

THE IMPORTANCE OF PAIN REDUCTION THROUGH DRESSING SELECTION IN ROUTINE WOUND MANAGEMENT : THE MAPP STUDY

AUTHORS

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INTRODUCTION

In the management of wounds of any aetiology in outpatients, the acceptability of local care and dressings have rarely been evaluated on a large scale. Dressing's acceptability and patient's pain during dressing removal are dramatically important to choose the appropriate contact layer for the wound care management. To determine the prevalence of painful wounds in outpatients, a large prospective survey was conducted by Laboratoires Urgo in France under a scientific Committee's supervision.

MATERIALS AND METHODS

656 general practitioners and specialists have documented all acute wounds or chronic wounds seen during their daily practice. For all patients, pain observed during the last dressing change was systematically evaluated. In case of moderate to severe pain, a more extensive evaluation was performed by the physician. The nature of the selected dressing was noted by the investigator. To evaluate the impact of a non-adherent **contact layer*** on pain removal, a local treatment with a **lipido-colloid contact layer*** was then initiated. Patients were asked to fill in a self-evaluation questionnaire. If patients were seen at a further visit, a new evaluation was documented.

RESULTS

In total 5850 patients were seen: 2914 with acute wounds (AW) (1640 traumatic wounds, 881 burns and 393 other wounds) and 2936 with chronic wounds (CW) (1910 leg ulcers, 454 pressure ulcers, 229 diabetic ulcers and 343 other wounds).

During contact layer changes, a similar number of patients with acute and chronic wounds reported "moderate to severe" pain during the medical screening visit (79,9% and 79,7%) and "very severe" pain in their self-evaluation questionnaire completed at home (47% and 59% respectively).

Dressing removal was most painful when there was adherence to the wound bed (AW: 85% and CW: 92%).

CONTACT LAYER USED AT THE FIRST VISIT (%)

	Acute wounds	Chronic wounds
Dry gauzes	48%	19%
Greasy gauzes	34%	27%
Hydrocolloids	8%	25%
Foam dressings	4%	17%
Others	6%	12%

RESULTS WITH A NON-ADHERENT LIPIDO-COLLOID DRESSING*

Greasy gauzes



The reported prevalence of adherence by traditional dressings to the wound bed was 55% and 38% in acute and chronic wounds groups respectively.

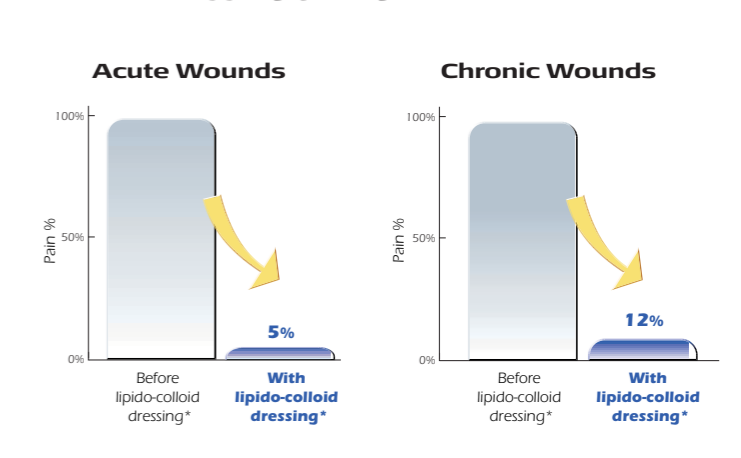
Lipido-colloid contact layer*



Non adherence with lipido-colloid contact layer*

Switching to a new, non-adherent contact layer reduced pain during dressing changes in 95% with acute wounds and 88% of patients in chronic wounds. Patients with acute wounds were followed-up for a median of 10 days post-screening and those with chronic wounds for a median of 23 days. Of the patients with acute wounds, 99,1% healed or improved. The corresponding figure for chronic wounds was 85,3%.

PAIN AT DRESSING CHANGE



Finally, when asked whether they would agree to continue with the same contact layer, 80% in the acute group and 71% in the chronic group answered "certainly yes".

CONCLUSION

This survey confirms that pain is a major problem in wound management, irrespective of the aetiology of the wound, or whether it is acute or chronic.

All patients should be considered for appropriate analgesia during wound treatment. The rational selection of adequate contact layers should be vigorously promoted through active educational programmes for health-care professionals and perhaps, for patients themselves.

* Urgotul® trademark by the Laboratoires URGO (France), in Europe / Restore® Contact Layer (with TRIACT Technology) trademark by Hollister Wound Care LLC in the Northern America

This study was funded by a grant from Laboratoires URGO, France