

Oral presentation

IMPROVEMENT OF VENOUS LEG ULCER TREATMENT OUTCOME BY CLINICAL PATHWAYS

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Introduction: A clinical pathway was developed, validated and implemented, with the aim to improve outcome of treatment for patients with venous leg ulcers.

Methods: The clinical pathway and selected products* were evidence based and tested by using case ascertainment. Identified patients from the center were clinically examined to determine general condition, associated factors, wound type, stage, wound evolution, quality of life aspects, efficacy of treatment and costs.

(N = 20) Patients were recruited to the clinical evaluation. Clinical examination was performed, depending on wound type, upon initial and at 2 week intervals for a period of 12 weeks. The patients were then followed until ulcer closure. The outcome of the study group (SG) was compared to the results of a random selected patient control group (CG) at the center, before implementing the clinical pathway. Statistic evaluation was performed using StatXact 5.0 – double sided – $\alpha = 0,05$ – paired sample with Wilcoxon-Test – unpaired with Mann-Whitney for N = 20 (10/10).

Results: After implementation of the clinical pathway and the selected products, a statistically significant ($p < 0,005$) shorter period for ulcer closure was demonstrated for SG when compared to previous treatment given to CG. An improvement of quality of care was noted for SG ($p < 0,05$ for the combined parameters and $p < 0,005$ for pain), as well as cost savings ($p < 0,05$), see table 1, 2 and 3. As an extra the level of knowledge and communication of the clinicians were reported to be improved.

Conclusion: Clinical pathways applied throughout the complete care chain, improve quality of treatment outcome, making effective use of resources and materials. Thirty patients from a second centre are to follow in the next analysis.

*Rosidal® sys, Suprasorb® A, Suprasorb® P and Suprasorb® C are products of Lohmann & Rauscher GmbH.

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