

Gaining the Patient's Perspective

Renee Cordrey, PT, PhD(c), MSPT, MPH, CWS

A few years back, I had a mole removed and covered the resulting wound with a hydrocolloid bandage. My first dressing change was uneventful. During a subsequent dressing change a few days later, I cleaned the exudate and dressing residue and saw a clean, granulating wound. Suddenly, I felt flushed and light-headed and needed to sit down before I passed out. Although I am a wound specialist who regularly works with large, necrotic, infected wounds, I couldn't handle a clean, tiny wound the size of a pencil eraser. But this was an entirely different experience. I wasn't clinically detached from the wound or the patient — this wound was on *me*.

This incident gave me a great insight into what we ask our patients and families to do. I couldn't cavalierly change my own dressing (what I do professionally) — can I expect a patient to have an easier experience? Every wound and treatment plan can evoke strong emotions. Seeing a hole in yourself has many implications: illness, fear of infection/complications, activity limitations, pain or fear of pain, inability to fulfill social roles. Changing a loved one's dressing may be even more difficult — a colleague of mine who worked in a burn unit admits that removing her son's stuck bandage once brought her to tears.

Since my experience, I approach patient and family teaching more empathetically. I ask if patients and their caregivers can do what needs to be done. I explain what they're likely to see to preclude some worry. Together, we seek options to make treatments more doable. I solicit their feedback to identify problems. Most importantly, I realize that what may be easy for an "objective" professional is not easy for everyone. My new approach has improved my patients' adherence to treatment plans. - OWM

Commentary from Ferris Mfg. Corp.

PolyMem® QuadraFoam® dressings are easy to change for patients, family members, and other nonprofessional caregivers. QuadraFoam® dressings are simple to use — just remove the old dressing and apply a new one.¹ This unique dressing design and simple change procedure usually eliminate the fear of causing pain or needing to touch the wound during dressing changes.

The dressing membrane is nonadherent to both the wound bed and intact skin. These dressings continuously cleanse the wound bed while absorbing and locking up, in a gel form, exudate and liquefied slough without leaving residue that needs to be cleaned during dressing changes. Additionally, the outside of the dressing can be monitored to determine when it should be changed, eliminating the need to disturb the wound between dressing changes.

QuadraFoam® dressings help relieve wound pain, not just the pain associated with dressing changes. Clinicians report using QuadraFoam® dressings often eliminates the necessity for pain medication before dressing removal.²

A representative example of clinicians' experiences includes the case of a 74-year-old patient with two ischial Stage II pressure ulcers and a Braden Score of 12. She was dependent on family members for all activities of daily living and would not offload. At the beginning of PolyMem use, the wounds measured 1.7 cm x 1.2 cm x 0.2 cm (left) and 5.8 cm x 4.8 cm x 0.4 cm (right) (see photo). Family members changed the dressings on these ulcers. The left wound closed in 3 weeks and the right closed in 9 weeks.³



References

1. Thurs K. Polymeric membrane dressings provide pain relief and quick healing of burn. Poster presentation at the Symposium on Advanced Wound Care. San Antonio, Tex. April 30–May 2, 2006.
2. Thurs K. Chronic venous ulcer closed in only seven dressing changes using silver polymeric membrane dressings. Poster presentation at the Symposium on Advanced Wound Care. San Antonio, Tex. April 30–May 2, 2006.
3. Harrison J. Polymeric membrane dressings bring brisk healing to bilateral pressure ulcers. Poster Presentation at the World Union of Wound Healing Societies. Toronto, Canada. June 4–8, 2008.

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