
This article presents the findings of an audit on venous leg ulceration prevalence in a community area as a framework for discussing the concept and importance of audit as a tool to inform practice and as a means to benchmark care against national or international standards. It is hoped that the discussed audit will practically demonstrate how such procedures can be implemented in practice for those who have not yet undertaken it, as well as highlighting the unexpected extra benefits of this type of qualitative data collection that can often unexpectedly inform practice and influence change. Audit can be used to measure, monitor and disseminate evidence-based practice across community localities, facilitating the identification of learning needs and the instigation of clinical change, thereby prioritising patient needs by ensuring safety through the benchmarking of clinical practice.

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Date Created
20140906
Year of Publication
2014

Public health services will need to cope with additional demands due to an ageing society and the increasing prevalence of chronic conditions. Lower-limb ulceration is a long-term, life-changing condition and leg ulcer management can be challenging for nursing staff. The Lindsay Leg Club model is a unique partnership between community nurses, members and the local community, which provides quality of care and empowerment for patients with leg ulcers, while also supporting and educating nursing staff. The Leg Club model works in accord with core themes of Government and NHS policy. Patient feedback on the Leg Club model is positive and the Leg Clubs provide a service to members which is well accepted by patients, yet is more economically efficient than the traditional district nursing practice of home visits. Lindsay Leg Clubs provide a valuable support service to the NHS in delivering improved quality of care while improving efficiency.


PURPOSE: The aim of this study was to explore knowledge deficits and underlying processes in information-seeking behavior in patients with leg ulcers.

METHOD: A qualitative approach based on grounded theory methods with constant comparison was used. Semistructured interviews were held with 15 patients with venous leg ulcers in community care settings and wound care clinics between October 2008 and June 2009. Data processing and data analysis occurred via a cyclic process.

RESULTS: Patients did not express a clear understanding of the causes of ulcers or their own contribution to enhance leg ulcer healing. They often lacked knowledge about relevant lifestyle
advice and its relationship to healing or recurrence. During the leg ulcer trajectory, different leg ulcers
perceptions were present: the ulcer as a trifle, the ulcer as a wound not healing on its own and making everyday life impossible, the ulcer as a skin problem, and the ulcer as a chronic condition. These perceptions defined patients’ actions in leg ulcer care.

CONCLUSION: Leg ulcer patients often have inadequate knowledge of their condition and related lifestyle advice. Patients require greater knowledge about their condition before they can understand their treatment and recognize their role in promoting healing.

Status
MEDLINE
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Date Created
20130703
Year of Publication
2013

4.
The psychosocial impact of chronic wounds on patients with severe epidermolysis bullosa. Adni T; Martin K; Mudge E.
Journal of Wound Care. 21(11):528, 530-6, 538, 2012 Nov.
[Journal Article]
UI: 23413491

OBJECTIVE: To explore the lived experience of individuals with chronic wounds associated with dystrophic and junctional epidermolysis bullosa (EB), to improve understanding and, therefore, enhance the care provided to this group of patients by acquiring in depth data on the psychosocial issues that affect them.

METHOD: A phenomenological study using interpretive phenomenological analysis was employed. A purposive sampling method was used with six individuals replying to postal invitation to participate.

RESULTS: Following one-to-one interviews, six superordinate themes were identified. These were: coping, pain, perceptions, emotional impact, social impact and support network, each with subordinate themes. All of the superordinate themes have been identified by previous research into chronic wounds, burns and disfiguring conditions; however, new subordinate themes arose.

CONCLUSION: This study highlighted the need for individuals with EB to have a multidisciplinary approach to their care with a particular need for pain management, psychological intervention and nursing support from those whom clients perceive as understanding the requirements of patients with EB. Further research into identity issues in individuals with EB is advocated.

DECLARATION OF INTEREST: There were no external sources of funding for this study. The authors have no conflicts of interest to declare.

Status

BACKGROUND: Diagnosis and therapy of chronic wounds constitute an interdisciplinary challenge and should be oriented on the guideline standards. Although no data on the quality-of-care are available for Germany, it can be concluded from qualitative estimates and expert reports that the majority of patients are not receiving adequate treatment.

OBJECTIVES: Evaluation of the quality-of-care for leg ulcers in the metropolitan area of Hamburg by means of newly developed guideline-based indicators.

METHODS: Leg ulcer patients of any aetiology were consecutively included. The spectrum of 220 health-care providers ranged from wound clinics, office-based practices, nursing homes to home-care services and doss houses. The survey included a clinical examination and the completion of questionnaires covering quality of life, experiences with treatment and quality of health care.

RESULTS: A total of 520 patients with leg ulcers were included. Among these patients, 63% were of venous, 23% of mixed, 2% of vasculitic and 12% of other origin; 78.6% of the patients were treated with moist wound dressings. Pain therapy was performed in 54.1%, compression therapy in 53.5%. Shortcomings were noted in the diagnostic work-up and in concomitant wound care such as physiotherapy. Around 70% displayed marked to profound impairment in quality of life. The quality-of-care index showed that 64% of the indicators were met by the actual care; 61.8% of the patients exhibiting a sufficient quality-of-care, regardless of age, social status, place of abode or insurance status.

CONCLUSIONS: Although the majority of patients received adequate therapy, many patients are not being treated properly in accordance with the guidelines. Copyright 2011 The Authors. Journal of the European Academy of Dermatology and Venereology 2011 European Academy of Dermatology and Venereology.

Status

MEDLINE
Authors Full Name
Rustenbach, S J; Grams, L; Munter, K C; Schafer, E; Augustin, M.

Leg ulceration represents a substantial health problem, and pain is likely to be an associated symptom. The aim of this meta-synthesis was to undertake a systematic review of qualitative studies investigating the experience of chronic painful leg ulceration. This study undertook the meta-synthesis approach described by Sandelowski and Barroso (2003), which is a synthesis and re-interpretation of the findings from several qualitative studies. Findings were extracted and synthesized. The overarching theme was that patients with chronic leg ulceration suffer from persistent pain with associated sequelae. Word descriptors used by participants also suggested that patients have neuropathic pain. In addition, findings from the meta-synthesis suggested that pain associated with chronic leg ulcer may have a neuropathic pain component. Pain associated with leg ulceration is likely to have nociceptive properties as well as neuropathic properties. If neuropathic pain is not identified and managed effectively, patients are at risk of developing a chronic pain condition with associated sequelae, such as poor sleep, depression and suicidal ideation. It is proposed that early identification and management may enable appropriate pain management which may prevent or reduce the associated risks.

Status
MEDLINE
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20111109
Year of Publication
2011
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Van Hecke A; Verhaeghe S; Grypdonck M; Beele H; Flour M; Defloor T.


[Journal Article. Validation Studies]

UI: 21198805

AIMS: To describe and discuss of the added value of systematic development and validation of nursing interventions in nursing care.

BACKGROUND: An adherence-promoting intervention for leg ulcer patients was developed in 2008, based on the model of van Meijel. This model requires a systematic development using an analysis of patients' (lived) experiences and professionals' views on (good) care. It employs a cyclical process of trying out, evaluating, revising and reassessing the adapted intervention in patients. The intervention consists of information and counselling sessions carried out by tissue viability nurses and focuses on wearing compression hosiery, practising leg elevation, physical activity and performing leg exercises.

DISCUSSION: Exploring patients' and nurses' perspectives during the development of intervention increases the likelihood that the resultant intervention is both feasible and attuned to patients' needs. Various implementation issues were identified during the developmental process. Validation of the intervention through its use in nursing care aids in refining the intervention and in linking the techniques most successful in effecting behavioural change to theoretical constructs. It contributes to the refinement of concepts of behavioural theories by clarifying the processes underlying the intervention's effectiveness. Direct involvement of the researcher in the validation phase has great added value.

IMPLICATIONS FOR NURSING: Patient involvement in intervention development is essential, as is the researcher's direct involvement in practical situations in which the intervention is tested. Qualitative (evaluation) approaches are recommended.

CONCLUSION: Although the systematic development of nursing interventions is time-consuming, the contribution to the development of nursing practice and nursing science makes it worthwhile. Copyright 2010 The Authors Journal of Advanced Nursing 2010 Blackwell Publishing Ltd.
Processes underlying adherence to leg ulcer treatment: a qualitative field study.
Van Hecke A; Verhaeghe S; Grypdonck M; Beele H; Defloor T.
[Journal Article. Validation Studies]
UI: 20692658

BACKGROUND: Non-adherence to leg ulcer regimen is a major problem. Reasons for non-adherent behaviour are not fully understood. Literature about processes underlying adherence in leg ulcer patients is scarce.

OBJECTIVES: To explore the processes underlying adherent behaviour in patients with leg ulcers who received an intervention to enhance adherence to leg ulcer lifestyle advice.

DESIGN: A qualitative field study was conducted among patients receiving an adherence-promoting intervention.

SETTINGS: The study was carried out in a home care setting in Belgium.

PARTICIPANTS: Twenty-six patients with venous leg ulcers were included and received the intervention from five tissue viability nurses in a community healthcare organisation.

METHODS: Semi-structured interviews with open-ended questions were held with patients and nurses after the end of the intervention. Data were also collected by means of participant observation. Data collection and data analysis took place iteratively and analysis was validated by means of researcher triangulation.

RESULTS: Trust in the nurse was central to leg ulcer treatment adherence. Patients who had a trusting relationship with their nurse showed better adherence to the recommended lifestyle modifications. Trust was facilitated by nurses spending meaningful time with the patient, which means they took time to talk with the patient. Trust was also established because nurses provided care beyond patients' expectations, taking time for wound care and being attentive to pain and other problems. A trusting relationship promoted 'compliance' even if patients were not convinced of the benefits of the leg ulcer lifestyle advice. Perceived physical improvement and diminished discomfort after following the lifestyle advice convinced patients of the importance and positive effect of the regimen, which they doubted at first. Self-efficacy for performing leg exercises was often much higher than self-efficacy for being physically active and elevating the legs. Physical impediments, co-morbidities and socio-structural impediments influenced the patient's ability to adhere to leg ulcer advice.

CONCLUSIONS: A conceptual framework to understand adherence to leg ulcer treatment was developed. Nurses should be aware of how nurse-related factors can affect adherence. Aspects that foster trust could be incorporated into leg ulcer care. Copyright 2010 Elsevier Ltd. All rights reserved.

Status
MEDLINE
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Verhaeghe, Sofie; Grypdonck, Maria; Beele, Hilde; Defloor, Tom.
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9.
Adherence to leg ulcer lifestyle advice: qualitative and quantitative outcomes associated with a nurse-led intervention.
Van Hecke A; Grypdonck M; Beele H; Vanderwee K; Defloor T.
[Journal Article]
UI: 21219522
AIM AND OBJECTIVES: Examining the (experienced) changes associated with a nursing intervention to enhance adherence to leg ulcer lifestyle advice.
BACKGROUND: Few interventions to enhance adherence to leg ulcer treatment are developed and tested.
DESIGN: Qualitative evaluation approach and pre-post-test design were used.
METHOD: Twenty-six patients with venous ulcers in a community care setting participated. Data were collected by means of interviews and participant observation. Frequency and duration of wearing compression, leg exercising and leg elevation, activity level, pain and ulcer size were registered at baseline, after the end of the intervention and three months later. Inductive content analysis and Wilcoxon signed-rank test were used.
RESULTS: Knowledge about leg ulcer advice increased. The education contributed to more consciously following of the advice. The rationale of the advice and its association with healing or recurrence remained often unclear. More patients performed exercises after the intervention and at follow-up. Patients often looked out onto a 'new' perspective where enhancement of quality of life and even healing might be attainable. Some patients regained independence after learning how to apply and remove compression garments themselves. The frequency of exercising and the duration of exercises increased significantly. Step counts had not altered significantly. Patients not elevating the legs at baseline elevated the legs more and for a longer period of time after the intervention. This effect on leg elevation decreased after three months. No significant changes were reported on hours wearing compression.
CONCLUSIONS: The perceived changes suggest that the intervention holds a promise for current home care. Combining qualitative and quantitative research assisted to determine the possible effects of the intervention, increasing the potential for a meaningful randomised trial in the future.
RELEVANCE TO CLINICAL PRACTICE: Education about leg ulcer advice should be incorporated in nursing practice. Further testing of the intervention is recommended.
OBJECTIVE: To determine the Leg Club members' perceptions of the Leg Club as a model for delivery of service.
METHOD: An explorative qualitative approach was used. All members and staff at two Leg Clubs in the UK were invited to participate. They were asked to nominate five key words that described their views of the Leg Club model of care. The researcher and a research supervisor then counted them and decided on categories. Members' themes were verified by 10 randomly chosen Leg Club members and staff themes by five randomly chosen staff.
RESULTS: All of the 85 Leg Club members and 15 staff approached agreed to take part. Categories identified for the Leg Club members were: sociability, enabling, knowledge and experience, interpersonal relationships, caring and quality. Categories identified for Leg Club staff were: camaraderie, education, empowerment, sociability and tiredness.
CONCLUSION: These results indicate that the community Leg Club environment provides benefits in addition to those of guidelines, wound care expertise and evidence-based care. While the small sample size limits the generalisability of these exploratory data, the results identify the positive views of Leg Club members and highlights the need for further research. Similar data is not available for other health care delivery methods, so this also warrants further exploration.

Status MEDLINE Institution Stephen-Haynes, J. Worcestershire Primary Care Trusts and University of Worcester, Stourport Health Centre, Stourport on Severn, Worcestershire, UK. j.stephen-haynes@nhs.net Date Created 20100920 Year of Publication 2010 <td colspan=""/>
11. Using qualitative research to improve tissue viability care.
Hopkins A.
[Journal Article]
UI: 20461946
This article discusses how key qualitative studies investigating patient experiences can act as an indicator of quality and guide healthcare professionals in service development and evaluation in tissue viability. There is a wealth of information available to suggest that leg ulceration affects individuals' quality of life. Commissioners are requesting that clinicians demonstrate quality-based outcomes for patients with leg ulcers to improve care and service provision.

12. Evaluation of five search strategies in retrieving qualitative patient-reported electronic data on the impact of pressure ulcers on quality of life.
Gorecki CA; Brown JM; Briggs M; Nixon J.
[Evaluation Studies. Journal Article]
UI: 20423399
AIM: This paper is a report of a study conducted to compare the effectiveness of qualitative methodology search strategies with subject-specific (health-related quality of life) search strategies in the retrieval of qualitative patient-reported data of the impact of pressure ulcers on health-related quality of life.
BACKGROUND: Methods to locate qualitative patient-reported health-related quality of life research data electronically have undergone little replication and validation. A major problem in searching for this type of data is that it is reported in accounts of both primary qualitative research as well as mixed methods research.
DATA SOURCES: We combined five search strategies with terms for pressure ulcer and searched seven electronic databases from inception to October 2007.
METHODS: The sensitivity, specificity, precision and accuracy for each search strategy were assessed.

RESULTS: A subject-specific (health-related quality of life) search strategy, developed by us, had a high yield (100% sensitivity), but low specificity (<50%). The research methodology-based strategies had lower yields (sensitivity 72-83%) but high specificity (79-83%). Importantly, subject-specific search strategies identified all studies reporting qualitative patient-reported health-related quality of life data, whereas, research methodology-based strategies did not identify qualitative data reported in mixed method studies, making subject-based strategies more effective in retrieving qualitative patient-reported health-related quality of life research.

CONCLUSION: An important consideration in the health-related quality of life field is that qualitative data are reported in both qualitative and mixed methodology research and searching for this type data involves trade-offs between yield, sensitivity and specificity. Accurate indexing of subject-specific outcomes and methodology used in electronic databases and publications is also needed.

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20100428
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13.
The lived experience of community nurses treating clients with leg ulcers.
Walsh E; Gethin G.
[Article]
UI: 19749663
Chronic leg ulceration impacts negatively on the quality of life of the sufferer and has financial implications for the economy. Government health policy aims to tackle long-term conditions and restructure services from acute to community care. Community nurses play a pivotal role in managing and co-ordinating care to leg ulcer patients, yet their personal experience in this clinical situation is poorly explored. This qualitative study aims to gain an understanding of community nurses' personal experience of treating clients with leg ulcers; this is necessary to develop leg ulcer services which are effective, efficient and client-centred.

Status
MEDLINE
14.
Morgan PA; Moffatt CJ.
[Journal Article]
UI: 18494639
This paper reports on a study that explored the relationship between patients with non healing leg ulcers and the nurses providing their care in a community setting. Qualitative data were collected from five patients whose leg ulcers were healing and who had been identified as experiencing difficulty with adhering to treatment. Single semi-structured interviews were used and participants were asked to share key events in their care prompted by the question 'how are you coping with your leg ulcer?' Striving to maintain balance by developing strategies to cope with the physical effects of an unhealed ulcer as well as ensuring the care they received met their unique needs was central to the experience of participants. From the participant's perspective, however, nurses often showed little understanding of the complex issues patients were grappling with. Patients, in viewing nurse behaviour, often concluded that leg ulceration was an insignificant problem that nurses had little interest in. The need to establish and to maintain a trusting therapeutic relationship with patients is essential if they are to feel they matter, that they are important as individuals and that their suffering can be eased by sensitive collaboration.
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Date Created
20080522
Year of Publication
2008
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A systematic review on the impact of leg ulceration on patients' quality of life. [Review] [33 refs]
Herber OR; Schnep W; Rieger MA.
Health & Quality of Life Outcomes. 5:44, 2007.
[Journal Article. Review]
UI: 17651490

BACKGROUND: A systematic review was conducted to analyze journal articles that describe or measure the impact of leg ulceration on patients' quality of life (QoL) in order to improve the content of an educational programme that aims to enhance self-care agency in leg ulcer patients.

METHOD: Original articles published in English and German between 1990 and 2006 were included if the findings were analysed at the level of patients. Articles were excluded if (1) they investigated the impact of specific treatments or settings on QoL or (2) focused mainly on arterial ulcers or diabetic foot ulcers.

RESULTS: Twenty-four original research articles met the inclusion criteria; 11 studies used a quantitative, 11 studies a qualitative, and 2 used a mixed method approach. The findings were collapsed into 5 core domains. Quantitative studies commonly investigated the parameters of pain, sleep, social isolation, and physical mobility. Patients had significantly more pain, more restrictions regarding social functioning, less vitality, and limitations with respect to emotional roles compared to the respective controls. Other problem areas identified were restrictions in work capacity, recreation, social interaction, psychological well-being, as well as problems caused by treatment regimes. Inconclusive results were obtained regarding pain intensity, physical restrictions, and gender effects.

LIMITATIONS: Numerous original studies neither undertook a differentiation of participants by ulcer aetiology nor did they analyse the results according to gender differences.

CONCLUSION: As leg ulceration has an impact on QoL, national guidelines on the treatment of leg ulceration need to more specifically address these far-ranging effects identified in this review.

References: 33

Status
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16.
Living with leg ulceration: a synthesis of qualitative research. [Review] [39 refs]
Briggs M; Flemming K.
[Journal Article. Review]
UI: 17608682
AIM: This paper is a report of a study to identify and synthesize all published qualitative research studies exploring patients' experiences of living with a leg ulcer.
BACKGROUND: Leg ulceration is a common chronic condition with over 40% of patients having open ulceration for over a year. Leg ulceration can have a significant and detrimental effect on a person's life.
DATA SOURCES: Electronic searches of Ovid MEDLINE (R) (1966-2005), CINAHL (1982-2005), EMBASE (1980-2005), British Nursing Index (1985-2005), ASSIA, Social Science Citation Index (SSCI) and PsychINFO (1985-2005) were carried out in June 2005.
REVIEW METHODS: Studies were included if: they described experience of living with a leg ulcer, e.g. phenomenological studies, grounded theory, descriptive, focus groups or interview studies; included adults with chronic leg ulceration (venous, mixed or arterial); published in English. Analysis was undertaken using the Qualitative Assessment and Review Instrument software for synthesis of qualitative research.
RESULTS: Twelve studies met the inclusion criteria. There were eight phenomenological studies, two using grounded theory and two 'descriptive studies'. The location of the research was United Kingdom (7), United States of America (2), Sweden (1), Australia (1). Five common themes related to the experience of living with leg ulceration were identified: Physical effects of leg ulceration; Describing the leg ulcer journey; Patient-professional relationships; Cost of a leg ulcer; Psychological impact.
CONCLUSION: Leg ulceration should be viewed as a chronic, debilitating condition. The clinical focus of care should be symptom management through the 'leg ulcer journey'. [References: 39]

17.
Healthcare beliefs of Indian patients living with leg and foot ulcers.
This article presents the results of a previously unexplored aspect of qualitative leg ulcer research. The study has examined the lived experience and cultural illness explanations of a sample of British-Indian patients living with leg and foot ulceration. Semi-structured interviews were used to collect data from 16 Indian patients drawn from leg ulcer clinics and district nursing lists in Ealing Primary Care Trust and Hounslow Primary Care Trust. Eight respondents had venous ulceration, seven were diabetic and had ulcers of arterial aetiology, and one had ulceration due to lymphoedema. Popular perceptions of the cause of leg ulceration were influenced by the humoral theories of balance and imbalance. Other explanations included poor circulation, lowered immunity, bad blood, being cursed and doing something wrong in a past life or this life.

18.
An educational intervention for district nurses: use of electronic records in leg ulcer management.
Lagerin A; Nilsson G; Tornkvist L.
UI: 17334143
OBJECTIVE: To evaluate district nurses’ management of leg ulcer patients and the effects of an in-service education programme led by district nurses as local educators at primary health-care centres.
METHOD: Data were collected from electronic patient records (EPRs), both before and after the educational intervention. Nineteen district nurses undertook a one-day course focusing on four themes: Doppler assessment and measurement of ankle brachial pressure index; compression treatment; patient education; nursing documentation. Fourteen acted as in-service educators; 12 educators completed the intervention. The EPRs were scrutinised with an audit tool.
RESULTS: The documentation on the selected key areas for the management of patients with leg ulcers was generally sparse, although the educational intervention resulted in statistically significant effects on documentation in three areas.
CONCLUSION: Further improvements in care are necessary, as are qualitative and quantitative studies to explore the large discrepancies between guidelines and everyday clinical practice in this field.

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Date Created
20070305
Year of Publication
2007

19. Electronic searching to locate qualitative research: evaluation of three strategies. [Review] [24 refs]
Flemming K; Briggs M.
UI: 17184378
AIM: This paper presents an evaluation of the effectiveness of three search strategies to identify research for a qualitative synthesis of patient experiences of living with a leg ulcer.
BACKGROUND: Systematic reviews of research are increasingly the form of evidence used for evaluation of health care. There are well-established methods for conducting systematic reviews of effectiveness incorporating randomized controlled trials. Methods have been developed for the synthesis of qualitative research, but these are not widely used or evaluated. Searching for qualitative research is one of the least developed and tested areas in systematic reviewing of qualitative research.
METHOD: The replication of three search strategies (free text, thesaurus and broad-based terms) developed for identification of qualitative research papers within electronic databases is described. Each strategy was run in seven electronic databases: MEDLINE, CINAHL, EMBASE, British Nursing Index, Social Science Citation Index, Applied Social Sciences Index and Abstracts, PsychInfo. The effectiveness of these strategies for identifying qualitative research for a synthesis of patients’ experiences of living with a leg ulcer is discussed.
FINDINGS: Each of the three search strategies produced similar numbers of potentially and actually relevant papers from each of the seven databases. These results were most striking for CINAHL, when all of the papers ultimately included in the review were identified by each search strategy. No other database identified all included papers.
CONCLUSION: A simple search strategy using broad-based terms was as effective as a complex one (free text) in locating qualitative research examining patients’ experiences of living with a leg ulcer. For a question with a clear nursing focus, it may be sufficient to search only CINAHL in
order to locate qualitative research. This result needs replicating with other nursing topics.

[References: 24]

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Date Created
20061222

Year of Publication
2007

20.
General practitioners' experiences of managing patients with chronic leg ulceration.
Sadler GM; Russell GM; Boldy DP; Stacey MC.
[Journal Article]
UI: 16842061

OBJECTIVE: To understand general practitioners' experiences of managing patients with chronic leg ulceration, thus informing future strategies to improve leg ulcer care in general practice, Australia.

DESIGN: Qualitative study using phenomenology and in-depth interviewing.

PARTICIPANTS AND SETTING: Maximum variation sample of 12 GPs working in the Perth and Hills Division of General Practice between September and December 2004.

MAIN OUTCOME MEASURE: Themes in participants' experiences of leg ulcer care.

FINDINGS: Participants regarded leg ulcer management as an integral part of general practice. They expressed a desire to maintain their involvement, yet relied on nursing assistance. They perceived that ulcer care was usually straightforward and successful. Approaches to management appeared to differ significantly from that outlined in current guidelines. Instead, participants valued accessibility of care for the patient, awareness of patient context and regular review. Occasional problems with non-healing ulcers were experienced, and, in these situations, specialist opinion was appreciated.

CONCLUSION: This study highlights fundamental differences between GP and specialist conceptualisation of leg ulcer care. For GPs, it identifies key areas of ulcer management that could be improved. For specialists, it suggests that widespread implementation of traditional guidelines may not be appropriate or acceptable. New approaches to leg ulcer management in general practice are likely to need a combination of education, human resources and practical support.

Status
MEDLINE

Authors Full Name
21. Chronic leg ulcers, part 2: Do they affect a patient's social life?.
Brown A.
[Journal Article]
UI: 16237356
This article describes a qualitative study into how chronic venous leg ulceration impacts on the social dimension of a patient's life and is presented in two parts. Part one discussed the background to the study, gave an overview of the literature and described the methodology. This second part will discuss the findings in relation to the literature together with implications for practice.
Status
MEDLINE
Institution
Brown, Annemarie. Castle Point and Rochford PCT and Southend PCT, Rayleigh Clinic, Essex.
Date Created
20051020
Year of Publication
2005
<td colspan=""/>

22. Chronic leg ulcers, part 1: do they affect a patient's social life?.
Brown A.
[Journal Article]
UI: 16224326
This article describes a qualitative study into how chronic venous leg ulceration impacts on the social dimension of a patient's life and is presented in two parts. Part one will discuss the background to the study, give an overview of the existing literature and briefly describe the
methodology used for the study. Part two will follow in the next issue and will present the findings of the study, which will be discussed in relation to the literature. The limitations of the study will be described, together with conclusions and recommendations for practice and further research.

Status
MEDLINE
Institution
Brown, Annemarie. Castle Point and Rochford PCT, Rayleigh Clinic, Essex, UK.
Date Created
20051014
Year of Publication
2005

23.
Bacterial flora of leg ulcers in patients admitted to Department of Dermatology, Poznan University of Medical Sciences, during the 1998-2002 period.
Zmudzinska M; Czarnecka-Operacz M; Silny W.
[Journal Article]
UI: 16146619
Venous leg ulcers are an important cause of morbidity in a significant percentage of the world population. The percentage of leg ulceration, either active or healed, in the European population is about 1%-2%. The aim of this study was to analyze the rate of colonization and qualitative composition of the bacterial flora isolated from leg ulcers in patients admitted to Dermatology Department, Poznan University of Medical Sciences, during the 1998-2002 period, with special reference to the infection risk factors. Bacteriological diagnosis of 175 wound swabs was performed in compliance with compulsory laboratory methods. In 173 positive results, the predominant culture composition included Staphylococcus aureus (56.57%), Pseudomonas aeruginosa (37.14%), Enterococcus faecalis (22.29%), Proteus mirabilis (13.71%) and Escherichia coli (12.57%). There was a significant increase in the incidence of Pseudomonas aeruginosa, Enterococcus faecalis and Escherichia coli, along with a decrease in the incidence of Staphylococcus aureus isolation during the study period. The rate of yeast-like fungi strains, mainly Candida albicans, recorded in culture composition showed a systematic increase. Changes in the qualitative and quantitative composition of bacterial flora, presence of multiple isolates, and concomitant diseases that may influence the characteristics of leg ulcer disease were closely monitored.

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Date Created
24. The views of patients living with healed venous leg ulcers.
Flaherty E.
[Journal Article]
UI: 16050236
AIM: To examine the views of patients with a diagnosis of venous insufficiency who had experienced at least one episode of venous ulceration that had been treated and healed.
METHOD: Ten participants (five female, five male) were recruited from a community-based healed leg ulcer clinic. In-depth semi-structured interviews were conducted with participants. The interview data were then transcribed and analysed for themes and patterns.
FINDINGS: Three themes emerged: symptoms, treatment and coping mechanisms, each with sub-themes. Long-term pain, changes in body image, limitations to lifestyle and difficulties with treatment were described by participants. Level of knowledge was found to be related to the coping measures demonstrated by participants, which included non-acceptance and normalisation.
CONCLUSION: Future developments and reviews of existing services in the overall management of patients with venous ulceration need to include a shift of emphasis to encompass the chronic nature of the underlying disease, with socially acceptable interventions aimed at controlling or limiting the consequences to the patient.
Status
MEDLINE
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Flaherty, Elaine. Newham Primary Care Trust, London. elaines@hotmail.com
Date Created
20050729
Year of Publication
2005

25. Impact of tele-advice on community nurses' knowledge of venous leg ulcer care.
Ameen J; Coll AM; Peters M.
[Clinical Trial. Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
AIM: This paper reports a study assessing the impact of the provision of expert tele-advice to community nurses in enhancing their knowledge of leg ulcer care.

BACKGROUND: Community nurses have traditionally been responsible for the care of patients with leg ulcers. However, access to expert medical and nursing advice has been restricted to the local hospital environment. The introduction of e-health and telemedicine have created opportunities to provide online and immediate access to wound care expertise from centres of excellence to primary health care staff in managing patients' wounds in their own home.

METHOD: A stratified randomized controlled trial was used to examine community nurses’ knowledge before and after the provision of expert tele-advice. A knowledge measurement tool comprised of 40 multiple-choice questions was adopted, with correct responses identified by a panel of wound care experts. The questions covered the three themes of dressings, management and physiology, with different levels of difficulty categorized as easy, medium or difficult. The tool was administered before and after the intervention (12 weeks) to both the experimental and control groups.

RESULTS: Statistically significant improvements were observed only for the experimental group in the areas of dressings and management, as well as in the medium level questions. No statistically significant improvement was seen for the easy questions, as there was little room for improvement because of preintervention high scores. For the difficult questions, it was thought that more time would be needed for a more positive outcome.

CONCLUSIONS: The results suggest that tele-advice can be of great benefit to community nurses in enhancing their knowledge in the practice of leg ulcer care. This will have significant implications for more efficient use of human resources and cost effectiveness in wound care.
among district nurses that led to some patients not receiving the compression therapy that national guidelines recommend. This article reports on a small-scale qualitative study that sought to explore this issue in more depth. The results highlight that there is some conflict between district nurses' practice as expert practitioners and strict adherence to guidelines, which the nurses resolve in various ways. The implications for practice are explored.

Status
MEDLINE
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Date Created
20050118
Year of Publication
2004

27.
Telerehabilitation for veterans with a lower-limb amputation or ulcer: Technical acceptability of data.
Rintala DH; Krouskop TA; Wright JV; Garber SL; Frnka J; Henson HK; Itani KM; Gaddis W; Matamoros R; Monga TN.
UI: 15543466
A study was undertaken to determine the technical acceptability of information available via a customized telerehabilitation system regarding patients with lower-limb ulcers or recent lower-limb amputations receiving care at a Veterans Affairs Medical Center. Among the 54 participants, 57 wounds (39 ulcers, 19 amputation incisions) were evaluated by means of still photographs and skin temperature data sent via ordinary telephone lines. Three experienced clinicians served as raters. Intrarater agreements and McNemar chi(2) tests were assessed between decisions made after telerehabilitation sessions and decisions made by the same rater after in-person sessions. Interrater agreements and kappa coefficients were assessed between two raters for both telerehabilitation and in-person sessions. The intrarater agreement on 57 wounds for the primary rater was 93%, and the McNemar test indicated no significant difference in the ratings (p < 0.63). Interrater agreement on 18 wounds was 78% (kappa = 0.55, p < 0.02) for the telerehabilitation sessions and 89% (kappa = 0.77, p < 0.001) for the in-person sessions. Most qualitative comments by three clinicians on picture quality (54/63 = 86%) and temperature data (39/44 = 88%) were favorable (good to excellent). The information yielded from this study provides evidence that the telerehabilitation system has the potential to present sufficient information to experienced clinicians so they can make informed decisions regarding wound management. The next phase of the study will include in-home trials and improvements in the technology.

Status
MEDLINE
Authors Full Name
28. The use of qualitative research methodologies to explore leg ulceration. [Review] [43 refs]
Hopkins A.
[Journal Article. Review]
UI: 15516103
Qualitative research is used increasingly within tissue viability and this article specifically presents its use within the body of literature on leg ulceration. This article offers a discussion of the key features of qualitative methodology, such as subjectivity, bracketing, rigour and the analytic process. Furthermore it will be shown that understanding the underpinning philosophical approach is essential for clinicians undertaking qualitative research. The rich data obtained through this approach will be presented, revealing how a person living with leg ulceration can be heard. [References: 43]

Status
MEDLINE
Institution
Hopkins, Alison. East London Wound Healing Centre, Tower Hamlets PCT, Mile End Hospital, London.
Date Created
20041101
Year of Publication
2004
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29. Quality of life and leg ulceration from the patient's perspective. [Review] [35 refs]
Wilson AB.
[Journal Article. Review]
Chronic leg ulceration can have a profound impact on a patient's quality of life. Studies have shown that pain, and general interference with normal activities of living, are the major themes emerging which are often not dealt with in a consistent manner by healthcare professionals. A literature review of this subject shows that although a number of studies have been carried out on quality of life related to chronic leg ulceration, there is little evidence that these findings are being addressed in daily management of these often complex leg ulcer patients. The aim of this article is to examine the research relating to quality of life and leg ulceration, and to attempt to determine what the most important issues are from the patient's perspective, in an effort to improve the way nurses manage their care. [References: 35]

Status
MEDLINE
Institution
Wilson, Anne Ballard. Queen Margaret Hospital, Dunfermline, Fife, UK.
Date Created
20040625
Year of Publication
2004

30.
Disrupted lives: investigating coping strategies for non-healing leg ulcers.
Hopkins A.
[Journal Article]
UI: 15215736
The aim of this study was to explore the lived experience of people who have non-healing venous ulcers using hermeneutic phenomenology. Unstructured interviews were carried out with five people who also completed a diary. Interpretative phenomenological analysis was utilized to identify themes and patterns. The core themes identified through analysis were biographical disruption, ways of coping, social implications and therapeutic relationships. The emergent themes reveal the impact of chronicity in participants' experience of chronic leg ulcers, their various emotional and problem-focused coping strategies and the positive role the district nurse plays in their lives. This study places leg ulceration within the body of literature on chronicity, linking nursing theory with the insights offered from health psychology.

Status
MEDLINE
Institution
Hopkins, Alison. East London Wound Healing Centre, Tower Hamlets Primary Care Trust, London, UK.
Date Created
20040624
Year of Publication
2004
31. A case study using larval therapy in the community setting. [Review] [17 refs]
MacDougall KM; Rodgers FR.
[Case Reports. Journal Article. Review]
UI: 15028987
This article discusses the use of larval therapy by district nurses in wound bed preparation in the community. A case study is presented of a patient with a persistently necrotic and painful anterior tibial wound post-fasciotomy. The case study offers an insight into the practicalities involved in the use of larvae as effective and safe debriders of tissue for wound bed preparation. It is concluded that larval therapy is an underused and misunderstood resource when considering effective wound care and this treatment should be actively considered as an alternative therapy in wound care. There is a need for both qualitative and quantitative research in this field, enabling a more thorough discussion to be entered into by all practitioners with an interest in this subject.
[References: 17]
Status
MEDLINE
Authors Full Name
Rodgers, Fiona R T.
Institution
MacDougall, K Margaret. Clydebank Health Centre, Glasgow, Scotland, UK.
Date Created
20040318
Year of Publication
2004

32. Leg ulcers: a review of their impact on daily life. [Review] [49 refs]
Persoon A; Heinen MM; van der Vleuten CJ; de Rooij MJ; van de Kerkhof PC; van Achterberg T.
[Journal Article. Review]
UI: 15009337
BACKGROUND: Current nursing care for leg ulcer patients often focuses on wound care and providing compression therapy. Nurses perceive leg ulcer patients as 'under-served' with regard to problems patients experience in daily life. An overview of patient problems is a first and essential step in the development of comprehensive nursing care.
AIMS AND OBJECTIVES: To gather information about the impact of leg ulcers on patient's daily life as described in quantitative and qualitative studies.

DESIGN: Systematic literature review.

METHODS: Medline and Cinahl databases were searched for venous leg ulcer studies, up to 2002; this was followed by the 'snowball method'. Studies were selected in accordance with preset criteria.

RESULTS: A total of 37 studies was included. All studies report that leg ulcers pose a threat to physical functioning. Furthermore, a negative impact on psychological functioning is reported and, to a lesser degree, on social functioning. Major limitations are pain and immobility, followed by sleep disturbance, lack of energy, limitations in work and leisure activities, worries and frustrations and a lack of self-esteem. Patients have a significantly poorer quality of life compared with healthy people. Finally, patients report problems with regard to follow-up treatment.

CONCLUSIONS: Having a leg ulcer has a major impact on a patient's life. There are indications of under-treatment of pain.

RELEVANCE TO CLINICAL PRACTICE: Keeping in mind that leg ulceration is notorious for its chronic character, the negative impact on patient's life implies that many patients suffer over longer periods of time. This emphasizes the need to focus on quality of life aspects in patient care. There is much to gain, especially concerning pain and mobility. The development of comprehensive care programmes is essential. [References: 49]

33. The effects of stress on wound healing and leg ulceration. [Review] [30 refs]
Norman D.
[Journal Article. Review]
UI: 14685115

Stress is a universal phenomenon, which has been the focus of much investigation over the past five decades. Much has been discovered about the physiological responses to stress. This review examines the concept of stress in relation to its effect on wound healing. An online literature search was carried out using the databases Medline, Cinahl and Pubmed and the key words stress and wound healing, and stress and leg ulceration. The rationale for specifically examining
leg ulceration resulted from the author's interest in this wound type and also the volume of associated literature on the topic published to date. Stress has been demonstrated to have an adverse effect on a variety of natural resistance responses and specific immunological modifications in animal and man alike, causing, for example, reduced inflammatory response, susceptibility to infection and decreased cytokine production (Cohen et al, 1988; Sheridan et al, 1991). Stress and its effects on growth factor regulation have led theorists to examine whether stress adversely affects wound healing (Glaser et al, 1999). Much of the research as examined acute wounds, although causal inferences may be drawn from the wealth of qualitative research examining the effects of venous ulceration. To date, very little has been conducted in the relatively new area of stress and wound healing. Further investigations are required to prove that stress elicits an immunological response affecting the biological markers of wound healing and thus validates the theory that stress may have a negative impact on healing itself. Causal relationships may be postulated between stress and healing in leg ulceration. [References: 30] Status MEDLINE Institution Norman, Debbie. St Helens and Knowsley NHS Trust, Whiston Hospital, Merseyside. Date Created 20031219 Year of Publication 2003 <td colspan=""">34. Holism in community leg ulcer management: a comparison of nurses in Sweden and the UK. Hjelm K; Rolfe M; Bryar RM; Andersson BL; Fletcher M. British Journal of Community Nursing. 8(8):353-63, 2003 Aug. [Comparative Study. Journal Article. Research Support, Non-U.S. Gov't] UI: 12937374 Collaboration between Kronoberg County Council and Vaxjo University, Sweden, and Hull and East Riding Community NHS Trust and the University of Hull, UK, enabled an international comparison of care of patients with chronic leg ulcers in the two countries. An aim of the survey study was to compare what "holistic care" meant to nurses working in primary health care (PHC) and nursing home settings in Kronoberg County (KC) and the East Riding of Yorkshire and Hull (ER). A questionnaire, which obtained quantitative and qualitative data, was returned by 311 (222 completed) nurses in KC and 124 in ER (response rates of 54 and 50% respectively). Assessment and planning of wound management focused on the wound. Swedish nurses paid more attention to patients' experience of the wound, lifestyle factors and environment than UK nurses, but in both countries holistic care appeared to be lacking. Issues for nurse education concerning holistic care were identified. Revision of guidelines and consensus documents to facilitate holistic care is also suggested. Status MEDLINE Authors Full Name
35. Living with a chronic leg ulcer: an insight into patients' experiences and feelings.
Douglas V.
[Journal Article]
UI: 12964280
OBJECTIVES: This study sought to ascertain patient need and help health-care professionals to understand the effects of chronic leg ulceration from a patient's perspective.
METHOD: A qualitative grounded theory approach was used. A purposeful sample of eight participants (six females and two males) was selected. All were under the care of a district nurse and had over a year's history of venous leg ulceration. Data were collected by interview.
RESULTS: Five major categories developed, relating to the 'physical experience', 'loss of control', 'vision of the future', 'carer's perspective' and 'health-care professional and patient relationship'.
CONCLUSION: Although the physical and psychological effects of leg ulceration featured prominently in this study, these were heavily influenced by the relationship between the participant and the health-care professional.

36. Case study methodology in tissue viability. Part 2: A study to determine the levels of knowledge of nurses providing care for patients with leg ulcers in an acute hospital setting.
Dealey C.
One of the main components of the clinical governance framework is a comprehensive programme of quality improvement activity that includes the implementation of evidence-based, everyday clinical practice. This paper addresses the challenges surrounding the implementation of one area of evidence-based practice, the management of leg ulcers in an acute hospital trust. The aim of the study was to distinguish the levels of knowledge of nurses providing care for patients with leg ulcers within an acute hospital setting. The design used was that of a collective case study. Each 'case' was a patient with a leg ulcer and the nurses who cared for that patient. They were studied in order to provide insight into the nurses' understanding of leg ulcer management. A number of themes were identified as being common to all the cases. They are: evidence-based practice, nursing skills, quality of life, patient understanding of their ulcer and pain. Each of these themes identified areas of knowledge deficit in the nurses. As part of the implementation of a leg ulcer policy an education programme is being developed to address these deficits.

Status
MEDLINE
Institution
Dealey, C. University Hospital Birmingham NHS Trust, UK.
Date Created
20020412
Year of Publication
2001

37.
Community nurses', home carers' and patients' perceptions of factors affecting venous leg ulcer recurrence and management of services.
Flanagan M; Rotchell L; Fletcher J; Schofield J.
[Journal Article. Multicenter Study]
UI: 11879462
AIM: This study examines the feasibility of utilizing social service home carers (SSHc) to provide a collaborative approach with community nurses for the provision of leg ulcer aftercare in four National Health Service (NHS) Trusts. The purpose of this study was to gain insight into what community nurses and people with healed venous leg ulcers felt influenced leg ulcer recurrence. BACKGROUND: Studies have demonstrated that provision of community-based leg ulcer clinics has improved healing rates of venous leg ulcers, yet recurrence remains a problem. The reasons for this are far from clear, and further research is required before unequivocal support can be given to one approach to the provision of care for this client group. Collaborative approaches to the provision of leg ulcer aftercare are beginning to receive more attention. It has been recognized that social service health carers could be co-opted to provide essential aftercare once healing has occurred, although the logistics of this approach have not been fully explored.
METHODS: This study was conducted in four NHS Trusts. Stage one used focus groups to explore the perceptions of district nurses (n = 15) and social service health carers (n = 15) of a leg ulcer shared care project and to gain insight into factors that they felt influenced recurrence. The second stage used semistructured interviews (n = 12) to explore the perceptions that people with healed leg ulcers have about factors influencing ulcer recurrence.

FINDINGS: Key themes emerging from this study were: health promotion is perceived by community nurses and patients to be ineffective and leg ulcer aftercare services are fragmented. Organizational factors such as time constraints and limited resources were cited by community nurses and home carers as being responsible for high leg ulcer recurrence rates. Community nurses expressed a desire to delegate preventative aspects of leg ulcer care to home carers rather than participate in health promotion strategies to support healing behaviours.

CONCLUSIONS: A strategy aimed at supporting healing behaviour in elderly people has the potential to reduce the recurrence of leg ulceration and improve quality of life. The findings suggest that such a strategy needs to rationalize delivery of leg ulcer aftercare to provide seamless care. It needs to improve carers’ and patients’ understanding of factors influencing leg ulcer recurrence and facilitate development of a more balanced professional–patient relationship.

Status
MEDLINE
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Rotchell, L; Fletcher, J; Schofield, J.
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Date Created
20020306
Year of Publication
2001

38.
Quality of life and leg ulcers: will NHS reform address patient need?. [Review] [50 refs]
Anderson I.
[Journal Article. Review]
UI: 11261056
The present Government has made much of its commitment to gaining patients' views on the health services they receive. Qualitative studies of patients with leg ulcers have highlighted the fact that patients feel healthcare professionals do not always empathize with their plight and sometimes appear to lack the skills to help them. Quality of life in chronic wound care has, thus far, eluded definition but strenuous efforts are being made to quantify the impact that issues such as pain, isolation and frustration can have on leg ulcer patients. If healthcare professionals are able to demonstrate empathy with patients they may be able to maximize the cooperation needed for the management of ulcers. By reflecting on gaps in their knowledge and becoming more
assertive in their demands for appropriate training, nurses can improve the outlook for patients' quality of life. [References: 50]

Status
MEDLINE
Institution
Anderson, I. Department of Postregistration Nursing, University of Hertfordshire, Hatfield.
Date Created
20010322
Year of Publication
2000

39.
Investigating and implementing change within the primary health care nursing team.
Galvin K; Andrewes C; Jackson D; Cheesman S; Fudge T; Ferris R; Graham I.
[Journal Article]
UI: 10404001
Primary care is developing rapidly with significant impacts on the nursing team. Such changes have brought inter-professional team-working into sharper focus, particularly community care and collaborative working. This paper: examines the nursing roles within a general practice; describes the perspectives of service users; identifies areas of change; clarifies core and specialist skills; defines new roles among the primary health care nursing team; proposes a new model of working; and identifies appropriate education. The project was set in a general practice in south-west England and used an action research methodology. The objectives were to create a change in practice and to develop and refine existing theory to underpin nursing roles. Throughout the research regular team meetings allowed reflection and discussion about research findings and progress. Data were collected from multiple sources, including team workshops, patient focus group interviews, and individual interviews with GPs, practice managers and area managers. Reflective diaries and a patient survey were also used. The analysis of the quantitative and qualitative data collected from patients formed a basis for practice development and facilitated the team’s reflection on the areas of change. Overall high satisfaction with services and care was expressed in the patient interviews and the questionnaire. The themes from the data highlighted areas important for patients and helped in shaping the new roles and responsibilities for team members. Regarding the team perspective, the data indicated many areas that could be considered for development. The community nursing team decided to concentrate on three key areas: child health, leg ulcer management, and cardiovascular health. The research concludes that action research presents some problems and challenges but is a useful approach to developing team-working in primary health care.

Status
MEDLINE
Authors Full Name
Andrewes, C; Jackson, D; Cheesman, S; Fudge, T; Ferris, R; Graham, I.
Institution
Older women's experience of living with chronic leg ulceration.
Hyde C; Ward B; Horsfall J; Winder G.
[Journal Article. Research Support, Non-U.S. Gov't]
UI: 10839029
In this study the authors sought to gain insight into the lives of older women, to focus on the experience of living with leg ulcers and to explore women's views by talking to them about their experiences. Twelve English-speaking women aged over 70 years who had experienced leg ulceration for 3 years or more were interviewed. Analysis of the interview text revealed two overarching themes: (i) gaining and maintaining control over vulnerable limb(s); and (ii) lifestyle consequences of chronic leg ulceration and impaired mobility. These themes contained several subthemes including: (i) nagging pain; (ii) self-expertise and infection; (iii) leakage, smell and embarrassment; (iv) fighting for skin and limb integrity; (v) wearing non-preferred apparel; (vi) loneliness; and (vii) coping, determination and hope. The findings of this research show that elderly women who live with leg ulcers experience multiple consequences. While the everyday problems of living with an unhealed wound are addressed by the community nurse, other more subtle consequences may be overlooked. Recognition of the complex and sometimes hidden concerns of these women could help to avert the sense of helplessness which currently exists.

Status
MEDLINE
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Hyde, C. Department of Clinical Nursing, Faculty of Nursing University of Sydney, Australia. chyde@nursing.usyd.edu.au
Comments
Date Created
20000614
Year of Publication
1999
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41.
Nutritional intake and physical activity in leg ulcer patients.
Wissing U; Unosson M; Lennernas MA; Ek AC.
[Journal Article. Research Support, Non-U.S. Gov't]
UI: 9080285
The aim of the study was to describe the nutritional intake, meal patterns, physical activity and need for help in nine women living in their own homes and being treated for venous leg ulcers. Food habits were identified by use of interviews and food diaries completed by the women during a period of seven days. The intake of energy and nutrients from 304 eating events during seven days was calculated and meal patterns were evaluated using a qualitative system for meal classification. Physical activity and the degree of need were identified with the help of interviews. The intakes of energy and key nutrients for wound healing, such as protein, vitamin C and zinc, were not optimal according to the Swedish nutrition recommendations, although food habits were well organized. Most of the women had hardly any physical activities and the need of help and support varied, from daily visits to visits every second week.
Status
MEDLINE
Authors Full Name
Unosson, M; Lennernas, M A; Ek, A C.
Institution
Wissing, U. Department of Caring Sciences, Faculty of Health Sciences, University of Linkoping, Sweden.
Date Created
19970530
Year of Publication
1997
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42.
Efficacy of Daflon 500 mg in venous leg ulcer healing: a double-blind, randomized, controlled versus placebo trial in 107 patients.
Guilhou JJ; Dereure O; Marzin L; Ouvry P; Zuccarelli F; Debreure C; Van Landuyt H; Gillet-Terver MN; Guillot B; Levesque H; Mignot J; Pillion G; Fevrier B; Dubeaux D.
[Clinical Trial. Journal Article. Multicenter Study. Randomized Controlled Trial]
UI: 8995348
The objective of this study was to evaluate the efficacy of Daflon 500 mg (Dios)* in venous ulcers. A multicenter, double-blind, randomized, controlled versus placebo (Plac) trial was conducted, with stratification according to the size of ulcer (< or = 10 cm and > 10 cm). The protocol called for a two-month treatment with Dios (one tablet = 450 mg micronized purified Diosmin) or a placebo, two tablets/day, in addition to compression therapy. Evaluations were performed every
fifteen days, from D0 to D60. The primary endpoint, in accordance with Alexander House group requirements were: percentage of patients with complete ulcer healing, ie, comparison between Dios and Plac group at D60, and comparison of survival curves in each group between D0 and D60 (log rank test). Secondary endpoints included ulcer surface area assessed by computerized planimetric measurements, qualitative evaluation of ulcers, and symptoms. The patients were 105 men and women ranging in age from eighteen to eighty-five years, with standard compression stocking, who were undergoing standardized local care of ulcer and had no significant arterial disease (ankle/arm systolic pressure index > 0.8). Fifty-three patients received Dios, and 52 received Plac. The 2 groups were well matched for age (m +/- 1 SD = seventy-one +/- eleven years), gender, ulcer size, and associated disorders. Among patients with ulcer size < or = 10 cm (Dios = 44, Plac = 47) a significantly larger number of patients had a complete ulcer healing at two months in the Dios group (n = 14) in comparison with the Plac group (n = 6) (32% vs 13%, P = 0.028) with a significantly shorter time duration of healing (P = 0.037). No difference was shown for the secondary criteria, except for sensation of heavy legs (P = 0.039) and a less atonic aspect of ulcer (P = 0.030) in favor of Dios. Among the 14 patients with ulcer size > 10 cm (Dios = 9, Plac = 5), subjected to a descriptive analysis only, no ulcer healed. This study showed that a two-month course of Daflon 500 mg at a daily dose of two tablets, in addition to conventional treatment, is of benefit in patients with venous ulcer < or = 10 cm by accelerating complete healing.

Status
MEDLINE
Authors Full Name
Dereure, O; Marzin, L; Ouvry, P; Zuccarelli, F; Deburne, C; Van Landuyt, H; Gillet-Terver, M N; Guillot, B; Levesque, H; Mignot, J; Pillion, G; Fevrier, B; Dubieux, D.
Institution
Guilhou, J J. Department of Service de Dermatologie-Phlebologie, Hospital Saint Charles, Montpellier, France.
Date Created
19970205
Year of Publication
1997
43.
Qualitative bacteriology and leg ulcer healing.
Trengove NJ; Stacey MC; McGechie DF; Mata S.
[Journal Article]
UI: 8850916
This study investigated the bacterial profile of leg ulcers in 52 patients attending the Fremantle Hospital leg ulcer clinic. The aim was to identify whether the presence of specific bacterial groups delays healing, whether the bacterial flora changes as ulcers heal and, if so, whether these changes influence healing. The results show that the presence of any one specific bacterial group did not appear to delay healing, although the presence of four or more bacterial groups was
associated with delayed healing. This was found to be statistically significant. It was noted that the bacterial flora does change as ulcers heal and that these changes were not related to changes in healing, with the exception of skin flora.

Status
MEDLINE

44.
The value of quantitative bacteriological investigations in the monitoring of treatment of ischaemic ulcerations of lower legs.
Majewski W; Cybulski Z; Napierala M; Pukacki F; Staniszewski R; Pietkiewicz K; Zapalski S.
[Journal Article]
UI: 8708431
The quantitative and qualitative bacteriological investigations of 63 patients were done on ischaemic ulcerations before reconstructive vascular surgery and at 7 day intervals after the operation. Among the isolated bacteria the most common were Gram positive (62.9%), especially Staphylococcus aureus. Amputations due to non-healing ulcers were performed on 8 patients, who had ankle brachial index (ABI) lower than 0.47. In 55 patients with ABI higher than 0.47 (with the exception of one case) free skin grafts were applied to reduce the time of the ulcers healing. Primary healing of ulcers covered with free-skin grafts was achieved in 44 out of 55 patients (80%). In 11 patients, were free-skin grafts had failed, ulcerations were healed following the repetition of the free-skin grafts. The healing results of skin grafts statistically were significantly better in the group where the number of bacteria in 1 cm² of ulceration was lower than 50,000. The severity of infections in ulcers makes the healing process of skin grafts impossible. Quantitative bacteriology additionally helps in objective evaluation of granulating tissue and facilitates choice of proper skin grafting time. This study has shown the usefulness of quantitative bacteriology for the determination of the severity of infections in ulcers.

Status
MEDLINE

Authors Full Name
Cybulski, Z; Napierala, M; Pukacki, F; Staniszewski, R; Pietkiewicz, K; Zapalski, S.
Institution
Majewski, W. Clinical of General and Vascular Surgery, University School of Medicine, Poznan, Poland.
Date Created
19960912
Year of Publication
45. Microbiology and immunology in patients with leg ulcers.  
Hayes M; Gill C.  
[Journal Article]  
UI: 7600350  
Aspects of the bacteriological and immunological status of patients with leg ulcers who also need podiatric treatment have been examined. Qualitative and quantitative bacteriological analyses of 52 patients have provided values for the numbers and types of bacteria present. A simple survey of the immunological status of 11 of the patients was also undertaken. The results of the bacteriological survey are consistent with those of other workers, while the results of the immunological studies are sufficiently heterogeneous to warrant a further dedicated study of a longitudinal nature. Because of the numbers of bacteria isolated, the range of bacterial species identified and uncertainties about the immunological status of the patients and others attending multi-clinic sites, it is suggested that in order to safeguard all patients, personnel and the immediate environment, clearly defined special procedures for infection control should be in place.

Genant HK; Doi K; Mall JC; Sickles EA.  
[Journal Article. Research Support, U.S. Gov't, P.H.S.]  
UI: 847172  
Recent advances in technology have made radiographic magnification of the skeleton clinically feasible. A new electron gun micro-focal tube combined with new high-resolution recording systems were used to perform magnification radiography which was then compared with
conventional contact radiography. Quantitative evaluation included measurements of speed, contrast, resolution, and noise. Qualitative evaluation included an analysis of 215 clinical cases in which both techniques were used. The superior image quality of direct radiographic magnification is confirmed and the clinical areas in which it proved most helpful are defined.