

Choosing between a healable, non-healable and maintenance wound

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Fostering client adherence to the treatment plans is a critical component of care for the client with a wound. The client's lifestyle is often impacted by the treatments, such as wearing compression stockings and avoiding standing for long periods for people with venous disease, or modifying activity levels and mobility in an effort to treat a pressure ulcer. Unfortunately, fewer than 10 per cent of physicians in one survey felt they were very successful in helping patients change health-related behaviours.¹

The treatment plan often starts from the assumption

that clients want their wound to heal, and that goal supersedes other aspects of their life. Alternative end points, however, such as controlling exudate, preventing infection and relieving pain, have received some attention in the literature.²

A client's belief system surrounding the wound also plays a role. For example, a survey of clients with spinal cord injury found that "although most participants believed they were susceptible to pressure ulcers and preventive care was important, paradoxical statements about beliefs and preventive behaviours were common."³

Case study

Mary is a 43-year-old woman who sustained a spinal cord injury in a motor vehicle accident at the age of 16 years. Four years ago she developed a stage 3 pressure ulcer over her left ischial tuberosity. Although the etiology is unknown, Mary believes this wound developed during an overseas flight. She was referred to a wound care specialist, who has initiated a number of assessments and interventions over the years. These included treating the cause and local wound care including:

Treating the cause

- A comprehensive seating and mobility assessment resulted in a new power chair with power tilt.
- Pressure mapping evaluation resulted in a padded commode, a ceiling-lift installation and changes to Mary's method of transfer.
- Mary was referred to a dietitian who recommended changes to her nutritional intake.
- Baclofen (to manage spasticity) was prescribed.

Local wound care

- The wound was investigated and treated. Investigation and treatment of a local wound infection..
- Debridement was performed.

Patient-centred concerns

Mary works full time, mainly in an office. She lives independently in an accessible home with the support of part-time paid caregivers. She was prescribed bed rest in an effort to promote wound healing. She found this treatment very difficult, but did adhere to the plan.

Despite the best efforts of the team to optimize care, the wound has shown few signs of closing and Mary is becoming frustrated with the impact the wound is having on her life. Reassessment is an integral part of the wound management process and should be conducted on a regular basis. The team decided to re-evaluate the interventions to date to ensure everything had been optimized. Systemic antibiotics were added to combat the infection, which was still present.

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Case study—continued

What would you do?

The treatment team implemented a motivational interviewing approach to gain insight into Mary's perceptions:

"My wound is impacting my ability to live my life. I am not able to go in to work and being in bed prevents me from getting out and being social. I have not been able to go to the cottage this summer, so I really missed that...I am frustrated that the wound is not healing, but it is not causing me any pain or discomfort. The drainage is manageable. My nutrition is good, but sometimes I miss meals because of my attendant's schedules. Antibiotics were prescribed for me at one time, but they didn't seem to help. What I really want is to be able to resume my life."

Listening empathically, the team member conducting the interview was supportive and communicated her understanding of Mary's perceptions. She went on to define the difference between a healable wound and a maintenance wound.

"Healing your wound doesn't have to be the goal. You could choose to have a maintenance wound and put your focus on living your life. Our team would support you in that goal by working with you to prevent further infection and stop the wound from getting larger. We can try to achieve these goals while decreasing the number of nursing visits to change your dressings. That way, you won't have to schedule your life around dressing changes as much."

Mary chose to think of her wound as a maintenance wound, and focus on living her life. She was able to go back to work, but modified her schedule so that she could work from home for part of the time, allowing her to transfer into bed for part of the day. She was able to visit the cottage and resume socializing with her friends. Despite the changes to her routine, the wound did not significantly change. Ultimately, therefore, her goals were met.

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Understanding healability

Although understanding client's perspectives on the impact of a wound on their life is important, it is also critical to understand their goals regarding wound healing. Wounds are often classified as "healable," "non-healable" or "maintenance."

A "healable" wound is one where the patient's medical status and the health care system support adherence to an optimal plan. With a "non-healable" wound the patient does not have the physical capacity to heal, such as a patient at the end of life. A "maintenance wound" is a wound which one that is healable, but either the client is making choices not consistent with optimal wound healing or the system is unable to support the optimal treatment for this patient at this time.

Healability is a key determinate of the treatment plan. Involve clients in the discussions about the healability of their wound empowers them to make more informed treatment choices.

The discussion of alternative end points to healing rarely occurs with the patient in a way that makes "maintaining" the wound an acceptable goal. Assuming a client has the physical capacity to heal, the factors distinguishing between a healable and maintenance wound are the

client's adherence to optimal plan of care and the system's capacity to support the optimal plan. Discussing the differences between a healable and maintenance wound in relation to a client's lifestyle and choices enables the client and team to move forward with the same goal. This, in turn, fosters adherence to the treatment plan.

Trust in the health care provider, which includes spending meaningful time talking with the client, has been shown to foster adherence to the treatment of leg ulcers.⁴ Trust can be built by listening to the patient and using a friendly approach.⁴ Motivational interviewing may also help "a client-centred, directive approach grounded in careful listening and empathy."⁵ The basic steps are to listen empathetically, have patients voice their own reasons for change, roll with resistance and support self-efficacy.⁵ This process can help clinicians gain insight into clients' perspectives on their wound has on their life.

Involving clients in determining the healability of their wound helps establish common expectations between the client and team members. Once the healability has been determined, the client and team can work together to establish realistic treatment plans that are more easily adhered to by everyone. ❖



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