

# WIN

## WOUNDS IN NEED

### Helping Patients and Caregivers Succeed!



We are a group of people with wounds, or who have had wounds, or have cared for people with wounds. We know what a long road it can be to care for and to heal many different types of wounds.

We want to help everyone succeed. This newsletter is meant to encourage you to continue to do all you can to heal. Join us in helping the millions of people in America who are dealing with wounds.

Any wound care patient, personal caregiver or non professional patient advocate can sign up for free at [www.aawconline.com](http://www.aawconline.com) under Patient Resources.

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WIN is the patient/caregiver membership of the Association for the Advancement of Wound Care (AAWC). AAWC is dedicated to improving the care of wounds.

### November is National Caregivers Month

If you are a wound patient, give your caregiver a hug this month. That includes your professional caregiver – doctor, nurse, therapist – and your home caregiver – wife, husband, daughter, son, mom, dad. Whoever helps you take care of your pesky wound deserves a hug. While you live with the daily wound on your own body, your caregiver is caring for you and about you, and is

doing what they can to help you end this problem. There is no research to prove it, but we're betting that people with caregivers have the best chance of healing their wounds. Wound care requires more than two hands, and it requires someone to keep you committed to your treatment plan, and to help you do all you can to help heal your wound.



Dear AAWC WIN,

**I was told my wife has an unavoidable ulcer. What does that mean?**

Dear Reader:

An unavoidable ulcer means your wife's skin broke down even though everything was done to protect her skin. It might have happened because of her illness. Sometimes organs fail, even though all the right things are being done. For example, a person can follow the doctor's instructions perfectly and still have a heart attack. The same thing can happen with skin. A person or their caregiver can do everything right and the skin can still break down. If it is unavoidable skin breakdown, it is usually because of the person's overall health.

The skin is the largest organ of the body. When a person becomes very sick, their skin can become damaged, even with the best of care. Some of the steps caregivers can take include using creams or ointments to protect the skin from urine and/or stool. Special beds or mattresses are used to reduce the amount of pressure on the skin. Chairs or wheelchairs are padded with cushions.

## Ask the Nurse

Frequent turning/repositioning is very important so the person does not lie in one position for a long time. Pillows or other items are often used to keep the person in different positions to help decrease the chance of pressure ulcers (bed sores). If you talk with the doctors and nurses, they can tell you if they think your wife's skin will heal and what they are doing to help your wife. By asking questions, it may help you better understand what is happening with your wife and her type of wound. It could also help those who read our newsletter.

For instance in some previous issues of this year's newsletters, several readers shared their stories about skin cancer. One of the examples was skin cancer on the back of an arm and two other examples were on the legs (Winter Newsletter 2015 and Spring 2015). Another person then wrote they had an area on their back that wouldn't heal. See image below.

(Basal Cell Carcinoma on Back)

Figure 1



*A person or their caretaker can do everything right and the skin can still break down. If it is unavoidable breakdown, it is usually because of the person's overall health.*

This person is very sick and in a nursing home. At first the nurses thought the area was a pressure ulcer. Everything was in place to protect the skin. The patient was on a specialty mattress and turned frequently. There was a special cushion for his chair and a pillow was used on the back of his chair to decrease any pressure on the back. Even though the nurses were trying to protect the skin, there was this area of skin damage that was bloody at times. It didn't bother the patient but the area did bother the nurses because they could not get it to heal. The nurses asked the doctor to biopsy the area on the patient's back.

**THE ANSWER**

*(Continued on Page 4)*

## Caring for the Home Caregiver

Family caregivers are vital members of the health care team. In many cases they are the ones who take on part or full duty of a patient's wound care plan. Caring is an act of love - it can also be stressful and draining. In many cases, it may be experienced as an obligation.

Studies have shown the picture of the average caregiver: she is a 49 year old woman who works full time, has a spouse and/or children in the home and spends about six hours per day as a caregiver. Clearly family caregivers come in all ages; some families have a team plan; others count on one person to take on the family care giving duties.

Health care staff in all settings can be a huge asset in helping to support both the patient and family caregiver. The family caregiver should go to visits; in fact having a responsible caregiver is often a requirement for in home care aid.

Your health care team can give direction and support. Ask them to provide a list of support organizations as well as a way to find a social worker who can offer expert guidance about services.

It is best to stay alert for the signs of caregiver burnout and make sure the patient knows the needs of their caregivers.

A chronic wound, like any long-term health problem can cause a person to become a bit self-centered. After all, they are the one who has the wound along with other health issues, not their caregiver. But if the family caregiver becomes ill, what will happen then?



Patients and family caregivers may be so focused on just getting through day to day they do not think about options on hand for help.

It is a good thing to have a back-up plan and to have a plan that shares the responsibilities for the patient.

Are there other family members in the area who can help? Ask them! All too often family and friends will say "Just let me know if you need anything" and if you do not come out and ask they will not offer. Be clear about what you need. If they live close perhaps they can go grocery shopping or to the drug store, take the dog or cat to the vet, bring over meals, clean house, do the dishes, take their family member to church or just plan routine times to stay with the loved one to give the main caregiver some rest.

If the other family members live far away perhaps they can help with making appointments, online shopping for ordering and delivery of supplies. If everyone on the family care giving team has a Smartphone a shared calendar can be made to show who has what duties when. If Smartphones are not an option, the family caregiver can make a calendar the old fashioned way and share it with everyone on the team complete with phone numbers, email addresses and a 'phone tree' for emergencies in case someone is not able to fulfill their commitment.

Some may find this system a bit too rigid or impersonal but as most of us know; many people will follow the path of least resistance. This means that they will allow the main caregiver to take on all of the duties until trouble strikes. In some cases a social worker or family mediator can act to make a family plan that works for the patient and caregivers.

As I close I want to offer thanks to all caregivers who are caring for people with chronic wounds. You make the world a better place!

*While giving thanks at the table  
on Thanksgiving,  
be sure to mention your  
caregiver by name!*

**About the Author:** Paula Erwin-Toth, MSN, RN, CWOCN, CNS, FAAN has over 30 years experience as a Registered Nurse specializing in wound, ostomy and continence (WOC) care.

*Ask the Nurse (Continued  
from Page 2)*

## The Journey of a Man with Diabetes and His Nurse

This means the doctor cuts out a piece of the damaged skin and sends it to the laboratory for testing. It turned out this area was skin cancer. The type was basal cell carcinoma. This was very unusual. Seldom are skin cancers thought to be pressure ulcers, but it can happen. I am sure this is not the case with your wife. I mention this only to share another reader's experience (figure 1).

Please let me know if you have more questions, after speaking to your wife's caregivers.

**About the Author:** Joy Schank, RN, MSN, ANP, CWOCN is the Consumer Board member for AAWC.



I first had the chance to meet and care for Mr. H in 2012. He came to my clinic with an infected diabetic foot ulcer (DFU). He had been seeing his primary care physician for a couple of months and the foot had started to smell so he was referred to my Advanced Wound Clinic (AWC).

Mr. H was a retired, happy go lucky gentleman; he was well educated and enjoyed running his business with his wife. He had been diabetic for a few years and this was his first diabetic problem.

On that first visit in the spring of 2012, Mr. H. had an advanced DFU with an infection called cellulitis and poor lower leg blood flow to the left foot called "peripheral arterial disease" or PAD. He needed hospital admission with referral to Vascular Services to fix the blood flow to the left foot and Infectious Disease Services to treat his acute infection. Even with all of this, there was the possibility that he would have to have some of his toes or the whole foot amputated. I remember the picture of his foot I placed in his room for other caregivers to see. It was covered by his wife the next morning, because she couldn't look at the shocking picture.

The picture showed a sterile Q-tip entering the bottom of the foot and popping out the top of the foot through the infection channel.

After hospitalization, he needed to heal his foot ulcer and I convinced him that together we would save the foot and all five toes.

This is when the real work started for Mr. H.

Mr. H attended weekly outpatient visits. He worked hard on getting control of his blood sugars.\* He had frequent debridements (procedure done to remove dead tissue and to cause healing), underwent 90 trips to the hyperbaric chamber, had treatment for another infection, wore a special shoe to remove pressure from the planter or bottom surface of his foot, and had biologic skin grafts applied to the wound to aid with wound closure.

I got to know Mr. H very well over the next 9-10 months during which

\*This is a key step of self-care, as noted in the article on the next page.



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*Journey (Continued from  
Page 4)*

## Diabetic Foot Wound: Self-care and the Caregiver's Role

we formed a terrific provider/patient bond. When he was healed and rang the big cowbell - a custom for celebrating success in our clinic - I couldn't tell who was happier - Mr. H or me and the AWC staff!

Today Mr. H is still alive and going strong. He walks and drives unassisted. He still has both feet and all 10 toes.

I cherish this opportunity and thank Mr. H for letting me share his story. We both hope that by reading this story it may inspire and motivate someone who is ill or diabetic and battling a DFU.

**About the Author:** Mike Garrett, ARNP, BC-FNP, CHWS, works for a busy AWC in Northern Iowa. He has worked in health care since 1982.



The World Health Organization (WHO) recommends a care plan for persons with diabetes, which includes care measures for prevention of foot wounds, tracking blood sugar and blood pressure control, healthy food, physical activity to maintain a healthy body weight, and stopping use of tobacco. The foot care plan gives tips for healthy feet and hard-to-treat ulcers.

Measures to prevent foot wounds in persons with diabetes include the following basic steps as stated by the American Diabetes Association (ADA). There are recommendations for both the patient and for their caregiver. More information may be found on the caregiver message board called "I love someone with Diabetes" found at [www.diabetes.org/caregivers](http://www.diabetes.org/caregivers).

### Self-care:

- It's vital to have diabetes education to monitor for blood sugar control, a change of diet for weight loss, and for better living;
- Check out the feet and toes daily. Use a mirror if needed to look for cuts, sores, bruises, bumps, or infections. Also look for changes in size or shape of the foot, skin color (blue) or skin temperature (warmer or cooler). If you find changes report them to your physician;
- Wash the feet with warm water, not hot and dry them fully with a soft towel, especially between the toes;
- Moisturize your feet (except the skin between the toes), before putting on socks and comfy shoes/sneakers. Wear shoes that fit well on your feet and allow the toes to move. Check with your doctor to make sure the shoes are good for your feet;
- Do not walk barefoot. Ever. Anywhere;
- Cut toenail carefully so that you do not leave any sharp corners or nick any of the skin near the nail bed;
- Pumice stone may be used gently and carefully to remove dead skin, but do not remove calluses that act as protective padding.

**The Caregiver's role:** It is important that caregivers know about diabetes and its symptoms in order to help out and guide good self-care behavior on a daily basis. The 8 top tips for caregivers are:

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Care (Continued from Page 5)

1. **Start Your Training Now:** Arm yourself with education, it's of great value to know the facts;
2. **Take Some Time:** Learn things and make changes bit by bit. Avoid an overhaul of your life based on a loved one's diabetes;
3. **Push Self-Care, but Don't Be a Pest:** What the health care system, calls "miscarried helping", also known as nagging;
4. **Make Changes Together:** Start exercising or cooking and eating together, act as a team;
5. **Set Small Goals:** Take a step-by-step plan. It is the easiest way to make lasting life changes;
6. **Work With the Diabetes Care Team:** Go to doctor visits and diabetes training classes together, if your loved one agrees;
7. **Find Support for yourself:** The best way to be a caregiver is to take care of you. Accept that it can help you with coping;
8. **Prepare for emergencies:** Make plans ahead of time.

The International Diabetes Federation (IDF) urges a yearly foot exam to find problems that may need further care. ADA Diabetes Forecast says that high blood sugar under control and healthy foot care habits will have a big impact in later years. Prevention is best against problems!



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## Thanksgiving Puzzle

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T T Q I U R K E G T U B G Z R
V Y K E I P G I V I N G B R T
T H A N K S S E N I P P A H R
E W O Z W N G N Q D R D U A Q
M Q W L M G N E I Z N R B E U
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U U S C L G A D A R X M H S I
A R T L W M C Y B L U E U O U
B K A S I D U Q A O L V M P Y
H E A L T H O V K P X O H B X
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L Z K S S V G N G Q H H L Y I
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|-----------|----------|
| Autumn    | Holiday  |
| Baking    | Kindness |
| Caring    | Love     |
| Fall      | November |
| Family    | Pumpkin  |
| Giving    | Thanks   |
| Happiness | Thursday |
| Health    | Turkey   |
| Helping   | Veggies  |
| Yummy     |          |

