

Bedsore pain

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Abstract

Pain is a component of quality of life. This study was conducted to assess various parameters related to pain in patients with bedsore. Pain is possibly the most feared sensation in life. Pain disables and distresses more people than any single disease entity and may be the most compelling reason a person seeks healthcare. This study was conducted in surgical department of a career institute of medical sciences and hospital, Lucknow India. It involved 35 patients suffering from bed sore.

Keywords: Pain, Bedsore, Quality of life.

Introduction

Pain is possibly the most feared sensation in life. In the authors' opinion, pain disables and distresses more people than any single disease entity and may be the most compelling reason a person seeks healthcare. Internationally, clinicians may ignore patient pain because it is not easy to measure. Pain is a component of quality of life.¹ This study was conducted to assess various parameters related to pain in patients with bedsore. Literature review wound pain has been the subject of various studies. In a study describing patients' experiences living with a bedsore was found to be the most overwhelming characteristic of the condition and was exacerbated by simple activities of daily living. The study also found that most patients were concerned with the issue, of healing. Pain should be quantified. Assigning and documenting a measurement of pain gives patients some sense of control over their condition and has a positive effect on their ability to cope.² Pain measurements also provide a means of assessing the efficacy of response to treatment and prognosis. The Visual Analog Scale (VAS)² is a well-studied, validated tool used to measure acute and chronic pain that enables patients to indicate the extent of pain via points on a line from "no pain" to "worst pain I can imagine". Krasner³ conducted a phenomenological study of 42 nurses who cared for patients with wounds and found that nurses, who cared for patients in pain often coped by denying or ignoring the patients' pain. Krasner reported that healthcare providers are better able to confront the challenge of a patient's pain when they come to terms with their own feelings of frustration, anger, helplessness, and hopelessness.³

Patients and Methods

This study was conducted in surgical department of a career institute of medical sciences and hospital, Lucknow, Uttar Pradesh, India. It involved 35 patients suffering from bed

sore. Patients responded to questions related to pain such as the onset, location, type, and intensity using visual analogue. Responses to statements regarding aggravating and relieving factors and overall impact of pain on quality of life were obtained using The Visual Analog Scale (VAS) where 5 = totally agree and 1 = completely disagree. Tools. The VAS consists of a 100-mm, horizontal illustration on which the patient is asked to mark the point on the line between "no pain" and "worst pain I can imagine" that best describes the symptom.

Results

The study group comprised 35 cases (74%) men and 13 (26%) women ranging in age from 32 years to 74 years. Prolonged bed ridden was the leading cause of ulcer and the majority of ulcer occurred in lumbosacral region (92%). Pain was present intermittently in 71.7%, while 28.3% said they were in continuous pain. The most common location of pain was in and around the wound 96%.

63% rated their pain from 3 to 5 on the VAS and 37% rated their pain "mild" to "moderate" in intensity on the VAS 4. In 65% cases dressing change aggravated pain and in 42% patients, movement of the afflicted area aggravated existing pain. Steroidal anti-inflammatory drugs (NSAIDs) relieved pain in 84.8%. Pain most commonly had a negative effect on patient's physical 96% and social 50% aspects of life.

Discussion

Pain can be defined as an unpleasant sensory and emotional (conscious) experience associated with actual or potential tissue damage. Chronic pain is distressing and influences the person's ability to function.³ In a study of pain and pressure ulcers, Lindholm et al⁴ reported that pain was present in almost 50% of patients. In a study by Dallam et al,⁵ 59% of patients reported pain of some type; this increased to 68%.

Using visual analogue scales to assess the intensity of pain in the current study, 63% rated their pain from 3 to 5 on the VAS and 37% rated their pain “mild” to “moderate” in intensity on the VAS. In 65% cases dressing change aggravated pain and in 42% patients, movement of the afflicted area aggravated existing pain. Steroidal anti-inflammatory drugs (NSAIDs) relieved pain in 84.8%. Pain most commonly had a negative effect on patient's physical 96% and social 50% aspects of life. In a 94-patient study, Hofman⁹ found that the main areas of pain were, within and around the ulcer; in that same study, 64% the patients rated their pain “severe” and 50% used mild or no analgesia. Wound pain has a variety of causes. In the current study, the most common aggravating stimulus for pain was dressing change (65%). A study conducted by the European Wound Management Association found that 63% of patients experience pain at the time of dressing change, 10 an additional 30% experienced pain during routine wound cleansing. Adherent or dried out dressings are the most likely wound coverings to cause pain and trauma. Social and emotional factors contribute to the pain experience, affecting quality of life. Emotional responses such as depression, anger, and frustration are related to the degree of acceptance of the situation.

Conclusions

An effective pain control management program is a crucial component of wound assessment and treatment. A patient-centered regimen ensures appropriate care in a reduced-pain environment.

Source of Funding

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Conflict of Interest

None.

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