

GENERAL ASSESSMENT OF PAIN FROM SKIN ULCERS

Question num. 1

Which aspects relative to the patient and lesion are to be considered in the assessment of pain from skin ulcers?

Recommendation 1 [B] (strength of the recommendation)
The patient with a skin ulcer should undergo a general clinical assessment since the presence of pain may modify the vital signs of a person.
Search for and treat the basic pathologies and comorbidities possibly present (diabetes, congestiz cardiopathologies, chronic respiratory insufficiency, autoimmune illness evolution, systemic infectious diseases, advanced renal insufficiency of various etiology, osteoarthritis and arthritis, polytrauma, neoplasia, etc.) which could increase pain or be aggravated themselves by the painful symptomatology.

Recommendation 2 [A]
In the assessment of the pain from an ulcer, search for the following clinical case reports as possible causes:
a. etiology: peripheral ischemia, autoimmune illnesses, hypertension, onocological skin pathologies
b. complications: colonization/infection of the ulcer, impairment of the perilesional skin, stasis oedema of the lower limb
c. iatrogenic causes: traumatic or incongruous medication technique
d. esperiential subjectivity: psychological and emotional discomfort

Recommendation 3 [B]
Defining the etiological diagnosis of the ulcer and determining the cause of pain is indispensable to establish the type of local and systematic therapeutic approach to adopt.
To obtain this, evaluate:

- the appearance of the ulcer: tissue and exudate
- alterations of the perilesional skin
- signs of colonization/infection, local/systematic
- time of insorgence of the ulcer
- etiology of the ulcer
- social and living conditions of the person
- psychological/emotional aspect
- presence and degree of compliance
- clinical case report relative to the ulcer and pain

EVALUATION OF PAIN FROM SKIN ULCERS

Question num. 2

Which parameters relative to the evaluation of pain in the patient with an ulcer should be considered?

Recommendation 4 [B]
The evaluation of pain in the patient suffering from a skin ulcer should consider both quantitative and qualitative aspects
Use an evaluation scale systematically

- a quantitative scale to determine the presence and intensity of pain
- a qualitative scale to identify the characteristics which may lead to the determinant physiopathological mechanism

An evaluation of the motory and/or of the specific scales of the patient who is not able to communicate his/her discomfort for correlated pathological situations is taken into consideration.

Recommendation 5 [B]
The evaluation of pain in the patient suffering from a skin ulcer should be performed using a validated scale
The panel suggests the use of the NRS (Numeral Rating Scale) for the quantitative evaluation and the McGill Pain Questionnaire for the qualitative evaluation
Perform the quantitative and qualitative evaluation of pain:

- when the patient is taken into charge
- during follow up (to evaluate the efficacy of the treatment adopted)
- when the clinical situation changes

Such an evaluation may be performed indistinctly both by the medical and nursing personnel.

WELFARE PROBLEMS

Question num. 3

Which welfare procedures may prevent or reduce pain in the patient with a skin ulcer?

Recommendation 6 [B]
For global management of pain from a skin ulcer, consider the care of the relational and environmental context and establish an empathic relationship with the person.

Take into consideration the support of a psychologist in cases of particular complexity and/or in cases in which suffering and pain are not controlled with normal relational and/or pharmacological approaches.

Recommendation 7 [A]
On the basis of the indications of the EWMA positioning document, the Panel suggests the following possible strategies of intervention:

- allow the patient to perform self-medication
- choose a comforting environment as a care setting
- explain what will be done and what method will be used to the patient
- place the patient in a way to minimize discomfort (a comfortable position)
- allow the members of the family to participate in the change of the medication
- offer the patient distraction techniques (conversation, television, music, aromas, etc.) during the change of the medication
- foresee an interruption in the execution of the medication if pain is present
- ensure that the patient has refreshing sleep (the loss of sleep reduces the pain threshold, diminishes mental performance and increases the emotional response to pain)
- perform the medication without hurrying
- respect the time agreed upon
- prepare all the material in order not to leave during the execution of the procedure

LOCAL TREATMENT OF PAIN FROM SKIN ULCERS

Question num. 4

What are the principle local interventions for the prevention and the control of pain from skin ulcers?

Recommendation 8 [A]
In the presence of a skin ulcer, use a medication which guarantees a moist environment in the interface between the medication and the wound bed, to prevent pain, too.

Recommendation 9 [A]
In the presence of pain from ulcers, point out the possible concomitance of colonization/infection and consider in the affirmative the use of a medication with an antiseptic as a first therapeutic approach.
The antiseptics advised are: silver, iodopovidon and clorexidin.

Recommendation 10 [E]
Never use colouring agents like mercurochrome (meromobrin), eosin, fuchsin phoenix (Dye Rubra Castellani), gentian violet (crystal violet) or antiseptics in liquid form.

Recommendation 11 [A]
Use antibiotic therapy in the presence of infection of the ulcer with host impairment (satellite cellulite, presence of fever).
The choice of the antibiotic, the way of administration and the duration of treatment should be evaluated on the basis of the clinical conditions of the person and the ulcer.

Recommendation 12 [B]
In absence of clinical signs of colonization/infection, the Panel suggest considering the topical use of medications with NSAIDs, opioids or local anesthetic.

Recommendation 13 [B]
The Panel recommend paying particular attention to the immunocompromised patient in whom signs of inflammation may be attenuated.

Question num. 5

Can the use of elastocompression improve pain from a venous ulcer?

Recommendation 14 [A]
Use an elastocompressive bandage to control pain in the presence of a venous ulcer: the bandage should be applied by expert personnel with knowledge relative to the materials and the techniques of elastocompression. The choice of the type of technique and materials should be made on the basis of the evaluation of the characteristics of the person and clinical situation.

Recommendation 15 [B]
Carefully analyse the perilesional skin of the painful skin ulcer to identify and treat the possible presence of inflammation and bacterial colonization.
The following characteristics should be managed in good time as they are more frequently associated with more painful clinical case reports:

- erythema
- satellite lesions
- cellulite
- eczema
- white atrophy
- mycosis

- itching
- bacterial or viral infections
- skin dryness or xerosis
- oedema

Question num. 6

Might the care of the perilesional skin decrease the pain of the ulcer?

Recommendation 16 [C]

In the presence of inflammation of the perilesional skin:

- ADVISED: Performing local therapy with steroids for brief periods of time to reduce the irritative-inflammatory state; using softening creams; antihistamines and/or cortisone by mouth (in hyperacute phases of irritation) are indicated to reduce itching.
- NOT ADVISED: using advanced occlusive, semi-occlusive, adhesive medications, liquid antiseptics, local antibiotics.

GENERAL TREATMENT OF PAIN FROM SKIN ULCERS

Question num. 7

Which systematic therapeutic approach is feasible in the management of pain from skin ulcers?

Recommendation 17 [A]

As stated, precise diagnosis of pain should be made before proceeding to therapy and, in the choice of systematic treatment, the prescription of medicine should consider:

- the person
- possible secondary effects
- potential favourable or harmful effects on comorbidities
- the necessity of quick analgesia.

The following is recommended:

In procedural pain or pain limited in time, follow the indications of the analgesic WHO scale basing oneself on the intensity of the symptom as a guide for the choice of the appropriate therapeutic step.

Recommendation 18 [E]

The Panel recommends not using NSAIDs for prolonged periods of time.

Recommendation 19 [A]

The use of opioids is recommended in the event of:

- moderately strong pain
- prolonged treatment
- contraindications/failure of the use of NSAIDs

Recommendation 20 [B]

The Panel recommends considering the use of opioid medicines, weak and strong, in different formulations and methods of administration, in the place of common, and often abused NSAIDs. In particular, the use of Codeine or Tramadol for chronic moderate pain, Oxycodone or Morphine for moderate/strong pain.

In the event of a neurogenic component, among opioids the use of Tramadol (moderate pain) or Oxycodone (moderate/strong pain) is recommended, alone or in association with ancillary medicines.

Recommendation 21 [B]

In particular clinical situations, characterized by the resistance to the pharmacological treatments cited, perform a specialistic diagnostic investigation, considering the use of advanced analgesic measures, for example, locoregional procedures, both perilesional, peripheral or troncular.

Recommendation 22 [B]

Prevent nausea, constipation and secondary effects common to opioids, with a precocious management of symptoms.

Recommendation 23 [B]

Use ancillary treatment to improve the performance of analgesics, considering the complexity of the general clinical case report which should be appropriately investigated, also from a mental point of view.

Recommendation 24 [B]

Establish specific programmes to educate health professionals in relation to the best prevention, measurement and treatment practises of pain in skin ulcers.

Educational programmes should be planned to facilitate the exchange of knowledge, attitudes and convictions of health professionals regarding the evaluation and management of pain to guarantee support for new practises.

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Disclaimer

This guideline has been produced in an independent way and without any external contribution/funding of the associations which have participated in its writing. The guidelines are declarations developed in a systematic way to assist professionals and patients on decisions as to the appropriate health assistance, for specific clinical conditions. The recommendations should be considered after a complete clinical evaluation. No part of this publication may be reproduced without quoting the source. For quotations write in full: "AIUC - AISLeC Guidelines for the management of pain in the patient with chronic skin lesions" 2010.



AIUC - AISLeC GUIDELINES FOR PAIN MANGEMENT IN THE PATIENT WITH CHRONIC SKIN LESIONS

On the basis of the results which emerged from the 1st and 2nd AIUC Consensus Conference on the "Clinical Management of Pain in the Patient with Chronic Skin Lesions" held respectively at Genova in 2007 and Roma 2008, the two Italian Scientific Associations involved in the study of chronic skin lesions, AIUC (Italian Association of Skin Ulcers – Onlus) and AISLeC (Nursing Association for the Study of Skin Lesions), filmed an Agreement Protocol for the elaboration of the clinical behaviour recommendations for pain management in Vulnology.

The methodology indicated by GIMBE (Italian Group for Evidence Based Medicine) was used and summed up by the acronym FAIAU. The integral version of the methodology used is published on the websites of the respective Associations.

The National and International Guidelines published or updated since 2005 were found and evaluated according to the AGREE method. The data deduced were integrated by research of the RCT and Systematic Reviews published in the last three years. The methodological quality of these works was evaluated with the CAT, 'Critical Appraisal Topics'. In absence of definitive evidence relative to the subjects reviewed, the opinions of experts were used. For the indication of the strength of the recommendations, the SNLG grading system was used.