126 - CURATIVE SUGGESTED FOR PORTERS DE ULCERATION VEIN: SEARCH FOR EVIDENCES

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INTRODUCTION

The movement of the practice based on evidence has been discussed with emphasis since the decade of 90, mainly in Canada, the United Kingdom and the United States. Already in Brazil, has been developing in the field of medicine and in the nascent field of nursing, mainly in universities of the states of Sao Paulo, Rio de Janeiro and Rio Grande do Sul (GALVÃO; SAWADA; TREVIZAN, 2004; GALVÃO; SAWADA; MENDES, 2003).

The practice is evidence based on an approach that involves the definition of a problem, the search and a critical evaluation of the evidence available, the implementation of evidence in practice and the evaluation of the results (GALVÃO, 2002). Understands the use conscious, explicit and judicious in the best current evidence for a decision about the care of individual patients (ATALLAH; CASTRO, 1998).

And one of the ways to seek strategic knowledge-based research applies to the operation of the Review Systematics (RS), is a comprehensive review, targeted to identify and summarize all the literature related to a topic (OCHOA-VIGO, 2005).

The question guiding this review pass by the need to find evidence that the international studies and national reports about what the best curative / coverage indicated for use in people with venous ulcers (UV) the leg.

The need to know the current evidence on which the best curative or coverage indicated for use in bearers of the venous leg ulcers came from our clinical practice, which is focused mainly for the elderly, where the prevalence of UV is higher (YAMADA, 2003). Constantly, we have patients with ulcers in the lower limbs, and among these ulcers, venous.

In the health institution where we had practice yet no clinical guidelines for the care of the customers. Currently, it is understood that implementation of guidelines on clinical care to patients especially when these guidelines can provide a safe care with reduction of errors in clinical practice.

METHODOLOGY

This is a systematic review, which were analyzed 05 publications, in order to identify the best curative / coverage given to the bearers of the venous leg ulcers. The data were collected through electronic searching electronic data bases of the Virtual Health Library (VHL) platforms in the Cochrane Library, LILACS, MEDLINE, BDENF and SCIELO and portal TESES.USP, using the descriptors: and venous ulcer healing. Located a total a total of 38 publications.

After reading and analysis, considering the criteria for selection, were considered only 05 publications (02 systematic reviews, 01 memorandum of systematic review and 02 trials), the level of classified evidence 2, individual study with experimental design, according to the classification of Agency for Healthcare Research and Quality (AHRQ) of the United States of America.

RESULTS

In the study of Briggs and Nelson (2006), which objectives evaluate the effectiveness of curative, local anesthetics or topical anesthesia for the relief of pain in the leg venous ulcer, found a statistically significant reduction in scores of pain during the debridement use of a topical anesthetic.

It was proven that this topic provides an anesthetic effective in relieving pain of venous ulcer debridement of the leg, however is unknown its effect on ulcer healing. There were no tests that prove the relief of pain with the use of ulcer healing, leaving to respond to a part of the purpose of the review (BRIGGS; NELSON, 2006).

In the multicenter study, prospective, comparative, randomized, Vancheidt, Sibbald and Eager (2004), conducted in 15 centers of the USA, Canada, Germany, France and England, during 12 weeks, objectives that match a curative hydro-cells and a healing of foam . There was a group of patients using UV curing hydro-cells (n = 52) and another group of patients who used the foam dressing (n = 55). The rate of healing, the comfort of the patient during the exchange of healing, ease of removal and enforcement were evaluated. The differences in healing between groups were not statistically significant. Meanwhile, the healing of foam evolved better with regard to the condition of the skin surrounding the wound, the patient's comfort and ease of application, which provides a better quality of life to the bearer of UV.

In clinical study prospective, randomized, controlled done by Limová (2003), conducted with 19 patients with UV, in two clinics in California, over 06 weeks, in order to compare two of alginate dressings, ten patients (53%) were treated with healing of the alginate and the nine patients (47%) with alginate B. The absorption of exsudate, the comfort of the patient during the exchange of healing, ease of removal and application, and the adherence to the wound bed were evaluated. No significant difference in healing was observed. However, patients using alginate A had significantly less odor and the skin surrounding the wound less damaged than those who used the alginate B. Other than the comfort, the alginate A was significantly better than the assessed alginate B in all evaluations of performance.

Bradley et al. (1999) conducted nine tests comparing healing of hidrocolóide with traditional curative for UV, but the metanálise showed no significant difference in the proportion of ulcers healed during the trial period.

In two other trials comparing films semipermeáveis with traditional healing: a test found a large reduction in the area of injury when using the semipermeable film, but the other test found no significant difference in the rates of healing (BRADLEY et al. , 1999).

Bradley et al. (1999), in two tests of foam dressing compared with traditional healing: a test helped the healing of foam, but the other found no significant difference between treatments. Another trial, the banding trançada with folder zinc oxide was more effective than a curative, or alginate than a atadura impregnated with zinc oxide.

In comparisons of healing of hidrocoloides with curative of foam were not found significant differences in effectiveness (BRADLEY et al. , 1999).

In the study of Palfreyman et al. (2005), in order to determine the relative effectiveness of curative used in the treatment of UV. He does not specify any type of healing as the ideal, but emphasizes that the choice of healing and / or cover used by the bearer is an integral part of treatment of UV.

Regardless of the type of healing to be applied in the UV, emerges Palfreyman et al. (2005), he has to be always associated with a therapy compressiva and should present some basic features: allow over-exsudate be removed from the wound surface; Keep moist micro-environment; Being sterile, free from contamination; Should not let waste material in the wound; reducing

the pain of ulcer; it is easy to change; no cause an allergic reaction; act as a semipermeable membrane; no cause trauma when removed; be impervious to micro-organisms; and keep thermal insulation.

DISCUSSION

According to Palfreyman et al. (2005), coverage for UV should have the following characteristics: be sterile and free of contaminants, keep the bed moist, remove excess exsudate, reduce the pain of the ulcer, easy to change, not provoke an allergic reaction, do not cause trauma in removal, provide thermal insulation, in addition to being impervious to microorganisms. Torres and Nunes (2005), note that there is a single product that meets the needs of all global injured in all stages of tissue repair. The selection of therapy depends on the local holistic and systematic evaluation of the individual, therefore, care for people with chronic ulcers is a broad, science and interdisciplinary.

Therapy compressive is considered the cornerstone of the treatment of venous disease. The foreign graduated compression can reduce or reverse the changes that causes chronic venous hypertension in the skin and in vascular network, such as varicose veins, hyper-pigmentation, lipodermatosclerosis, eczema and ulcer (AGUIAR et al. , 2005; BORGES, 2005; MAFFEI, 2002).

For Borges (2005) and Maffei (2002), the mechanism of action of the therapy compressive occurs through pressure on the leg, which compresses the veins surface, reducing its diameter and increasing blood flow, which requires the fluid in interstitial spaces the return to the lymphatic or vascular compartment.

The banding is considered the most common method of therapy for compression. Provides a continuous compression, if reapplied once or twice a week. The banding can be applied by the physician, nurse or family trained. It is indicated in the presence of active ulcer, but its effective use can be a problem, due to the requirement of skill for their application (DEREURE et al. , 2005).

The technique of banding is crucial, since it must provide adequate compression cylinder, or more compression in the ankle, with gradual reduction to the knee (STACEY et al. , 2002). Corroborating, Aguiar et al. (2005) and Borges (2005) recommend aid to the bearers of UV should be guided by the following guidelines for the diagnosis, treatment and prevention which include: evaluation of the patient and his wound; Documentation of clinical findings; The wound care and skin around; indication of coverage, use of antibiotics; improvement of the venous return; referrals of patients; and professional training. Accordingly, the coverage or product to be used will only effective if the other points mentioned above are properly identified and evaluated by a multi professional team.

CONCLUSION

There are numerous curative / coverage available on the market for use in the treatment of venous ulcers (dressing, bead, foam and filling, Movies semi-Permeable, Hydro- Colloid, Hydro-gels and healing of alginate), each with specific characteristics. Knowledge of these characteristics favors a choice aware of the curative by health professionals, along with holders of UV and the department of health, to the best cost-benefit.

The evidence sought in the literature showed that there is, currently, a specific type of healing that is better to be used by holders of the venous leg ulcers. Regardless of the type of remedial / cover to be applied in the UV, he has to be always associated with a therapy compressive.

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CURATIVE SUGGESTED FOR PORTERS OF ULCERATION VEIN: SEARCH FOR EVIDENCES

ABSTRACT

Tice is evidence based on an approach that involves the definition of a problem, the search and a critical evaluation of the evidence available, the implementation of evidence in practice and the evaluation of results. The implementation of this practice in nursing enables the improvement of the quality of care provided to clients and their families, since the trial intensifies the clinical nurse. For both, the nurses find strategies that enable their training in the development and use of research in practice. This is a systematic review, which were analyzed 05 publications, in order to identify the best curative / coverage given to the bearers of the venous leg ulcers. The data were collected through electronic searching electronic data bases of the Virtual Health Library (VHL) platforms in the Cochrane Library, LILACS, MEDLINE, BDENF and SCIELO and portal TESES.USP, using the descriptors: and venous ulcer healing. Located a total of 38 publications. After reading and analysis, considering the criteria for selection, were considered only 05 publications (02 systematic reviews, 01 memorandum of systematic review and 02 trials), the level of classified evidence II, according to the classification of the Agency for Healthcare Research and Quality (AHRQ) of the United States of America. The evidence sought in the literature showed that there is, currently, a specific type of healing that is better to be used by holders of the venous leg ulcers. Regardless of the type of remedial / cover to be applied in the venous ulcer, he has to be always associated with a therapy compressive.

KEYWORDS: Systematic Review, Curative, Ulceration Vein.

CURATIFS SUGGERE POUR LES PORTEURS DE ULCERATION VEINE: RECHERCHE DE TEMOIGNAGES.

RÉSUMÉ

La pratique est la preuve repose sur une approche qui implique la définition d'un problème, le système de recherche et d'une évaluation critique des éléments de preuve disponibles, la mise en oeuvre des éléments de preuve dans la pratique et l'évaluation des résultats. La mise en oeuvre de cette pratique en soins infirmiers permet à l'amélioration de la qualité des soins fournis aux clients et à leurs familles, depuis le procès intensifie la clinique infirmière. Dans les deux cas, les infirmières trouver des stratégies qui permettent à leur formation dans le développement et l'utilisation de la recherche dans la pratique. Il s'agit d'un examen systématique, qui ont été analysés, 05 publications, afin d'identifier les meilleurs curatifs / couverture accordée aux porteurs de la jambe ulcères veineux. Les données ont été recueillies par le biais de recherche électronique des bases de données électroniques de la Virtual Health Library (VHL) plates-formes dans la Cochrane Library, LILACS, MEDLINE, BDENF et SCIELO et portail TESES.USP, en utilisant les descripteurs: ulcère veineux et de la guérison. Situé à un total de 38 des publications. Après la lecture et l'analyse, l'examen des critères de sélection, ont été considérés seulement 05 des publications (02 revues systématiques, 01 protocole d'examen systématique et 02 essais), le niveau de preuve II classées, selon la classification de l'Agence pour la recherche et la qualité des soins de santé (AHRQ) des États-Unis d'Amérique. Les preuves recherchées dans la littérature ont montré qu'il existe, actuellement, un type spécifique de la guérison qui est mieux d'être utilisés par les titulaires de la jambe ulcères veineux. Quel que soit le type de mesures correctives / couverture à être appliquées dans les ulcères veineux, il doit être toujours associée à une thérapie de compression.

MOTS CLES: Systematic Review, curatifs, Ulcération Vein.

CURATIVOS INDICADOS PARA PORTADORES DE ULCERA VENOSA: BÚSQUEDA DE EVIDENCIAS.

RESUMEN

La práctica basada en evidencias es un enfoque que envuelve la definición de un problema, la búsqueda y la evaluación crítica de las evidencias disponibles, la implementación de evidencias en la práctica y la evaluación de los resultados conseguidos. La aplicación de esta práctica en la enfermería permite la mejora de la calidad de los cuidados ofrecidos a los clientes y sus familias, visto que se intensifica el ensayo clínico del enfermero. Por tanto, compete a los enfermeros encontrar estrategias que permitan su capacitación en el desarrollo y la utilización de la investigación en la práctica. Se trata de una revisión sistemática, que se analizaron 05 publicaciones, a fin de determinar la mejor cura / cobertura dada a los portadores de úlceras venosas de piernas. Los datos fueron recogidos atraves de la búsqueda electrónica de bases de datos electrónicos de la Biblioteca Virtual en Salud (BVS) en las plataformas de la Cochrane Library, LILACS, MEDLINE, BDENF y SCIELO y Portal TESES.USP, utilizando los descriptores: úlceras venosas y curas??. Hemos encontrado un total de 38 publicaciones. Después de la lectura y análisis, teniendo en cuenta los criterios de selección, fueron consideradas sólo 05 publicaciones (02 revisiones sistemáticas, 01 protocolo de la revisión sistemática y 02 ensayos clínicos), clasificados en el nivel de evidencias II, de acuerdo con la clasificación de la Agency for Healthcare research and Quality (AHRQ) de los Estados Unidos de América. Las evidencias solicitadas en la literatura mostró que no existe, actualmente, un tipo específico de curativos que sea mejor utilizado por los portadores de úlceras venosas en las piernas. Independientemente del tipo de curativo / cubierta que se aplicarán en la úlcera venosa, el debe siempre estar asociado con una terapia de compresión.

PALABRAS-CLAVE: revisión sistemática, curativos, ulcera venosa.

CURATIVO INDICADO PARA PORTADORES DE ÚLCERA VENOSA: BUSCA DE EVIDÊNCIAS.

RESUMO

A prática baseada em evidências é uma abordagem que envolve a definição de um problema, a busca e a avaliação crítica das evidências disponíveis, a implementação das evidências na prática e a avaliação dos resultados obtidos. A implementação dessa prática na enfermagem possibilita a melhoria da qualidade da assistência prestada aos clientes e seus familiares, uma vez que intensifica o julgamento clínico do enfermeiro. Para tanto, compete ao enfermeiro buscar estratégias que possibilitem sua capacitação no desenvolvimento e utilização de pesquisas na prática. Trata-se de uma revisão sistemática, na qual foram analisadas 05 publicações, com o objetivo de identificar quais os melhores curativos/coberturas indicados para os portadores de úlceras venosas de perna. Os dados foram coletados através de busca eletrônica nas bases eletrônicas de dados da Biblioteca Virtual em Saúde (BVS) nas plataformas Cochrane Library, LILACS, MEDLINE, BDENF e SCIELO e portal TESES.USP, usando os descritores: úlcera venosa e curativo. Localizamos um total de 38 publicações. Após a leitura e análise, considerando os critérios de seleção, foram consideradas apenas 05 publicações (02 revisões sistemáticas, 01 protocolo de revisão sistemática e 02 ensaios clínicos), classificadas no nível de evidência II, segundo a classificação da Agency for Healthcare Research and Quality (AHRQ) dos Estados Unidos da América. As evidências buscadas na literatura demonstraram que não existe, atualmente, um tipo específico de curativo que seja melhor para ser utilizado por portadores de úlceras venosas de perna. Independentemente do tipo de curativo/cobertura a ser aplicado na úlcera venosa, ele tem que estar sempre associado a uma terapia compressiva.

PALAVRAS CHAVES: Revisão sistemática, Curativo, Úlcera Venosa.