THE CHALLENGE OF PAIN

DEFINITION AND TYPES OF PAIN

- Pain: An unpleasant subjective, sensory and emotional experience associated with actual or potential tissue damage.
- Nociceptive pain: Caused by damage to body tissue and usually described as a sharp, aching or throbbing pain.
- Neuropathic: Often described as shooting, stinging, drilling or stabbing pain. Caused by damage to peripheral or central nerves and very difficult to treat, as normal analgesia may not have an effect; may be relieved by antidepressants or anticonvulsants, but these can have intolerable side effects.

WHY IS IT IMPORTANT TO MANAGE PAIN?

Wound-related pain can be an all-encompassing experience and is often one of the most devastating aspects of living with a wound, seriously impacting patient wellbeing and quality of life. Pain and stress have been found to slow the various intricate mechanisms of wound healing. Moreover, if patients are anxious and anticipate a painful experience, this may actually intensify the pain felt at dressing change.

THE PATIENT MAY EXPERIENCE PAIN FOR A NUMBER OF REASONS:

- Wound or skin-related — for example, itchy hyperkeratosis, skin breakdown caused by exudate, infection or inflammation, etc
- Management of the wound — for example, skin stripping from adhesives, friction caused by bandages or debridement
- Emotional distress — for example, embarrassment caused by malodour and anxiety due to lack of healing progression

In addition to the physical aspects of painful wounds patients can also experience emotional distress. For example, embarrassment caused by malodour and anxiety due to lack of healing progression.

MANAGING WOUND PAIN

Whenever possible, it is important to effectively manage wound pain according to its cause. Accurate assessment is key to implementing a plan to reduce or eliminate pain, and may include:

- Identifying sources of pain and implementing appropriate management strategies, e.g. treat infection, provide pressure relief, reduce oedema using compression
- Optimising dressing wear time so the wound is not disturbed unnecessarily
- Selecting a dressing that manages wound pain and can be removed atraumatically
- Providing additional analgesia
- Using an integrated strategy to facilitate healing progression where appropriate (e.g. combining dressings with compression therapy for a VLU).

MEASURING WOUND PAIN

Due to lack of an objective tool, pain measurement relies on patients’ experience, which is unique to them, and can be affected by physiological, psychological, emotional and environmental factors. Diagnostic tests may be required to identify the cause of pain and assessment will need to continue once treatment has been implemented.

Ideally, one practitioner would always record pain levels, but since this is often unrealistic, recognised tools such as the visual analogue scale (VAS) and McGills pain scoring system are used.

EXAMPLE PAIN MEASUREMENT SCALE

- No pain
- Slight
- Annoying
- Dreadful
- Vicious
- Excruciating

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ActiFormCool® is an ionic sheet hydrogel that is suitable for a variety of wounds and skin conditions, but is particularly useful for:

- **Pain relief**: It cools inflamed tissue and bathes nerve endings, relieving pain and soothing irritated skin. Pain is managed throughout the period of wear - not just at dressing change. The underlying causes of pain are treated, reducing the period of time a wound is painful.
- **Debridement**: It stimulates autolytic debridement through moisture optimisation; the formation of granulation tissue follows rapidly to generate a healthy wound bed.

ActiFormCool® is a low sensitivity dressing, so is safe for those with especially vulnerable skin, such as neonates. However, ActiFormCool® should not be used on deep, narrow cavities or sinuses.

**HOW ACTIFORMCOOL® OPTIMISES MOIST WOUND HEALING**

Dynamically responds to moisture levels, donating moisture or absorbing exudate to create and maintain the optimal moist wound environment.

**HINTS AND TIPS**

- Use in conjunction with Debrisoft® (mechanical debridement) to optimise wound progression, particularly in static chronic wounds.
- For treating larger areas, several dressings may be used side by side; for smaller areas, the dressing may be cut if required.
- ActiFormCool® is effective under compression therapy and may be combined with other dressings.

The dressing becoming cloudy or opaque from fluid absorption is a good indicator that it should be changed.

**CLINICAL APPLICATIONS OF ACTIFORMCOOL®: CASE STUDY RESULTS**

**Wounds**

Wounds become chronic for many reasons. Chronicity in leg ulcers is commonly caused by poor venous return, arterial insufficiency, systemic disease (e.g. lupus) or diabetes. ActiFormCool® has been proven to:

- Facilitate an environment conducive to healing
- Reduce exudate levels, exposing areas of granulation tissue
- Substantially reduce pain
- Be safe and effective under compression.

**Clinical Case Study: Chronic leg ulcer**

Case Study: Chronic leg ulcer

2. Tobin C (2007). Managing an extravasation wound in a premature infant. ActiFormCool® has been proven to:
5. Young T (2008). The use of an ionic hydrogel in a neonate with a necrotic extravasation injury. ActiFormCool® has been proven to: