

Introduction



Chapter 1

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KEY POINTS

- Prevention of disability (POD) is an essential component in Buruli ulcer (BU) case management.
- The implementation of essential POD interventions requires initial orientation, followed by continued on-the-job training under supervision, to develop the knowledge and skills of the health team.
- This POD manual will be most helpful if used in conjunction with a participatory method of training.

Buruli ulcer (BU) can cause permanent disability and deformity, which may severely limit a person's ability to carry out normal daily activities. The stigma associated with the disease may have the additional effect of greatly restricting the social participation of affected persons. Early detection and adequate medical and surgical treatment are important in helping to minimize future disability. However, there are additional, more specific interventions that can prevent or reduce the disability and deformity caused by BU.

The purpose of this manual is to describe these essential interventions, which can become a normal part of the management of those affected by Buruli ulcer. Prevention of disability (POD) is a process involving health workers, the individuals affected by BU and their families, and communities. This process should start as soon as the diagnosis of Buruli ulcer is made. Rehabilitation aims to reduce the impact of disability, enabling the individual to achieve independence, social integration, and a better quality of life.

POD is an integral part of BU case management, and has three main objectives:

- 1. to maintain or improve** skin conditions to prevent soft tissue (ligament, tendon, and muscle) contractures, which can lead to joint contractures and deformity (soft tissue and joints require good “antideformity” positioning and early mobilization before and after surgical excision and during the wound-healing process);
- 2. to minimize or reduce** oedema, infection, pain, adhesions, and thick scarring during the wound-healing process; and
- 3. to encourage, enable, and empower** persons affected by BU to maintain or improve their ability to perform everyday activities and participate in family, educational, work, and community activities.

Health workers need knowledge, skills, resources, and support to:

- assess and monitor the individual's physical impairments, activity limitations, and participation restrictions;
- document assessment results;
- analyse assessment results and determine priority interventions;
- document the specific interventions used;
- monitor the results of interventions;
- monitor and care for wounds;
- position and splint the body and limbs correctly to prevent complications and facilitate function;
- control oedema;
- manage scars and adhesions through massage, compression, exercise, and appropriate activity;
- mobilize joints early on, with exercise and age-appropriate activities, to maintain joint flexibility and facilitate function;
- teach self-care knowledge and skills to those affected by BU and their families, to enable them to practise self-care;
- adapt objects and instruments to facilitate active participation in activities of daily living (ADL) and other age-appropriate activities in the hospital and at home;
- empower those affected by BU and their families to find solutions to their problems; and
- identify individuals affected by BU who need to be referred for specialized rehabilitation interventions and know where and how to refer them.

