
ranama/kontuzijama ($p=0,003$). Postoji značajna statistička razlika u tri vremenska perioda mjerenja boli prema veličini rane, ($p=0,025$). Ispitanici s ranom manjom od 5x5 cm značajno manjom procjenjuju razinu boli od ispitanika s operativnim rezom ($p=0,031$), ranom veličine 10 x 10, ($p=0,029$) i ranama velikih površina ($p=0,002$).

Zaključak: Doživljaj boli ovisi o doživljaju pojedinca i nije objektivno mjerljiv. Postoje velike osobne, kulturne i spolno uvjetovane razlike u izrazu boli. U rješavanju složenog zadatka upravljanja boli potrebno je izabrati model koji je kulturološki prihvatljiv i osjetljiv, kako bi se optimiziralo zadovoljstvo i ishod liječenja bolesnika.

Ključne riječi: kronična rana, bol, mjerenje boli

PAIN MANAGEMENT IN PATIENTS WITH CHRONIC WOUNDS

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Abstract

Introduction: Chronic wounds are considered a major public health problem and increases the suffering of the patient and significantly affects the quality of life. By continuous assessment of pain, the nurse will allow timely therapeutic action either by pharmacological or non-pharmacological methods.

Methods: A cross-sectional survey was conducted from April to August 2019 at the General County Hospital Požega. The study involved adult patients with wounds that did not heal for more than 8 weeks. 60 patients were enrolled. A visually analogous three-point time scale (at admission, wound dressing, and at rest) was used for pain assessment. From the statistical tests, the Hi square test MANOVA (Multivariate analysis of variance), and the Bonferroni post hoc test.

Results: It was found that there was a significant statistical difference in the three time periods of pain measurement according to the gender of the subjects in such a way that the respondents significantly evaluated the pain level more than the respondents ($p = 0.008$). A statistically significant difference was observed in the three time periods of pain measurement according to the type of wound ($p < 0.001$). A significant difference between pain levels at admission and ulcer where they rate pain significantly higher than subjects with decubitus ($p = 0.031$) and superficial wounds / contusions ($p = 0.006$). Also, subjects with gangrene at the same time of measurement had significantly higher pain scores than subjects with decubitus ($p = 0.002$) and subjects with superficial wounds / contusions ($p = 0.006$). At the level of pain during the dressing, subjects with superficial wounds / contusions had significantly lower pain scores than all other groups of subjects, subjects with ulcer ($p = 0.009$), subjects with decubitus ($p = 0.022$), and subjects with gangrene ($p = 0.001$). At resting pain level, subjects with ulcer had significantly higher pain scores than subjects with superficial wounds / contusions ($p = 0.003$). There was a significant statistical difference in the three time periods of pain measurement according to wound size, ($p = 0.025$). Subjects with a wound less than 5x5 cm significantly less rated pain level than subjects with an operative incision ($p = 0.031$), a size 10 x 10 wound ($p = 0.029$), and large area wounds ($p = 0.002$).

Conclusion: The experience of pain depends on the experience of the individual and is not objectively measurable. There are major personal, cultural and gender-related differences in the expression of pain. In dealing with the complex task of pain management, it is necessary to choose a model that is culturally acceptable and sensitive, in order to optimize patient satisfaction and outcome.

Keywords: chronic wound, pain, pain measurement