

Managing Painful Venous Ulcers

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Patients with venous ulcers often report pain, which may be continuous or intermittent and often is associated with dressing changes. The pain may be perceived as generalized in the leg, focused in the ulcer or periwound, or both. Inflammation and edema resulting from the underlying venous disease are key factors in the patient's pain.

Appropriate wound care combined with continuous use of compression can help reduce pain and improve outcomes in patients with venous ulcers. Although compression therapy is the standard of care for resolving these wounds and reducing pain, patients often resist this approach — willingness to wear compression stockings depends on the patient's understanding that managing pain and discomfort will improve quality of life.

Strategies for pain reduction include the use of pain medications before dressing changes and dressings that are nonadherent, eliminate the need to manually cleanse the wound bed, and help reduce inflammation. An additional non-pharmacological strategy is to stimulate the opposite limb — eg, if the patient has pain in the left limb gaiter region, applying gentle massage to the right limb in the same anatomical location can help relieve the patient's left limb pain. Stimulating the skin in the area of the wound also has been found to reduce pain. Slowly fanning air over the wound for a short period of time can change the sensations in the area, which can relieve pain. Once fanning is initiated and the patient reports or shows signs of feeling better, treatment can continue. This sensory-altering approach often improves the patient's comfort level and allows the wound dressing and compression to be applied with minimal distress. These tactics often are used with cancer patients and in rehabilitation settings.

A combination of strategies, appropriate wound dressings, and compression (when indicated) will help reduce patient wound pain and consequently improve quality of life. - OWM

Commentary from Ferris Mfg. Corp.

Venous ulcers are painful in up to 90% of patients.¹ Patients often do not comply with clinically therapeutic compression because of discomfort. Helping patients feel comfortable while using compression can help resolve their wounds and reduce recurrences. PolyMem® dressings help reduce inflammation,² a major cause of wound pain.³ The dressings are nonadherent and continuously cleanse the wound bed so additional manual cleansing is usually eliminated. These unique properties are the result of the combined actions of the glycerin; a mild, nontoxic, nonionic, tissue-friendly cleansing agent; and the absorbent agent contained in the dressing.

In a representative case study,⁴ a patient presented with a continuously painful, chronic 9-month-old venous ulcer. PolyMem Silver® dressings were instituted as a part of therapy and facilitated application of clinically therapeutic compression, eventually eliminating the need for wound pain medication. The clinician did not perform additional wound cleansing during dressing changes. She reported that use of the dressings reduced the bacterial load and decreased the fibrin so painful debridement was unnecessary. The wound closed after only seven dressing changes.



October 4: PolyMem Silver initiated with compression



November 8. Wound measures 0.4 cm x 0.1 cm. One week later, the wound closed.

References

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