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Psychological stress and pain in wound care, part 3: management.

Solowiej K, et al. [Show all](#)

J Wound Care. 2010 Apr;19(4):153-5.

Psychological Sciences, Institute of Health and Society, University of Worcester, UK. k.solowiej@worc.ac.uk

Abstract

There is increasing evidence to support a relationship between psychological stress and delayed wound healing. Management should therefore include interventions that minimise patient distress, which will include social support and coping skills.

PMID 20379127 [PubMed - indexed for MEDLINE]

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20379127



Managing stress and pain to prevent patient discomfort, distress and delayed wound healing.

Solowiej K, et al. [Show all](#)

Nurs Times. 2010 Apr 27-May 3;106(16):21-3.

University of Worcester.

Abstract

This article explores the relationship between stress and delayed wound healing, together with the role of pain as a stressor. It offers practical advice on regular assessment and management of stress and pain during wound care.

PMID 20462104 [PubMed - indexed for MEDLINE]

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20379127



A guide to wound management in palliative care.

Naylor WA.

Int J Palliat Nurs. 2005 Nov;11(11):572, 574-9; discussion 579.

Wellington Blood and Cancer Centre, Wellington Hospital, New Zealand.

Abstract

Wound management in palliative patients is often a very challenging area of care. There are many unique issues that can combine to produce complicated wound management scenarios, including the types of wounds and wound symptoms most commonly affecting palliative care patients, as well as the presence of concurrent disease and associated treatment. Problems exist with the availability of suitable dressings and balancing life expectancy with the goals of wound care. A significant, and possibly under-recognized, issue is the emotional and social distress experienced by these patients, which can be directly attributed to their wound. These problems must all be recognized and addressed in order to manage wounds effectively in this patient population. This article aims to explore these issues and offer advice on the management of wound-related symptoms, with the ultimate goal of improving patients' quality of life.

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20379127



The cost of reducing pain associated with chronic wound management.

Clark M.

Br J Community Nurs. 2007;12(12 Suppl):12-4.

Wound Healing Research Unit, School of Medicine, Cardiff University.

Abstract

The significant financial costs associated with care of chronic wounds are commonly cited, but health economic analyses are often undermined by incomplete data and poor evidence of the effectiveness of interventions. This article highlights additional elements of cost associated with wounds that are rarely if ever measured: the human costs. In discussing recent studies into this area, it concludes that patient priorities may differ from those of health professionals and budget holders, but must be considered an essential component of future cost studies.

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20462104



Wound infection-associated pain.

White RJ.

J Wound Care. 2009 Jun;18(6):245-9.

University of Worcester, UK. r.white@worc.ac.uk

Abstract

Not only does wound infection and the release of pro-inflammatory modulators result in pain and delayed healing, but pain-related stress reduces the immune response to infection. Treatment of pain and infection should be equal priorities.

PMID 19661848 [PubMed - indexed for MEDLINE]

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[A proactive approach to wound infection.](#)

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[Chronic wounds and pain].

Meaume S.

Soins. 2007 Jan-Feb;(712):39-41. Article in French.

Hôpital Charles Foix, Ivry-sur-Seine.

PMID 17333704 [PubMed - indexed for MEDLINE]

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J Wound Care. 2010 Apr;19(4):153-5.

Psychological stress and pain in wound care, part 3: management.

Solowiej K, Mason V, Upton D.

Psychological Sciences, Institute of Health and Society, University of Worcester, UK. k.solowiej@worc.ac.uk

Abstract

There is increasing evidence to support a relationship between psychological stress and delayed wound healing. Management should therefore include interventions that minimise patient distress, which will include social support and coping skills.

PMID: 20379127 [PubMed - indexed for MEDLINE]

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When healing is not an option. Palliative care as a primary treatment goal.

Bradley M.

Adv Nurse Pract. 2004 Jul;12(7):50-2, 57.

Visiting Nurse Service of New York, USA.

PMID 15315061 [PubMed - indexed for MEDLINE]

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16471044



When the goal is palliative care.

Langemo DK.

Adv Skin Wound Care. 2006 Apr;19(3):148-54.

University of North Dakota College of Nursing, Grand Forks, ND, USA.

Abstract

OBJECTIVE: An analysis of the literature regarding palliative care of patients with wounds.

DATA SOURCES: Health care literature, including national and international reports, focusing on enhancing quality of life for individuals with wounds who are receiving palliative care.

CONCLUSION: The literature on palliative care of patients with wounds is limited. Integration of palliative care concepts and chronic wound management is challenging; however, palliative care, which focuses on comfort and symptom management for quality of life, can provide the best quality care within the parameters of disease and individual patient wishes.

PMID 16639221 [PubMed - indexed for MEDLINE]

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Psychological needs of patients when dressing a fungating wound: a literature review.

Goode ML.

J Wound Care. 2004 Oct;13(9):380-2.

East Barnet Health Centre, 149 East Barnet Road, New Barnet, Herts EN4 8QZ, UK.

PMID 15517748 [PubMed - indexed for MEDLINE]

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Chronic wound pain and palliative cancer care.

Queen D, et al. [Show all](#)

Ostomy Wound Manage. 2005 Nov;51(11A Suppl):9-11.

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Management of malignant fungating wounds in advanced cancer.

Seaman S.

Semin Oncol Nurs. 2006 Aug;22(3):185-93.

Sharp Grossmont Hospital Wound Healing Center, La Mesa, CA 91942, USA. Susie.seaman@sharp.com

Abstract

OBJECTIVE: To review the pathophysiology and assessment of malignant wounds and management techniques aimed at controlling pain, odor, exudate, and local bleeding.

DATA SOURCES: Current research and published literature.

CONCLUSION: Assessment of malignant wounds, selection of appropriate dressings, related symptom management, and patient and family support are vital aspects of cutaneous wound management in advanced cancer.

IMPLICATIONS FOR NURSING PRACTICE: A thorough understanding of the care of malignant wounds will assist oncology nurses achieving palliative goals of care including optimal symptom management, odor and drainage control, and emotional support.

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