Utilising a novel approach to address the challenges of managing and healing lower limb ulcers

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INTRODUCTION:

In 2020 The National Wound Care Strategy Programme (NWCSP) Lower Limb Recommendations were published[1]. These recommendations were set out to not only improve patient care, but also to reduce unwarranted variations in care. One of these recommendations was to address 'the use of inappropriate and ineffective dressings'. A structure now exists to facilitate the organised delivery of lower limb treatment and care in line with the NWCSP recommendations - the **3D Framework**. This case study will illustrate how this organised approach structures care delivery in 3 key areas - Person Centred Diagnosis, Evidence Based Decision Making and Inclusive Dialogue (Fig.1). Each of these areas are key to facilitate implementation of the recommendations, including the prescription of appropriate and effective treatments or dressings. The **3D Framework** is aimed at generalist health professionals to support change and provide structure for leg ulcer management. A group of European experts developed the document to support best practice recommendations, such as the NWCSP, for patients with leg ulcers.

METHOD:

The patient was referred to the Tissue Viability Nurse (TVN) with bilateral leg ulcers with a duration of 5 years. On presentation, the patient had become socially isolated and had become dependent on his father to support dressing changes twice per day. On presentation, the left leg wound measured 40mm (W) by 30mm (L), with 100% slough *(Fig.2)*. The right leg ulceration was unable to be measured accurately as it consisted of slough and unhealthy granulation inconsistently over multiple wounds *(Fig.3)*. Overall, the patient presented low in mood, demotivated and with pain levels expressed as being 10/10.

The TVN undertook a structured comprehensive holistic lower limb and wound assessment (including ABPI). The person centred diagnosis, as recommended by the **3D Framework**, concluded the patient was living with venous leg ulcers.

During the holistic assessment the TVN followed the principles recommended within the Inclusive Dialogue section of the 3D Framework. This included assessing the patient's understanding, previous patient experience and their motivation, providing time to disclose and identify their priorities about treatment. This stage of assessment can sometimes be overlooked, due to time constraints or assumptions a Health Care Professional (HCP) may have. Understanding what makes a case more complex than another, discovering what the patient is feeling and the motivational factors a patient may have (as part of the empowerment element) are all able to be highlighted in the dialogue phase of 3D. An example of this can be seen in *(Fig.4)*, where factors expressed by the patient were documented on initial assessment so the HCP could visually see that more time needed to be allocated to support this patient's needs.

From the comprehensive assessments, including the inclusive dialogue with the patient, the TVN was able to set mutually agreed treatment goals and identify and agree on an evidence based treatment decision as advocated within the **3D Framework**. This was **UrgoClean Ag** initially to treat potential biofilm to both wounds, then **UrgoStart Plus Pad** and an agreed compression system delivering 40mmHg of compression. Weekly specialist reviews then followed.

RESULTS:

Three weeks post **UrgoClean Ag** use under compression, the granulation tissue to both leg wounds appeared healthy and there had been a reduction in the width of the left wound by 4mm. Due to this improvement in tissue, the **UrgoStart Plus** treatment was commenced under compression. Over time, improvement in tissue type and wound size reduction to both legs was observed. The left leg wound healed at 10 weeks *(Fig. 5)*, and the right leg wound had demonstrated a dramatic reduction in size, now able to be measured at 22mm (W) by 25mm (L) with pain being reported as 3/10 ***(Fig.6)***.

Throughout his treatment the patient was able to see marked improvements in his wounds, and therefore he became much more positive in mood and motivation.

DISCUSSION:

The TVN implemented the principles of the **3D Framework** to improve the experience and outcome for the patient. Once achieving the patient centred diagnosis, the TVN engaged the patient in inclusive dialogue. From these discussions the TVN identified that the patient's previous negative experience with health professionals and multiple treatment regimens over the previous 5 years had resulted in his low mood and scepticism as to the ability for his ulcers to heal.

The TVN needed to gain the patient's confidence and his positive engagement by offering a treatment regime that had a robust evidence base which could be easily explained to him. The evidence for the **UrgoStart** range was presented to him, including the NICE recommendation[2], and after discussions he agreed to try the **UrgoStart Plus Pad** dressing and continued compression. Following the principles of 3D, by positively engaging the patient in inclusive dialogue, his previous experiences were comprehensively understood. The patient was also able to fully understand why the TVN had suggested the evidence based treatment decision to use **UrgoStart Plus Pad**.

CONCLUSION:

The patient in this case study experienced rapid and positive results from his treatment and care despite a wound duration of 5 years. This was as a result of implementing national recommendations via a structured framework. Fully understanding the patient's perspective and ensuring the patient understood the TVN's rationale for treatment decisions resulted in true clinician - patient partnership in care using an appropriate and highly effective evidence based treatment in **UrgoStart Plus Pad**.

Fig. 1:

The 3D Framework has been developed to address inequalities in wound care practice and improve patient outcomes. It has been developed by European wound management experts and aims to empower health professionals and the patient to improve both clinical outcomes and patient experience for leg ulcer care.

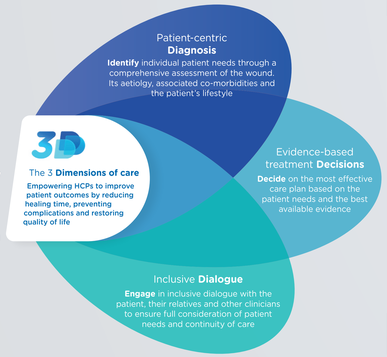
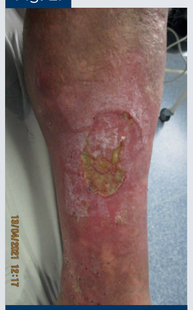
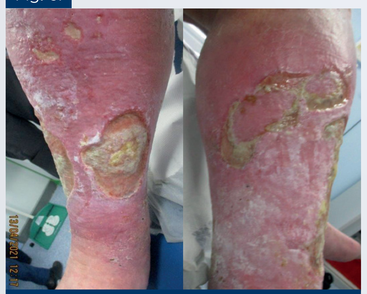


Fig. 2:



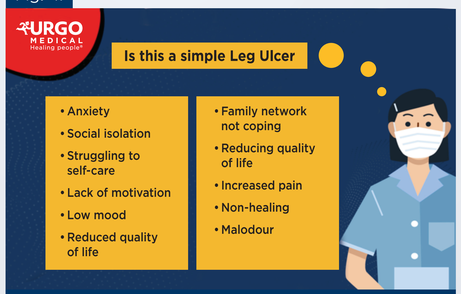
Week 0 - Left VLU on presentation to TVN Team

Fig. 3:



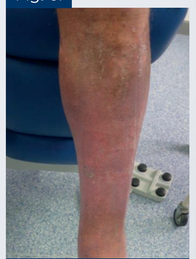
Week 0 - Medial and Lateral aspect of Right VLU on presentation.
Pain score was documented as 10/10.

Fig. 4:



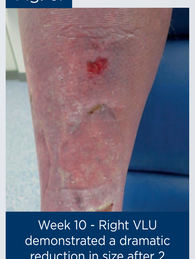
Engaging in inclusive Dialogue with the patient, their relatives and other clinicians to ensure full consideration of patient needs are understood. An example of how this was documented in this case study is pictured.

Fig. 5:



Week 10 - Left VLU healed after 2 weeks of **UrgoClean Ag** and 8 weeks of **UrgoStart Plus Pad** as primary dressings.

Fig. 6:



Week 10 - Right VLU demonstrated a dramatic reduction in size after 2 weeks of **UrgoClean Ag** and 8 weeks of **UrgoStart Plus Pad** as primary dressings, with pain now being reported as 3/10.

REFERENCES:

1. National Wound Care Strategy Programme (NWCSP) (2020) Lower Limb Recommendations for Clinical Care. http://tinyurl.com/5e8hhi7xy (accessed 12 August 2021)
2. NICE (2019) Medical Technologies Guidance 42(MTG42): UrgoStart for treating diabetic foot ulcers and leg ulcers