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Exploring Physical and Psychological Morbidity and Patient and Carer Resilience Following Acute Wounds - A Systematic Review

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IDENTIFYING AND EXPLORING PHYSICAL AND PSYCHOLOGICAL MORBIDITY AND PATIENT AND FAMILY CARE GIVER RESILIENCE FOLLOWING ACUTE WOUND DEVELOPMENT AND/OR WOUND BLISTERING POST ORTHOPAEDIC SURGERY: A SYSTEMATIC REVIEW

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INTRODUCTION

There is a plethora of research, evidence and discussion surrounding quality of life issues relating to the management and treatment of chronic wounds, yet surprisingly very little around acute post-operative wound management, especially in relation to psychological morbidity and resilience.

Patients discharged to a community environment with an acute wound, for example following surgery, are at risk of developing post-operative wound complications, including blistering and infection. Superficial wound problems such as blistering can prolong length of stay, can negatively impact on morbidity and can impact on the individual's Health Related Quality of Life (HRQoL) perceptions [6].

For the purpose of this research resilience is defined as 'self-righting capabilities, transcending the negative impact of illness' [1]. A caring relationship sets up the conditions of trust that enable the one receiving the care to accept the help offered. In other words, caring is a mutual relationship [10]. The term care giver burden has been used as a term that refers to the financial, physical and emotional effects of caring. Carer burden has received attention in the wider literature on family care-giving [10,11] however, little attention has been made in those who care for orthopaedic patients that develop psychological and physical morbidity post-surgery, and their experiences of being resilient in this context.

AIM

The systematic review examined and explored physical and psychological morbidity and patient and family care giver resilience following acute wound development and/or wound blistering post orthopaedic surgery.

OBJECTIVES

To systematically search, critically appraise and summarise randomised controlled trials (RCTs) and non-RCTs assessing the physical and psychological morbidity and patient and family care giver resilience following acute wound development and/or wound blistering post orthopaedic surgery.



METHOD

Type of participants

This systematic review included any type of patient in any health care setting with an acute orthopaedic wound and/or wound blistering.

Each study had to report, at a minimum, one of the following outcome measures:

Primary outcomes

- The primary outcome of interest was family care giver resilience following acute wound development and/or wound blistering post orthopaedic surgery.
- Incidence of wound blistering following orthopaedic surgery
- Readmission rates to an acute healthcare area following wound complications
- Quality of life

Secondary outcomes

- Adverse events
- Costs

Inclusion Criteria

- Papers written in English
- Papers published up to 2012
- Acute wounds
- Non infected wounds

Exclusion Criteria

- Papers not written in English
- Chronic Wounds

RESULTS

The search yielded 275 records which were screened by reading both the title and abstracts. After removing any duplicates, eight studies were considered eligible and were reviewed as full text. Following full review none of the studies were included in this review. The reasons for exclusion were study design, not in the inclusion criteria of this review or not on patient and family carer perspectives following acute wound development and / or wound blistering post orthopaedic surgery.

CONCLUSIONS

It was apparent from this systematic review that there is no evidence available at this time that explores patient and family care giver resilience following acute wound development and/or wound blistering post orthopaedic surgery. Given the real risks of carer burden and psychological morbidity for patients, it is essential that practitioners understand how to promote well-being, understand resilience and be able to implement measures that support patients and carers when living with a wound. There needs to be clear guidelines developed on how health and social care practitioners can meet the needs of these patients and their caregivers.

Participation and involvement of patients and caregivers in the development of the guidelines is essential to ensure the patient and their caregivers are at the centre of care and guidelines for care. Finally, there is a gap in the evidence based related to the exploration of resilience for this patient group (including their carers) and knowledge of this may well present a basis for clinical interventions with the potential to mmprevent adverse clinical outcomes.

RECOMMENDATIONS

The recommendations from this systematic review include the following -

- Undertake research exploring physical and psychological morbidity and patient and family care giver resilience for those who experience acute wounds
- Develop guidelines related to patient and carer involvement in wound management post discharge from hospital

KEY MESSAGES

- Patients discharged to a community environment with an acute wound are at risk of developing post-operative wound complications, including blistering and infection.
- Caregivers are not prepared for the caring role and there is mounting evidence that people who care for loved ones with chronic conditions are at risk of physical, mental and emotional conditions/disorders themselves.
- There is no evidence currently available that explores patient and family care giver resilience following acute wound development and/or wound blistering post orthopaedic surgery.