Essential intervention No.1
Health education and self-care

KEY OBJECTIVES

- To inform and teach the person affected by BU and the family about the disease and its treatment.
- To inform and teach the person affected by BU and the family when and where to go for help.
- To enable the person affected by BU and the family to participate in interventions and activities of daily living that will prevent disability.
- To empower the person affected by BU and the family to assume responsibility for self-care.

Health education bridges the gap between health information and behaviour. The person affected by BU must have the knowledge, skills, resources, and support to practise self-care every day. This practice will help to minimize impairments and disability. A quotation from Confucius reminds us that:

To hear is to forget,
To see is to remember,
To do is to know and understand.

Because affected persons have correct knowledge, it may not mean that they will change their behaviour to practise good self-care. Information is not sufficient for change, but change is dependent upon providing a learning experience.

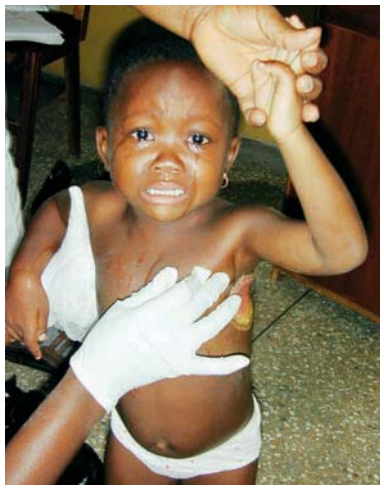
The most effective way for the health worker to teach people about self-care is by doing it with them. Observation of those practising self-care, exercise, and other activities permits the health worker to know what has been learnt. It also permits adjustments or corrections to their programmes. The health worker will also know if the affected persons are practising at home – because if they are, they should show improvements when reassessed.

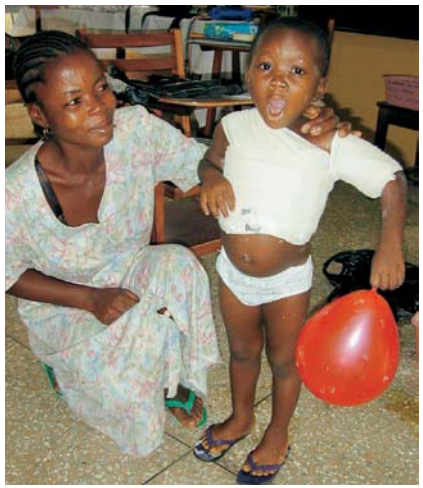
Empowering affected individuals to take responsibility for their POD programme will improve self-esteem and confidence. When people feel that they have little control, they also have a feeling of helplessness – frequently resulting in depression and apathy. Health education teaches knowledge and skills, which give affected persons more control over their own situations, thus reversing some of these negative feelings.

Summary of patient education in self-care

Wound management and skin care

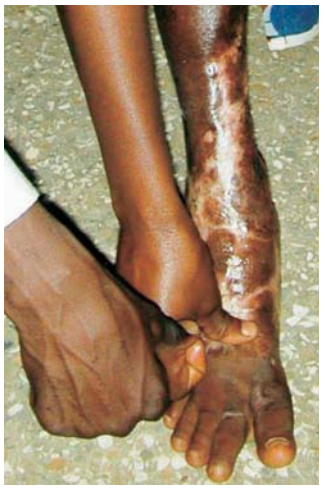
Figure 5.1.1



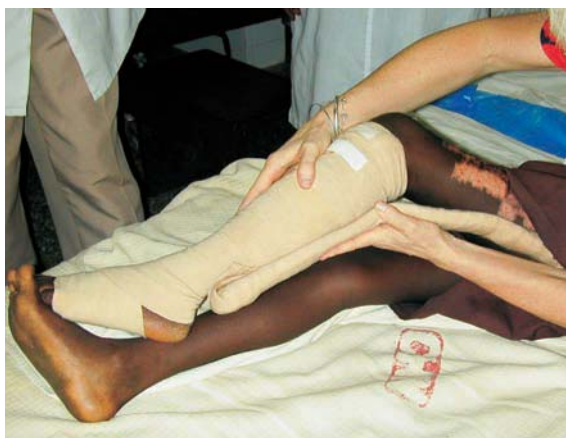


After the wound is cleaned and bandaged, a foam rubber protection is applied with casting material moulded under the axilla to obtain more shoulder abduction.

■ **Clean, cover, and protect.**

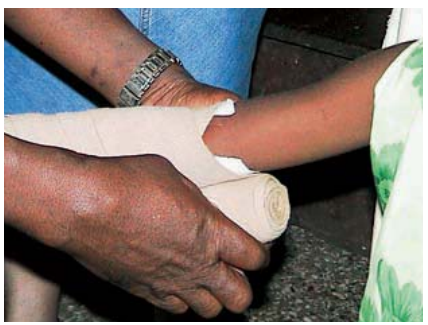


■ **Lubricate (oil), massage, and stretch.**



Padded wire splints can be adjusted regularly, to slowly stretch contractures.

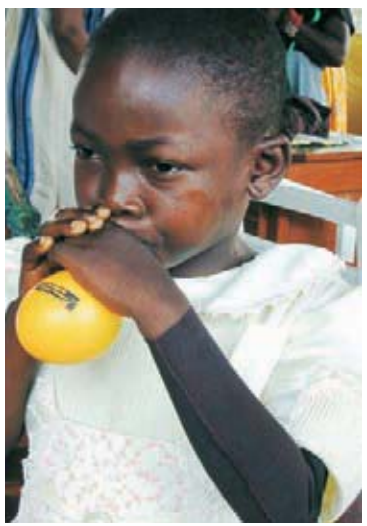
■ **Stretch and hold contracted skin in a good antideformity position at night and during the day when resting (splints).**



Light pressure can be obtained early with elastic bandages. In difficult areas, foam rubber can also be used.

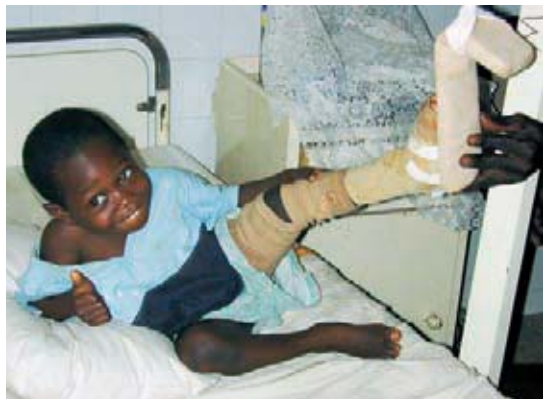
■ **Maintain constant light pressure over scar (with bandaging, pressure garments).**

After the wound has closed, light pressure can be maintained more easily with pressure garments.



Control oedema/swelling

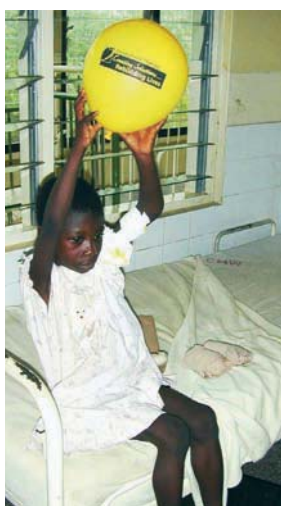
Figure 5.1.2



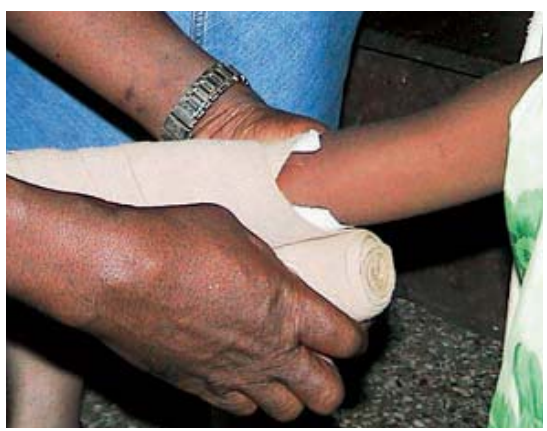
■ Elevate and adequately position the affected limb.

■ Place in an antideformity position.

■ Actively contract muscles with frequent hand opening/closure and foot plantar/dorsiflexion movement.



■ Carry out ADL and exercises as independently as possible, avoiding long periods with the limbs down. Try to adapt exercises using activities which permit the limb to be used in an elevated position.

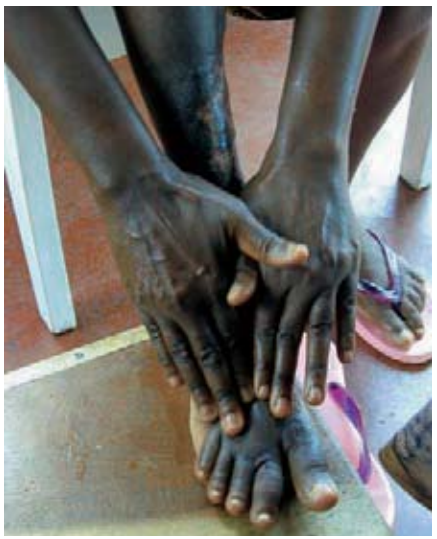


■ Apply moderate pressure and avoid tight restrictive bandages which increase oedema.

◀ The rolled elastic bandage is slowly stretched and unrolled at an angle covering two thirds of the previous wrap.

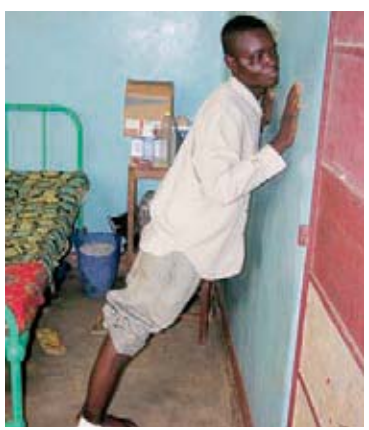
Manage adhesions and scars Figure 5.1.3

The person learns how to gently massage with oils that are locally available, keeping skin moist and flexible.

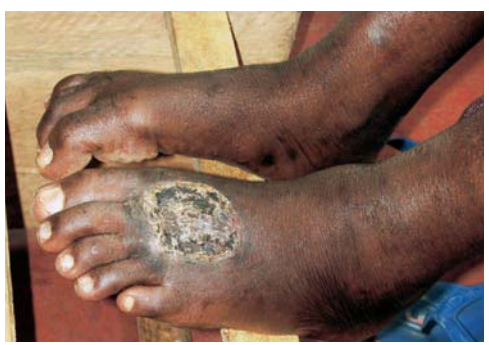


- **Lubricate, gently massage, stretch, and move.**

- **Stretch skin in the affected area within its full pain-free motion. Hold the fully-stretched positions for 30 seconds, repeating 3 times. Do 5–6 times per day.**
- **Be careful not to cause inflammation by being too forceful or by repeating the movement excessively. This will cause an increase in fibrosis (scarring).**



▲ Gently leaning towards the wall and holding that position for 30 seconds – with legs straight and heels flat to the ground – stretches both knees and feet.



▲ The skin movement over the dorsum of the foot can be improved, permitting better toe flexion.

The person with BU has learnt to soak the dry skin first with moist compresses, then to massage in local oil followed by flexing the toes down.

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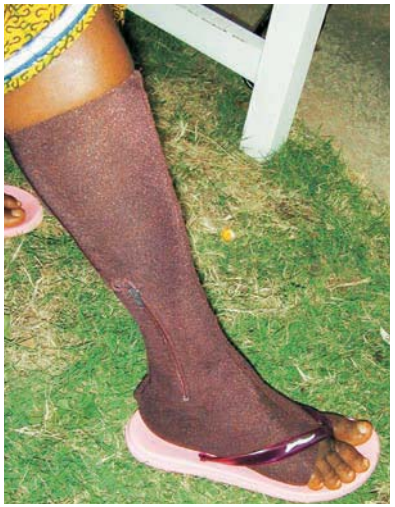
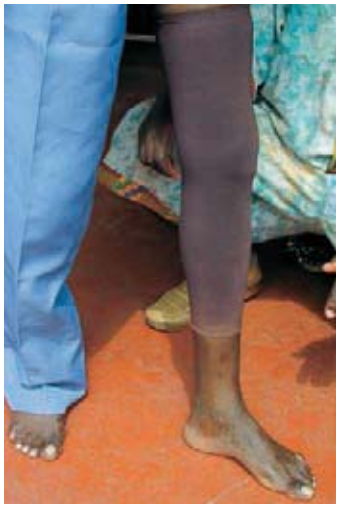
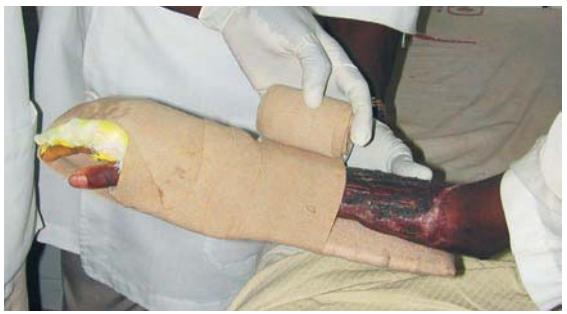
- Maintain constant pressure over scar areas with bandages or pressure garments for approximately 1–2 years following surgery.
- Use splints at night and/or during the day as instructed by health worker.





Improve mobility through antideformity splinting and positioning

Figure 5.1.4



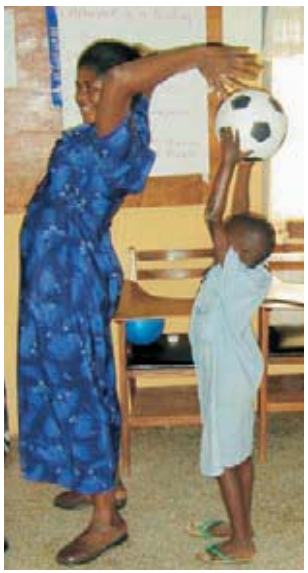
Wrist supported in extension, and thumb abducted down with gentle pressure with the bandage on the fingers, improves the patient's ability to flex the fingers and regain a grasp. ▲

Wrist flexion contracture is lessened with a plaster splint worn 24 hours. Wrist extension improves within 24 hours, and change is noted in the better wrist extension position of the new splint. ▲

- Position the body part opposite the skin-contracting forces of the wound.
- Alternate splints and position as necessary, to maintain full range of motion.
- Learn how to put on and remove your own splint, and when it should be used.

Improve joint mobility through exercise and activity

Figure 5.1.5

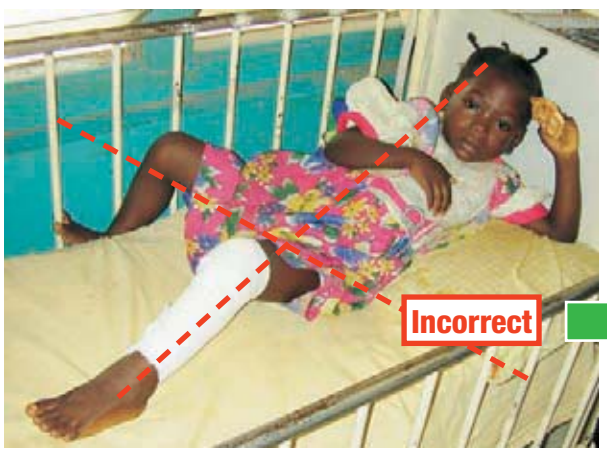


Games stimulate participation and improve elbow movement.

Self range-of-motion exercises can be taught at bedside and foruse at home.

Exercises can be done in bed using available materials (cloth).

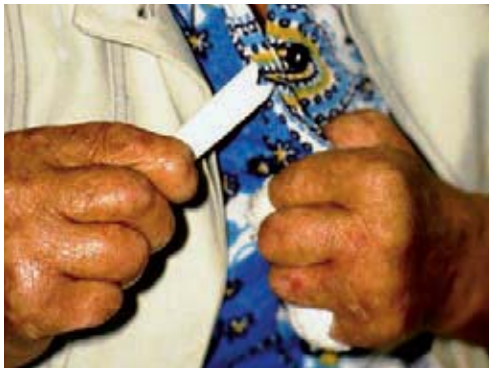
- **ADL, games, and active exercises can maintain or improve joint movement and minimize oedema, adhesions, joint contractures, and muscle weakness.**



- **Avoid sitting in bed or in chairs for long periods with the shoulders, elbows, hips and knees bent. Keep the foot supported and pointed upward when in bed.**

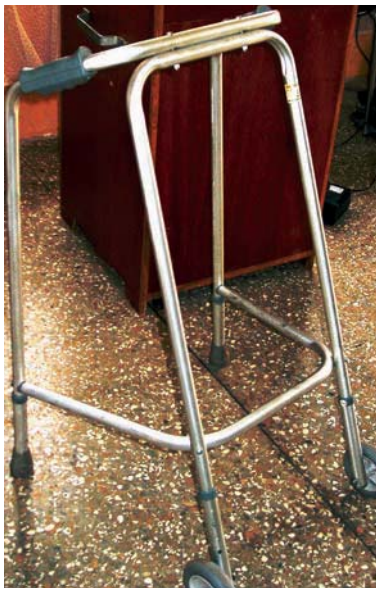
Adapt/modify ADL and tools to promote better function and independence

Figure 5.1.6



- Enlarge handles on eating utensils and work tools.
- Use adaptations to make activities possible and easier.

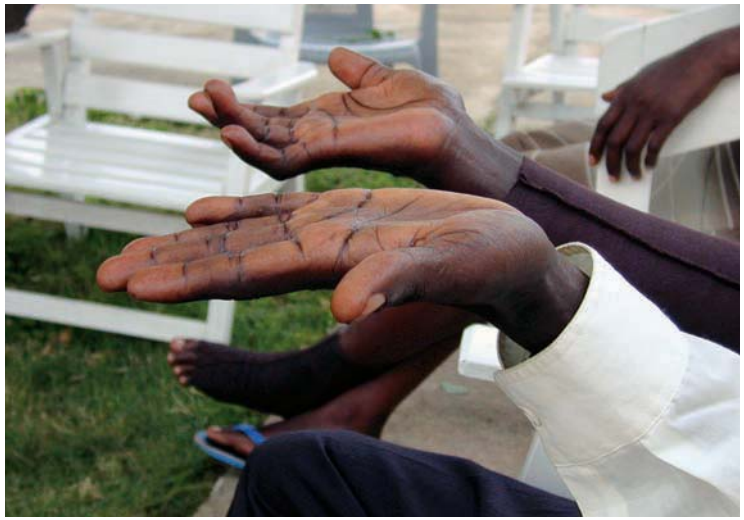
- Use care during activities involving fire or heat and with clothing that may rub over newly-healed skin.



- Use correctly-adjusted walkers, crutches, and canes.

Contact a doctor or health worker when necessary

Figure 5.1.7



This person relates that – within the last several months – he has noticed that his right hand seems to be progressively weaker and the fourth and fifth fingers feel strange.

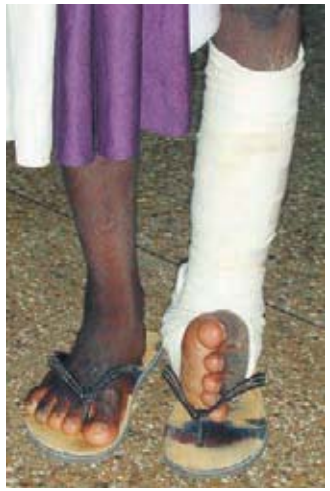
He has a scar adhesion compressing the ulnar nerve. Evidence is seen in examinations showing muscle weakness resulting in the 'clawed' deformity of the fourth and fifth fingers, weakness in the hand intrinsics, and sensory loss.

This person was referred to the surgeon for scar revision.

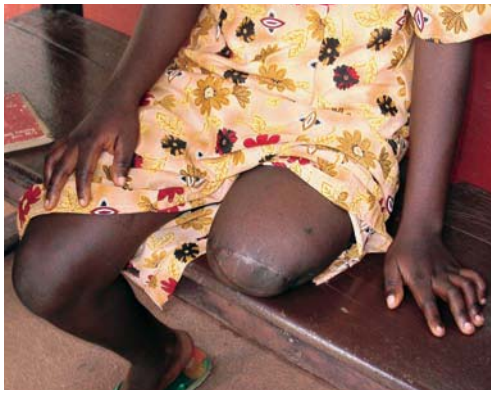
This affected person has a painful, excessively bleeding ulcer. He had previous BU lesions 40 years ago. Borders of this lesion are elevated and "mushroom"-appearing.

This person was referred to pathology for biopsy of possible cancer.

Observe yourself daily. If it seems that your condition is worse or if you have questions about your self-care, exercise, or activity programme, return to the health centre for advice. (Examples are an increase in pain, swelling or oedema, wound discharge which has a strong smell and is yellow in colour, joint tightness, thickening of scars, more difficulty in moving about and with activities, etc.)



Person was referred to physical therapist for crutches and prosthetic training to correct foot deformity.



These people were referred for prosthesis and prosthetic training (arm, eye and leg)

Children are referred to teachers for assistance in continuing their education during and following hospitalization.

Women learn to sew and develop a cooperative to improve family income.

Be interested in knowing about other rehabilitation possibilities, such as correction of deformities, prosthetics and orthotics devices, educational opportunities, and vocational training.