

LIVE ON FACEBOOK:

Wound and continence care — the patient's perspective



Wednesday, 9th October
19:30

Presented by **Jamie Gane**, *adaptive athlete and patient*;
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Wound and continence care — the patient's perspective

Learning objectives

1. To highlight the factors that may impact upon a patient living with a condition/disease and how a holistic assessment can help
2. What healthcare professionals should consider when caring for a patient with a wound or continence challenges to optimise their wellbeing and healing
3. Listen to Jamie's Story
4. Live discussion with Jamie about the impact his health has had on his life.

The cost of wound care to the NHS

1. Managing patients with wounds and their associated co-morbidities is estimated to cost the NHS **£5.3bn per annum**
2. For providers/commissioners, the delay in wound healing relates to resources being used inappropriately
3. Guest et al (2015) study *Health economic burden that wounds impose on the National Health Service in the UK* determined the cost of managing and healing chronic wounds.



Why are we bothered?

Costs and outcomes in evaluating management of unhealed surgical wounds in the community in clinical practice in the UK: A Cohort study (Guest et al, 2018)

- More than 10 million operations were performed by the NHS in England in 2015–16, the majority of which involved an incision
- Suggests that SSI data may be underestimated as most patients experience signs and symptoms post discharge which can go unrecorded
- This paper suggested that unhealed surgical wounds account for 11% of wounds managed in the NHS (2012–13)
- Dehiscence following primary closure accounts for 26–28% of all wounds requiring continued nursing intervention in the UK.



Recommendations

- Full holistic assessment and complete documentation to include:
 - accurate wound diagnosis
 - comorbidities considered and optimised for healing potential
 - use of assessment tools (e.g. Doppler ultrasound)
 - structured care plan and consistent dressing selection
 - clear healing objectives with realistic timeframes / goals attached
 - continued re-assessment and senior involvement where necessary
- Staff training.

Incontinence: prevalence

14 million affected

6.5 million people have
bowel problems

900,000 children and
young people suffer from
bladder and bowel
dysfunctions

5 million women in the UK
affected – along
with prolapse, costs the NHS
£200m a year

Incontinence

- It has been estimated that, in the UK, over 14 million people are affected by bladder control problems
- Urinary Incontinence is more common in women aged 55 or above, and estimates of the point prevalence range from 35% to 60%, increasing with age
- It is suggested that women are three times more likely to experience incontinence than men, but is that due to lack of evidence and prevalence studies available
- It is also important to recognise that men experience incontinence differently to women so evidence is needed to help establish those exact causes and solutions for the male population
- While not life-threatening, it has physical, psychosocial and emotional consequences for individuals and their families, with considerable impacts on society
- There is limited up-to-date information on the cost in the UK, the estimated annual cost (related to 1999/2000) of treating clinically significant UI is £536 million (£233 million for women).

The patient

What do we need to know?

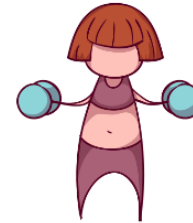
- Factors to consider when treating a patient should include:
 - patient mobility
 - patient's regular activities of daily living
 - support network
 - ability to be concordant with the device / treatment recommendations



Obtaining a diagnosis

Physical and functional

- Maintain a safe environment
- Communicating
- Breathing
- Eating and drinking
- Eliminating
- Personal cleansing and dressing
- Controlling body temperature
- Mobilising
- Working and playing
- Expressing sexuality
- Sleeping
- Dying



Patient-related risk factors

- Age
- Nutrition
- Hydration
- Underlying diseases
- Medication
- Psychosocial factors
- Pain.



Continence-related risk factors

Nocturnal (a loss of bladder control when sleeping)

- Overactive or unstable bladder
- UTI
- Stress/anxiety
- Lack of antidiuretic hormone
- Alcohol intake
- Night sedation
- Congenital abnormalities

Neurogenic

- Stroke
- Multiple Sclerosis
- Parkinson's Disease
- Other neurological conditions/spinal injuries

Continence-related risk factors

Functional

- Dementia
- Decreased dexterity
- Toilet distance or location
- Impaired mobility
- Mental-health issues (e.g. depression)

Stress

- Obesity
- Chronic cough
- Incomplete urethral sphincter muscle
- In women
 - Childbirth
 - Multiple pregnancies
 - Low oestrogen levels
- In men
 - Post-prostatectomy

Continence-related risk factors

Urge

- UTI
- OAB
- Bladder stones
- Diabetes
- Cystitis
- Prostate gland problems
- Pregnancy
- Weakened pelvic floor muscles

Wound-related risk factors

- Areas to consider:
 - wound duration
 - size and depth
 - anatomical location
 - inflammation
 - infection
 - wound bed condition.



Impact on the patient if the factors aren't considered

Emotional

- Altered body image
- Depression
- Relationship difficulties

Reaction of others

- Inhibits socialising

Financial

- Employment limited
- Cost of treatment needs

Practical

- Unable to pursue usual activities of daily living
- Reduced mobility



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How can we optimise our patient's wellbeing?

Following a full patient assessment - creating a treatment plan

- Obtain a diagnosis/evaluation
- Ensure realistic goals are set that can be achieved by the patient
- Understand patient expectations
- Partnership planning
 - lifestyle changes?
- Plan before commencement
 - equipment, human resource, transport, clothing, financial help



JAMIE GANE

adaptive athlete







July 2016



September 2016

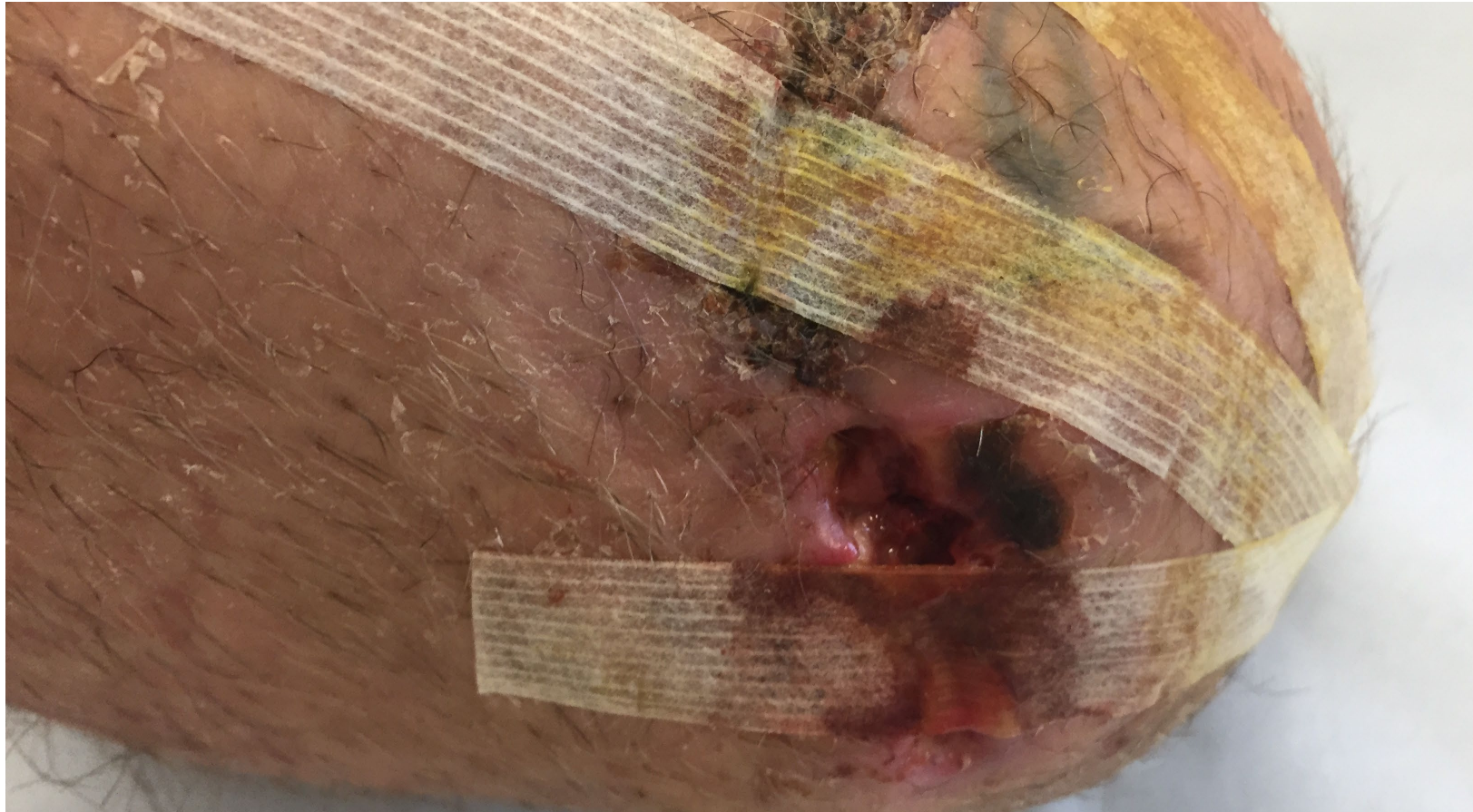






















January 2017





June



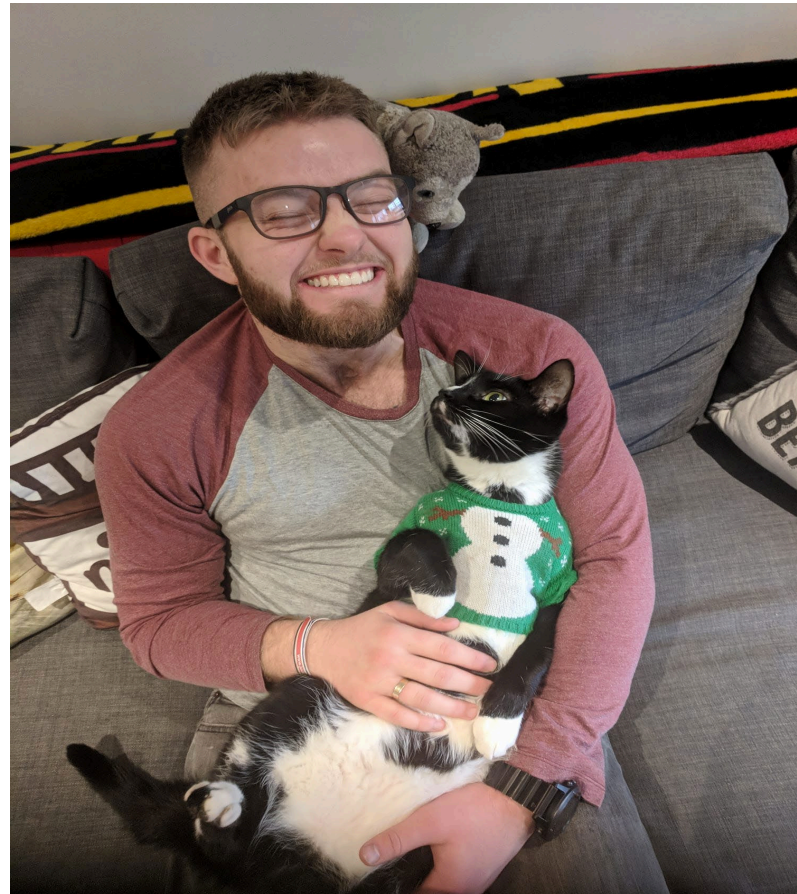
July



August



January 2018









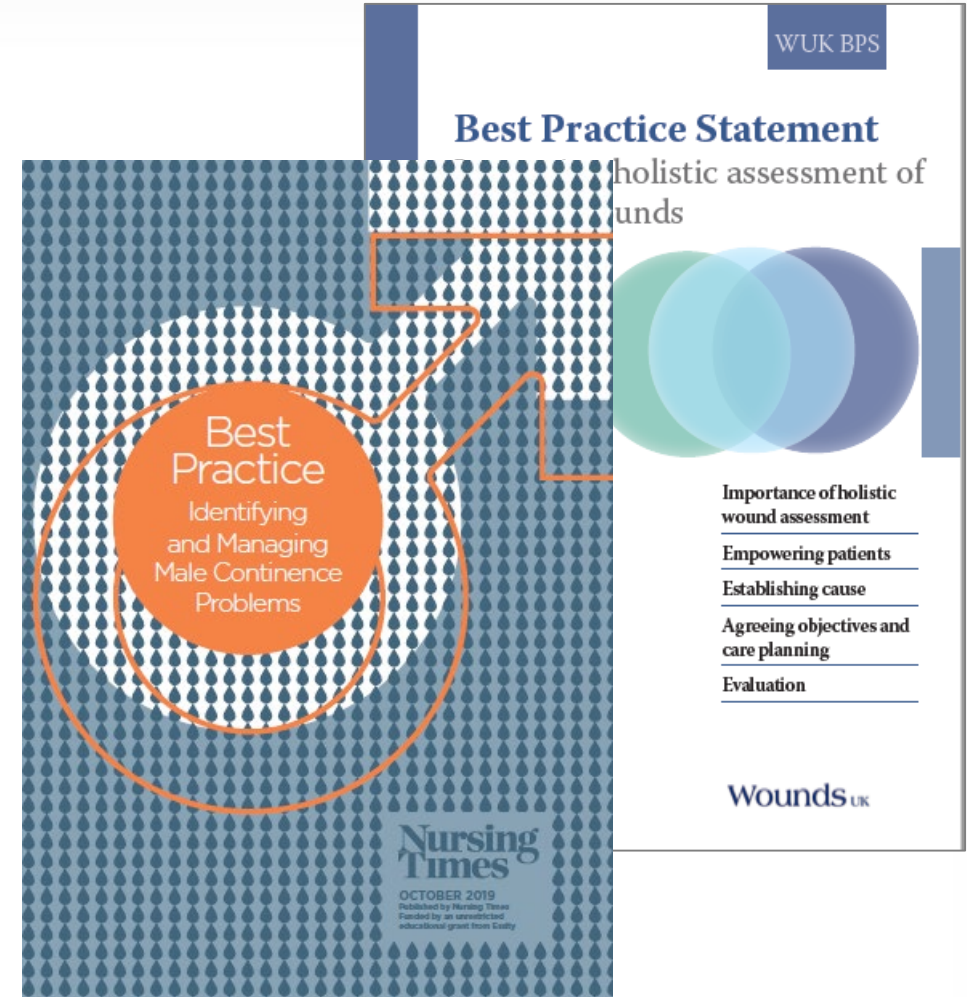


Summary

- Patients health needs can be complex and despite it being a condition we see regularly, will be unique to them as individuals
- Understanding all the factors that may impact on their health and well being can be a challenge, but it is important we understand so we can help improve outcomes
- To improve self care we need to delve deeper into their capabilities and concerns so that partnership planning can be successfully achieved
- Jamie is a great example of how life goes on and does not have to limit you when faced with a health-related condition

Support from Essity

Two very good Best Practice Statements available, to help support wound and continence care, for your copy please contact Essity.



Support from Essity

- A range of therapy solutions across various therapy areas including: continence and skin care, advanced wound care, leg ulcer management and chronic oedema
- TENA Wash Cream, 3-in-1 formula to promote skin health, ideal for cleansing and hydrating even delicate and fragile skin, no rinsing required, gently cares for and protects vulnerable skin of elderly patients
- TENA absorbent products in the new TENA ProSkin range with high leakage security



TENA ProSkin innovations



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Support from Essity



- Advanced Wound Care in the Cutimed range includes:
- Infection prevention and management –The Cutimed Sorbact range, attracts and binds bacteria and fungi to effectively reduce microbial load
- Exudate management:
- Cutimed Sorbion Sachet super-absorbent dressings, absorbs and retains moderate to very high exudate levels
- Cutimed Siltec foam dressings, for low to moderate exudate levels
- Skin protection: Cutimed PROTECT barrier preparations include film, cream and spray
- JOBST compression therapy garments, bandages and wraps for vascular and lymphology conditions including JOBST FarrowWrap, JOBST Elvarex, JOBST UlcerCARE



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Essity's support



- Our academies provide education and are CPD accredited. Topics include:
 - Anatomy and physiology of skin
 - Factors affecting wound healing
 - Infection management
 - Surgical site infection
 - Litigation and the law and the NHS
 - Improving the assessment of wounds
 - Introduction to continence
 - Bowel Management
 - Dementia and Incontinence

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