128 - EVALUATION ON THE ASSISTANCE OFFERED TO VENOUS ULCERS PATIENTS ATTENDED IN ONOFRE LOPES UNIVERSITY HOSPITAL, AT NATAL / RN: CONSIDERATION OF SOME ASPECTS

ONIELE OLIVEIRA DAS NEVES DEODATO;
GILSON DE VASCONCELOS TORRES
Post-Graduate Program in Nursing / UFRN, Natal/RN, Brazil
oniele@gmail.com

INTRODUCTION

The venous ulcers (VUs) are chronic wounds that result from chronic venous insufficiency (CVI), affect people of different ages, are recurrent, disabling and represent a severe impact for patients' deambulation. They have a long and complex treatment, are the cause of prolonged hospitalization, and are responsible for significant morbidity and mortality (CASTILLO et al, 2004; FRANÇA; TAVARES, 2003; CASTAÑEDA VÁSQUEZ et al, 2001; PIQUERO et al, 2001; RAMOS JR. Et al , 2001; RAMOS et al, 2001). They bring suffering not only to the patients, but also to their families, often remaining uncured for long periods, causing dependence on family and health services, constituting itself as an important public health problem with significant economic impact (NUNES et al, 2006; ABDALLA; DADALTI, 2003).

The interdisciplinary team actuation, technical ability, protocol adoption, the relationship between assistance levels of complexity and active participation of the patients and their families are basic requirements to implement an appropriate assistance to those affected by VUs.

When we talk about appropriate assistance, we referred to provide assistance based on the clinical evaluation, early diagnosis, appropriate treatment planning, implementation of the care planning, development and reassessment of conducts and treatment, plus ongoing permanent educational work as a team.

Thus, given the foregoing, we had with this study the aim of evaluate the quality of healthcare provided to people with venous ulcers attended by angiologists and assisted by the nursing staff in surgical clinic ambulatory of a university hospital in the city of Natal - RN.

METHODOLOGY

This work it is a descriptive research, where the data processing and analysis were quantitatively submitted. It was held in the Onofre Lopes University Hospital, specifically in the Surgical Clinic ambulatory, with attendance at Angiology and Vascular Surgery. The hospital is located in the East Sanitary District of the city of Natal - RN, has 188 beds for hospitalization, high complexity ambulatory clinic services, being integrated to SUS network through the Organic Law No. 8.080/88, as a tertiary referral. It belongs to the UFRN Health Complex and is characterized as an institution of university education.

The target population of this study was composed of 40 people with VU, which were attended by angiologists and assisted by the nursing staff in Surgical Clinic ambulatory of HUOL, during the data-collection period. The study received assent of the Ethics Committee of the Rio Grande do Norte Federal University (Protocol No.169/06).

To select the VU patients, was constituted a random simple sample, based on the following criteria: have an venous ulcer; more than 18 years; be met in surgical clinic ambulatory of HUOL; and consent to participate in research or have their participation allowed by responsible, with signing of the Free and Informed Consent Term (TCLE). The sample of this study was composed by 40 individuals with VUs, which were in the clinic to perform its 1st consultation, for the return or, simply, get the healing bandage changed.

After the authorization of the Onofre Lopes University Hospital (HUOL) board, we began collecting data in the days and hours of consultations of angiologists, during the months of March to June, 2007, through structured interview, non-participant observation during the curative exchanges and consulting the records of VU patients.

RESULTS AND DISCUSSION

Table 1. Distribution of the variables of assistance characterization, according to the type of venous ulcer. Natal, 2007.

Assistance Evaluation		Ulcer Classification				Total	
		Acute		Chronic			
		N	%	N	%	N	%
Acessment (Reference and counter-reference)	Inappropriate	5	12,5	25	62,5	30	75,0
	Appropriate	2	5,0	8	20,0	10	25,0
Number of consultations with the angiologist last year	Inappropriate	6	15,0	29	72,5	35	87,5
	Appropriate	1	2,5	4	10,0	5	12,5
Documentation of clinical findings	Inappropriate	7	17,5	33	82,5	40	100,0
Use of compression therapy last month	Inappropriate	6	15,0	25	62,5	31	77,5
	Appropriate	1	2,5	8	20,0	9	22,5
Orientations on the use of compression socks, lower limbs lifting and exercise practice	Inappropriate	4	10	6	15	10	25,0
	Appropriate	3	7,5	27	67,5	30	75
Professional Training	Appropriate	7	17,5	33	82,5	40	100
Total		7	17,5	33	82,5	40	100,0

Table 1 contains 05 variables of the assistance evaluation, which demonstrate the adequacy or inadequacy of assistance.

Regarding the access for Vus patients to the angiology ambulatory, level tertiary service and state reference, it should happen only through the reference and counter-reference (instrument of accessibility used in the Unified Health System - SUS - to enable the user to be assisted in their levels of assistance) because, in this way, would be guaranteed the registration and the continuation of the assistance provided.

According to Araújo (1988), the issue of reference and counter-reference is built on essential aspect of the proposal for a healthcare model that incorporates the principles of regionalization, hierarquization and integralization of healthcare provided

to the population.

To Somers, Vouri and Donabedian, cited by Acurcio and Guimarães (1996), the access to health services has been seen as one of the main components of the attention quality. However, only 25% of interviewees were referred to the achievement of the consultation. The 75% of respondents came to other ambulatory spontaneously (because they know the professionals in the clinic) and by their own angiologists routnig for monitoring and curative exchange.

The negative aspect of spontaneous access and of made by routing focuses on the fact that the assistance is not counted because the record is not provided by the Medical Archive Service, providing the discontinuity of treatment.

Concerning the number of consultations on angiologists by VUs patient in the last year, we consider the appropriate number as that of, at least, 04 consultations per year. This number was based on the high percentage of chronic VUs (82.5%) studied at the clientele, which require specialist monitoring at regular intervals. So, before this parameter, we have seen that 87.5% of the customers had searched a number of consultations below the standard, making the provided assistance inadequate. Of this amount, 72.5% had chronicles VUs, which further exacerbates the inadequacy.

In a study performed by Forti et al (2004), was shown the relationship of angiologists and vascular surgeons (a/vs) distributed by capital and interiors of the various states. In the state of Rio Grande do Norte (RN), the a/vs ratio and the population of the capital is 1:35.466, and on the interiors is 1:2.217,313. Analyzing these figures, according to the authors, the capital of the state is in a balance relationship, but evolving to saturation, and the interior municipalities, in a critical situation.

Analyzing the data revealed in the study of Forti et al (2005), and those from this search, we can mention that the number of consultations to angiologists per year is lower than the standard because of the great demand (reference state in the angiology and vascular surgery service) and of the small number of professionals available in the public service (in HUOL, there are 07 a/vs).

For some authors (Torres et al, 2004, 2005; MAFFEI, 2002; TENORIO; BRAZ, 2002; BRASIL, 2002; PHILLIPS; DOVER, 2001; DECLAIR; PINHEIRO, 1998), the evaluation should be conducted at regular intervals as required in each case, taking into consideration the interventions, conducts and treatment effectiveness; identification of local, systemic, family, social and structural service / home factors who may be involved in the treatment; products reevaluation, coverage and type of techniques for curative in addition to the assistance reassessment and replanning as needed.

It was also considered inadequate documentation of the clinical findings. We note that in 100% of the surveyed, there was no full register in their medical record, both by angiologists as by the nursing staff. The register, when there was, was found in the records of some referred patients, but in a very briefly way.

The documentation of clinical findings is essential for monitoring the VU and serves as a legal and dissemination instrument among the various professionals involved with assisting the ulcer patient. The registration must be done both in the first and in subsequent evaluation, covering various aspects which we can quote: complete medical history and physical examination; history of the ulcer (the year the 1st ulcer occurred, VU site, recidives, treatments, etc.); presence of edema, eczema, the granulation tissue, epitelization, necrotic tissue, smeel; VU dimension; and examinations requested (AGUIAR et al, 2005; BORGES, 2005; HESS, 2002; CANDIDO, 2001). Not existing the documentation or if it is incomplete, the clinical evolution of the users happens on a assistematic way, which can render non-resolutive assistance.

In relation to the use of compression therapy in the past 30 days, we found that 77.5% of surveyed did not even use socks, or bandages or Unna's boot. Among the chronic VUs patients, only 20% used some compression therapy. In contradiction to this data, we found that 75% have received guidance from a health professional (doctor or nurse) on the use of compression socks, the practice of regular exercises to improve the ankle joint and the calf muscle pump function.

The assistance evaluation has become appropriate when we find that 100% of the service professionals (angiologists and nursing staff) are trained and that Vus patients receive orientations for the lifting of the lower limbs and practice of regular exercises. However, it is, at the same time, inappropriate, if not offers to its users, VUs patients, options for compression therapy. It is expected that a public service, in any of its healthcare levels, shows conditions and preparing to offer to its customers, all types of therapy available.

The VUs patientes must be guided by all the trained healthcare staff and encouraged to use the compression therapy. The association of the compression therapy use with the orientations provided by healthcare professionals becomes a key strategy in the treatment of VUs patients, because the ulcer healing only tends to happen with the management of hypertension and reduction of venous edema (SILVA, LOPES, 2006; AGUIAR et al, 2005; BORGES, 2005).

The bearers of injuries of any etiology require a quality assistance with a full vision of the human being, within its socio-economic and cultural context, with activities with the multidisciplinary team, considering the complexity and dinamicity involving the healing process of these wounds (TORRES ; NUNES, 2005; TORRES et al, 2005, 2004, 2003; BRASIL, 2002; RAMOS et al, 2001; MELO et al, 1999).

It is through the systematic assistance (user and VU conditions assessment, diagnosis of the of health-disease process and health needs, planning and implementation of actions and assistance evaluation) that the trained multidisciplinary healthcare team can evaluate the factors that interfere in the ulcers development and their respective interventions, monitor the progressive stages of the ulcers process and choose the the best option for treatment, conducts and curative/bandages to be used during treatment.

CONCLUSION

The assistance provided to VUs patients attended in Onofre Lopes University Hospital has been inadequate in the evaluation of the access of users, number of consultations with angiologists per year, clinical findings documentation and use of compression therapy in the last 30 days. As for the aspects of professional training and specific orientation to users, it has been assessed as appropriate.

Whereas an assessment to be adequate, qualitative and resolutive, it must be systematic and based on existing protocols, we find that the assistance in focus proved to be inadequate, assistematic and little resolutive.

From this study, we propose the establishment of a protocol, together with the service reorganization and replanning, which enables to VUs patients and their families a better quality of assistance.

BIBLIOGRAPHICS REFERENCES

ABDALLA, S.; DADALTI, P. Uso de sulfadiazina de prata associada ao nitrato de cério em úlceras venosas: relato de dois casos. **An. Bras. de Dermatol**, v.78, n.2, p. 227-233, mar./abr. 2003.

ACURCIO, F. A.; GUIMARÃES, M. D. C. Acessibilidade de indivíduos infectados pelo HIV aos serviços de saúde: uma revisão de literatura. **Cadernos de Saúde Pública**, Rio de Janeiro, v. 12, n. 2, p. 233-242, abr-jun. 1996.

AGUIAR, E. T. de (Coord.). Úlcera de Insuficiência Venosa Crônica: Diretrizes sobre diagnóstico, prevenção e

tratamento. **J Vasc Br,** v. 4, n. 3, suol. 2, 2005. Disponível em:<**http://www.jvascbr.com.br/Arquivo_2.pdf**>. Acesso em: 05 jun. 2006.
ARAÚJO, E.C. **A referência e contra-referência e a reorganização dos serviços: da atenção primária a um novo modelo de cuidado à saúde**. Salvador (BA), 1988, 210p. Dissertação. Faculdade de Medicina, Universidade Federal da Bahia.
BORGES, E. L. **Tratamento tópico de úlcera venosa:** proposta de uma diretriz baseada em evidências. Ribeirão Preto (SP), 2005, 307 p. Tese. Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo.
BRASIL. Secretaria de Políticas de Saúde. Departamento de Atenção Básica. **Manual de condutas para úlceras neurotróficas e traumáticas** / Ministério da Saúde. Secretaria de Políticas de Saúde. Departamento de Atenção Básica. Brasília: Ministério da Saúde, 2002.
CANDIDO, L.C. Importância de documentar o tratamento de feridas. In: **Nova abordagem no tratamento de feridas**. São Paulo: Editora SENAC São Paulo, 2001. p.68-69.
CASTAÑEDA VÁSQUEZ, M. A. et al. Cicatrización de úlceras venosas con difenilhidantoinato de sódio. **Rev. biomed**., México, v. 12, n. 3, p. 148-156, 2001.
CASTILLO, P. D., et al. Colgajo sural en úlceras venosas crónicas de piernas. **Rev. chil. cir,** v. 56, n. 5, p. 475-480, 2004.
DECLAIR, V; PINHEIRO, S. Novas considerações no tratamento de feridas. **Rev. Paul. Enf.** , v.17, n.1, p.25-38, 1998.
FORTI, J.K. et al. Distribuição de angiologistas e cirurgiões vasculares na população brasileira: análise dos membros da SBACV - ano base 2004. **J vasc Br,** v.3, n.4, p. 350-356, 2004.
FRANÇA, L.H.G; TAVARES, V. Insuficiência venosa crônica: uma atualização. **J vasc Br**, v.2, n. 4, p. 318-28, 2003.
HESS, C.T. Avaliação, registro e controle dos desfechos no tratamento de feridas. In: **Tratamento de feridas e úlceras**. 4ª ed. São Paulo: Reichmann, 2002. p. 167-201.
LONGO JR., O. et al. Qualidade de vida em pacientes com lesões ulceradas crônicas na insuficiência venosa de membros inferiores. **Cir. vasc. Angiol,** v.17, n.1, p.21-26, 2001.
MAFFEI, F.H.A. et al. **Doenças Vasculares Periféricas**. 3ª ed. Rio de Janeiro: Medsi, 2002.
MELO, M.R.A.C. et al. O Sistema Único de Saúde e as ações do enfermeiro em uma instituição hospitalar brasileira. **Rev Panam Salud Publica**, v.6, n.6, p.408-414, 1999. MIGUÉNS, C. Diagnóstico diferencial da úlcera de perna. Disponível em: <**www.gaif.net/artigos/DIAGNOSTICO%20DIFERENCIAL%20DA%20ULCERA%20DE%20PERNA%20-artigo%20revisao.pdf**>. Acesso em: 10 mai 07.
NUNES, J. P. et al. Assistência aos portadores de úlceras venosas nas unidades de saúde da família do município de Natal/RN. **Revista Olho Mágico,** v.13, n.2, p.700, abr./jul. 2006.
PHILLPS, T.J.; DOVER, J. S. Leg Ulcers. **J Am Acad Dermatol**, n.25, p.965-87, 1991.
PIQUERO, J.M. et al. Esquema terapéutico en las úlceras de miembros inferiores: experiencia con la bota de Unna modificada. **Rev. chil. dermatol**, v.17, n.2, p.98-103, 2001.
RAMOS, E.M. et al. Úlceras de pierna: causas infrecuentes. **Rev Med Uruguay**, n.17, p. 33-41, 2001.
SILVA, J.L.A.; LOPES, M.J.M. Educação em saúde a portadores de úlcera varicosa através de atividades de grupo. **Rev Gaúcha Enferm**, Porto Alegre, v.27, n.2, p. 240-250, jun. 2006.
TENORIO, E. B.; BRAZ, M. A intervenção do enfermeiro como diferencial de qualidade no tratamento de feridas. Rio de Janeiro: PRONEP, 2002. Disponível em:<**www.pronep.com.br/cipe/feridas.tdf**.>. Acesso em: 15 ago 06.
TORRES, G.V. et al. Caracterização dos pacientes acompanhados no HUOL portadores de úlceras vasculares. In: SEMINÁRIO NACIONAL DE DIRETRIZES PARA EDUCAÇÃO EM ENFERMAGEM, 9, 2005, Natal. **Caracterização dos pacientes acompanhados no HUOL portadores de úlceras vasculares**. Natal: ABEn/RN, 2005. v. 9, p. 1-1.
TORRES, G.V. et al. Evolução dos pacientes acompanhados no HUOL portadores de úlceras venosas. In: SEMINÁRIO NACIONAL DE DIRETRIZES PARA EDUCAÇÃO EM ENFERMAGEM, 9, 2005, Natal. **Evolução dos pacientes acompanhados no HUOL portadores de úlceras venosas**. Natal: ABEn/RN, 2005. v.9, p.1-1.
TORRES, G.V. et al. Avaliação do tratamento de lesões vasculares de membros inferiores em mulheres: ensaio clínico realizado em um hospital universitário em Natal. In: INTERNATIONAL CONGRESS ON WOMENS HEALTH ISSUES, 15TH, 2004, São Pedro. **Avaliação do tratamento de lesões vasculares de membros inferiores em mulheres: ensaio clínico realizado em um hospital universitário em Natal**. Ribeirão Preto: EERP/USP, 2004. v.15, p.45-46.
TORRES, G.V. et al. Avaliação clínica do tratamento de úlcera venosa crônica com AGE, granúgena e hidrocolóide. In: CONGRESSO DE INICIAÇÃO CIENTÍFICA,14, 2003, Natal. **Avaliação clínica do tratamento de úlcera venosa crônica com AGE, granúgena e hidrocolóide**. Natal: UFRN, 2003. v.14, p.191-191.
TORRES, G. V., NUNES, J. P. Úlceras venosas: revisão de literatura. In: SEMINÁRIO NACIONAL DE DIRETRIZES PARA EDUCAÇÃO EM ENFERMAGEM, 9, 2005, Natal. **Úlceras venosas: revisão de literatura**. Natal: ABEn/RN, 2005, v. 9. p.1-1.

Norberto de Castro Nogueira Street, 1436/303
Bessa, João Pessoa- PB, Brazil - Postcod: 58036-090
Phone (83) 32467219 / (83)91073598.
E-mail: oniele@gmail.com

EVALUATION ON THE ASSISTANCE OFFERED TO VENOUS ULCERS PATIENTS ATTENDED IN ONOFRE LOPES UNIVERSITY HOSPITAL, IN NATAL / RN: CONSIDERATION OF SOME ASPECTS

ABSTRACT

Descriptive research that objectives evaluate the assistance to individuals with venous ulcers (VU) attended in Onofre Lopes University Hospital (HUOL), in the city of Natal / RN. The target population was composed of 40 VU patients, attended by angiologists and in Surgical Clinic ambulatory of this hospital. The study received assent of the Ethics Committee of Rio Grande do Norte Federal University (Protocol n.169/06). The data-collection was performed in surgical clinic ambulatory of HUOL, through structured interview, non-participant observation in the curative changes and VU patients' records review. In this study, we evaluated that the assistance offered to VUs patients is inappropriate in aspects relating to access of users, number of consultations with angiologists per year, clinical findings documentation and use of compression therapy; And appropriate in

relation to the training of professionals and the implementation of specific orientations. With these datas, it may be proposed the establishment of a protocol, together with the service reorganization and replanning, which enables to VUs patients and their families a better quality of assistance.

KEYWORDS: Venous Ulcers; University Hospital; Evaluation.

ÉVALUATION DE FOURNIR UNE ASSISTANCE AUX PORTEURS DE ULCERATION VEINES SERVI A L'HOPITAL UNIVERSITÁRIO ONOFRE LOPES, DANS NATAL / RN: EXAMEN DE CERTAINS ASPECTS.

RÉSUMÉ

Recherche descriptifs évaluer les objectifs que l'assistance aux personnes ayant des ulcères veineux (VU) se sont rencontrés à l'hôpital universitaire Onofre Lopes (HUOL), dans la municipalité de Natal / RN. La population cible est composée de 40 transporteurs des UV, en présence de *angiologistas* en clinique de chirurgie ambulatoire de cet hôpital. L'étude a reçu l'avis conforme du Comité d'éthique de l'Université fédérale de Rio Grande do Norte (Protocole n.169/06). La collecte des données a été réalisée dans la clinique de chirurgie ambulatoire de la HUOL grâce interview structurée, l'observation non participante dans le négoce des soins et de la consultation des registres des détenteurs d'UV. Dans cette étude, nous évaluons que l'assistance offerte aux clients des transporteurs des UV est inapproprié dans les aspects relatifs à l'accès à la clinique, le nombre de consultations avec *angiologista* par an, à la documentation relative aux résultats cliniques et à l'utilisation de la thérapie de compression; Et Appropriée par rapport à la formation des professionnels et la mise en œuvre des lignes directrices spécifiques. Avec ces données, il pourrait être proposé de mettre en œuvre un protocole, avec une réorganisation et une nouvelle planification du service, qui permet aux titulaires des UV et à leurs familles une meilleure qualité de l'aide.

MOTS CLÉS: Ulcération Vein; University Hospital; Evaluation.

EVALUACIÓN DE LA ASISTENCIA PRESTADA A PORTADORES DE ÚLCERAS VENOSAS ATENDIDOS EN EL HOSPITAL UNIVERSITARIO ONOFRE LOPES, EN NATAL/RN: CONSIDERACIÓN DE ALGUNOS ASPECTOS.

RESUMEN

Investigación descriptiva que objetivó evaluar la asistencia dada a los portadores de ulceras venosas (UV) atendidos en el Hospital Universitario Onofre Lopes (HUOL), en la ciudad de Natal/RN. La muestra de personas objeto de estudio era formada por 40 portadores de UV, atendidos por angiólogos, en la clínica quirúrgica de este hospital. El estudio obtuvo parecer favorable del Comité de Ética de la Universidad Federal do Rio Grande do Norte (Protocolo n.169/06). La toma de datos fue realizada en la clínica quirúrgica del HUOL, por medio de entrevista estructurada, observación no participante durante los intercambios de preparaciones y consulta a la historia clínica del paciente portadores de UV. Con este estudio, evaluamos que la asistencia ofrecida a la clientela de portadores de UVs es inadecuada en sus aspectos que se refieren al acceso para la clínica, al número de consultas con angiólogo/año, a la documentación de los resultados clínicos y al uso de terapia compresiva; y adecuada en lo referente a la calificación de los profesionales y a la realización de orientaciones específicos. Con estos datos, podrá proponer la implementación de un protocolo, junto con una reorganización y un planificación del servicio, que permita a los portadores de UVs y sus familiares una mejor calidad de asistencia.

PALABRAS-CLAVES: Úlceras Venosas; Hospital Universitario; Evaluación.

AVALIAÇÃO DA ASSISTÊNCIA PRESTADA AOS PORTADORES DE ÚLCERAS VENOSAS ATENDIDOS NO HOSPITAL UNIVERSITÁRIO ONOFRE LOPES, EM NATAL/RN: CONSIDERAÇÃO DE ALGUNS ASPECTOS.

RESUMO

Pesquisa descritiva que objetivou avaliar a assistência prestada aos portadores de úlceras venosas (UV) atendidos no Hospital Universitário Onofre Lopes (HUOL), no município de Natal/RN. A população alvo foi composta por 40 portadores de UV, atendidos por angiologistas, no ambulatório de clínica cirúrgica deste hospital. O estudo obteve parecer favorável do Comitê de Ética da Universidade Federal do Rio Grande do Norte (Protocolo n.169/06). A coleta de dados foi realizada no ambulatório de clínica cirúrgica do HUOL, por meio de entrevista estruturada, observação não-participante durante as trocas de curativos e consulta aos prontuários dos portadores de UV. Com este estudo, avaliamos que a assistência oferecida à clientela de portadores de UVs é inadequada em seus aspectos referentes ao acesso para o ambulatório, ao número de consultas com angiologista/ano, à documentação dos achados clínicos e ao uso de terapia compressiva; e adequada em relação à capacitação dos profissionais e à realização de orientações específicas. Com esses dados, poderá ser proposto a implementação de um protocolo, juntamente com uma reorganização e replanejamento do serviço, que permita aos portadores de UVs e seus familiares uma melhor qualidade de assistência.

PALAVRAS CHAVES: Úlceras Venosas; Hospital Universitário; Avaliação.