INTRODUCTION
Dressing changes represent only one type of wound-based pain in Krasn’s model of chronic wound pain. Krasner calls this type of pain “cyclic acute wound pain,” as it accompanies regular procedures performed by the health practitioner. The other two components of the chronic wound pain model are:
- non-cyclic acute wound pain, which occurs during intermittent manipulation of the wound, such as debridement;
- chronic wound pain, which is persistent pain that is experienced even when the wound is not being manipulated.

AIM
To share some observations I have made over the past 3 years on my patients with chronic wound pain when using polymeric membrane dressings4 on their wounds.

METHOD
I often use polymeric membrane dressings on my patients, it’s an easy product for the family to use as it’s often the family that perform the dressing changes at home. They are instructed to change the dressing when the fluid reaches the wound edges. During dressing changes, no cleansing is needed which reduces the procedural pain; the components in the dressing help reduce the chronic pain.

RESULTS
I have seen more than 75 patients these past 3 years with a Visual Analogue Scale (VAS) of 8 or higher caused by chronic wound pain. These patients have all had prescriptions, sometimes several different ones, of strong analgesics to be able to cope. Most of these patients have been able to stop taking pain medications after being prescribed polymeric membrane dressings. As a bonus, the reduction in pain leads to faster wound healing. Sometimes the effect of reduced pain can be noted after a few hours, in some severe cases it can take a few days. The reduction in pain varies but they often end up with a score of 3-4 after having been on a level of 7-10.

DISCUSSION
There are studies that show that these dressings have an effect on the nociceptors leading to reduced pain and inflammation under the dressings, but is that the only reason for my results? Nociceptors are often thought of as exclusively involved in pain messaging, but they do much more than just control the delivery of the pain message. These receptors also play central roles in the creation of the-bruise after a contusion; the spread of inflammation into the surrounding tissues; and the swelling of the tissues after injury, which, in-turn results in:
1) the reduction of delivery of oxygen and nutrients to injured tissues and 2) the inability of the body to efficiently remove damaged cellular debris and waste products from the injured tissues. The spreading zone of inflammation causes additional tissue destruction, which is so clearly seen when the swelling after a burn continues to result in additional tissue injury. Multifunctional, drug-free polymeric membrane dressings have been shown to help reduce the spread of inflammation and swelling into surrounding undamaged tissues when applied over either open or closed injuries.4 The dressings help reduce both persistent and procedural injury pain and also help reduce and resolve bruising.2 The reduction of swelling, bruising and pain after application of polymeric membrane dressings has been shown to occur without interfering with the localized inflammatory response required for healing injuries.

The studies show that these multifunctional dressings help reduce pain, swelling, bruising and inflammation in the tissues that are in contact with the dressings and those tissues that are deeper to the tissue in contact with the dressings.1,2,3,4 For example, the dressings have been shown to help improve outcomes when placed on Grade I pressure ulcers.2 The anti-nociceptive actions of the dressings have also been shown to help reduce spasticity in spinal cord injury patients.4 Additionally, the dressings help to reduce the procedural pain associated with dressing changes. Polymeric membrane dressings do not stick to the wound bed so there is usually very little pain associated with the removal of these dressings. Additionally, the dressings usually eliminate the need to manually cleanse the wound bed during dressing changes because they continuously and atraumatically cleanse the wound bed. The manual cleansing process is recognized to be a major cause of wound bed pain during dressing changes.

REFERENCES

*PolyMem® Wound Dressings with and without Silver. Manufactured by Ferris Mfg Corp, Burr Ridge, IL 60527 USA. This case study was unsponsored. Ferris Mfg. Corp. contributed to this poster design and presentation.

PATIENTS WITH CHRONIC WOUND PAIN STOP HURTING, WHY?
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