressing changes, they do not stick to the wound bed so their removal is atraumatic, a recognized goal in wound care. PolyMem dressings continuously cleanse the wound so cleansing the wound bed during dressing changes usually is unnecessary. Eliminating the step of cleaning the wound bed during dressing changes not only reduces trauma to the wound bed, but also conserves time. Finally, PolyMem dressings have been shown to help reduce the spread of the inflammatory cascade into the surrounding undamaged tissue while maintaining the robust localized inflammatory response required for healing the injury.² This physiological insight helps explain why patients report their wound pain is reduced or even totally eliminated when PolyMem formulation dressings are ordered.

References

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