

PROMOTING INDEPENDENCE IN THE HOME CARE SITUATION OF PARAPLEGICS WITH WOUNDS

Anita Hungerbühler, Max Moor, ParaHelp, Paraplegiker Zentrum,
Nottwil, SWITZERLAND

INTRODUCTION



ParaHelp is an independent nonprofit organisation. We cooperate with the Swiss Paraplegic Centre Nottwil, the leading hospital for patients with spinal cord injuries (SCI).

We care for people with paraplegia as well as other neurological disorders such as ALS or Spina bifida.

Life expectancy for persons with SCI continue

to increase, but is still somewhat below life expectancy for those with no spinal cord injuries. Many of the chronic health problems that arise in the general population with aging naturally occur for people with SCI. However, with this group, the physical and physiologic decline is often exacerbated due to their injury.

The goals for aging with SCI are the same as for everyone else: to minimize the impact of aging and to maintain overall health, independence and quality of life.

Our clients are patients, family members, care givers, doctors, insurance companies and other organizations, involved with the patients.

AIM

To promote independent living by optimising the home situation in terms of prevention of paralysis conditioned complications and technical aids with a goal of improvement of quality of life.

METHOD

Consultations take place at the patients' home, the most common consultations being:

- Adjustment/transition process between hospital/home care
- Pressure ulcers and skin problems
- Bladder/bowel dysfunction
- Technical aids and equipment
- Family support and education
- Coordination and education/training of medical specialists
- Case management in complex cases

It's important to find treatments that are simple for the patient whilst helping maintain their independence and preserving their quality of life. An important aspect is finding solutions acceptable for both patients and caregivers. Wound dressings for example, need to be easy to handle, both in regards to application and removal as well as promote rapid wound healing since it's usually the patient or his family that perform the dressing changes.

We use polymeric membrane dressings* as they are multifunctional and can be used on most types of wounds whilst offering a great variety of possibilities.

RESULTS

Polymeric membrane dressings are easy to apply for the patient and as well for the care givers. We have found that the wounds heal faster and with less complications than with other dressings. In addition they are very skin friendly, we have never seen any adverse reactions on the wound or surrounding skin when using these dressings. The example shown in this presentation demonstrates the process and speed of healing of a typical wound.

DISCUSSION

Our patients want a quick, uncomplicated way to heal their wounds. Since they often cannot feel or see their wounds (sacral pressure ulcers for example) they tend to deny the severity of the situation. A seemingly simple dressing as the polymeric membrane dressing can easily be used by the patient or eventual caregivers without in depth knowledge of wounds and still give excellent wound healing results.

As a mobile unite, it's important that we can recommend acceptable and practical solutions for our patients and caregivers. We do not have the resources to carry around a large range of dressings, nor is it necessary any more as we have found a dressing versatile enough to cover most types of wound indications with very good results. An extra benefit of limiting our assortment is that the knowledge of wound treatment has increased in our group now that there is no more uncertainty as to how the different products work.



Case Report

Whilst transferring from the wheelchair into the swimming pool, the patient contracted a shearing injury on the back of his thigh from the edge of the pool without being aware of it. A couple of days later he noticed that his clothes and bed sheets were moist and became aware of the wound. His wife immediately applied a hydrocolloid dressing (the only available dressing they had at home) but the wound deteriorated and became quite wet and sloughy. A few days later, when the wound measured 6,7cm x 4,5 cm she became worried and contacted the ParaHelp team.



21 August

The wound is about 10 days old. It measures 6,7 x 4,5 cm and is covered with a thick layer of yellowish fibrin. The periwound area is slightly red and warm. According to our protocol we cleaned the wound with an antiseptic solution for 15 minutes prior to the application of a polymeric membrane dressing. Off-loading and limited time in the wheelchair was recommended. The wife was also instructed to change the polymeric membrane dressing on a daily basis.



28 August

Wound size decreased slightly to 5 x 2,8 cm. The yellowish fibrin has started to dissolve but is still covering the entire wound surface. Exudate level significantly decreased. The wound edges are pink and show signs of epithelialisation.

The wife is now instructed to change the dressing every 2 to 3 days according to the exudate level. In spite of our off-loading instructions the patient spends most of his time sitting in his wheel chair.



19 September

The wound is decreasing in size and cleaning up nicely in spite of non-existing off-loading. The size is now 2,6 x 1,2 cm. The exudate level is low and the surrounding skin is pale and healthy.

The wife changes the polymeric membrane dressing every 3 to 4 days and says it only takes a couple of minutes to perform the dressing change.



29 September

The wound has been closed for several days when we came for our follow-up visit.

The wife commented over how easy it was to perform dressing changes with the polymeric membrane dressing and had noted how fast this wound had healed compared to her husbands previous wounds.

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*PolyMem® Wound Dressings

Manufactured by Ferris Mfg Corp, Burr Ridge, IL 60527 USA. This case study was unsponsored. Ferris Mfg. Corp. contributed to this poster design and presentation.