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ORIGINAL ARTICLE

Limits and possibilities experienced by nurses in the treatment of women with chronic venous ulcers*

LIMITES E POSSIBILIDADES VIVENCIADOS POR ENFERMEIRAS NO TRATAMENTO DE MULHERES COM ÚLCERA VENOSA CRÔNICA

LÍMITES Y POSIBILIDADES VIVIDAS POR ENFERMERAS EN EL TRATAMIENTO DE MUJERES CON ÚLCERA VENOSA CRÓNICA

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ABSTRACT

Objective: To understand the experiences and expectations of nurses in the treatment of women with chronic venous ulcers. **Method:** Phenomenological research was based on Alfred Schütz, whose statements were obtained in January, 2012, through semi-structured interviews with seven nurses. **Results:** The nurse reveals the difficulties presented by the woman in performing self-care, the perceived limitations in the treatment anchored in motivation, and the values and beliefs of women. It showed professional frustration because venous leg ulcer recurrence, lack of inputs, interdisciplinary work and training of nursing staff. There was an expected adherence to the treatment of women, and it emphasized the need for ongoing care, supported self-care and standard practices in treatment. **Conclusion:** That treatment of chronic venous leg ulcers constitutes a challenge that requires collective investment, involving women, professionals, managers and health institutions.

DESCRIPTORS

Women
Varicose ulcer
Nursing care
Adherence to treatment
Primary Health Care
Qualitative research

RESUMO

Objetivo: Compreender as experiências e expectativas de enfermeiras no tratamento de mulheres com úlcera venosa crônica na Atenção Primária à Saúde. **Método:** Pesquisa fundamentada na fenomenologia social de Alfred Schütz, com depoimentos obtidos em janeiro de 2012, por meio de entrevista semiestruturada com sete enfermeiras. **Resultados:** As enfermeiras revelam dificuldades apresentadas pelas mulheres com úlcera venosa crônica para realizar o autocuidado, percebem limitações na terapêutica ancoradas na desmotivação e nos valores e crenças das mulheres. Referem frustração profissional em razão da recidiva da lesão, falta de insumos e tecnologia, de trabalho interdisciplinar e da capacitação da equipe de enfermagem. Esperam a adesão das mulheres ao tratamento e ressaltam a necessidade do cuidado contínuo, do autocuidado apoiado e da padronização de condutas no tratamento. **Conclusão:** O tratamento da úlcera venosa crônica constitui-se em um desafio que requer investimento coletivo, envolvendo a mulher, os profissionais, os gestores e as instituições de saúde.

DESCRIPTORIOS

Mulheres
Úlcera varicosa
Cuidados de enfermagem
Adesão ao tratamento
Atenção Primária à Saúde
Pesquisa qualitativa

RESUMEN

Objetivo: Comprender las experiencias y expectativas de enfermeras en el tratamiento de mujeres con úlcera venosa crónica. **Método:** Investigación fenomenológica fundamentada en Alfred Schutz, que buscó Se realizó entrevista semiestructurada con siete enfermeras, en enero del 2012. **Resultados:** La enfermera revela dificultades presentadas por la mujer para realizar el autocuidado, percibe limitaciones en el tratamiento relacionadas con la desmotivación, los valores y las creencias de las mujeres. Refiere frustración profesional debido a la recidiva de la lesión, a la falta de insumos, al deficiente trabajo interdisciplinar y a la limitada capacitación del equipo de enfermeras. Espera la adhesión de la mujer al tratamiento y resalta la necesidad del cuidado continuo, del autocuidado apoyado y de estandarizar conductas de tratamiento. **Conclusión:** El tratamiento de la úlcera venosa crónica es un desafío que requiere contribución colectiva, involucrando a las mujeres, a los profesionales, a los gestores y a las instituciones de salud.

DESCRIPTORIOS

Mujeres
Úlcera varicosa
Atención de enfermería
Adherencia al tratamiento
Atención Primaria de Salud
Investigación cualitativa

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INTRODUCTION

Chronic venous ulceration (CVU) is the largest therapeutic problem involving lesions of the lower limb⁽¹⁾, being more prevalent in women over 65 years of age⁽²⁾. The occurrence of this disease can trigger several changes in women's routines, requiring that they change their habits and lifestyle. In addition to pain and inability to perform certain tasks, a deficit in self-esteem occurs, compounded by female vanity and standards of beauty set by society⁽³⁾.

These considerations show that the gender issue should be considered when providing care to people with CVU, with women deserving a particular type of attention from professionals who attend to them. It is in this context that nurses are inserted; their training emphasizes the care of people with wounds, placing them in situation different from that of other healthcare professionals⁽⁴⁾.

Primary health care (PHC) is a scenario in which the care of chronic wounds is part of the daily lives of nurses, with a considerable amount of time allocated towards assisting people with CVU⁽⁵⁾. Studies in Sweden showed nurses' experiences in the treatment of wounds in the context of PHC and emphasize the challenges of providing care for these lesions, considering the complicating factors that overlap with this care⁽⁶⁻⁷⁾.

A study of health professionals in the United Kingdom and the United States revealed that care for people with CVU is often accompanied by frustration and dissatisfaction because of the uncertain outcomes of treatment. The professionals in that study attributed nonadherence to treatment by people with CVU to factors such as non-cooperation and lack of motivation to follow through with the therapy. Furthermore, there was evidence of limitations of time and/or knowledge on the part of nurses, which prevents them from elaborating on effective strategies for adherence to treatment⁽⁸⁾.

Adherence to the lifestyle required for people with CVU can be influenced by the trusting relationship established between patients and nurses⁽⁹⁻¹⁰⁾. Therefore, it is assumed that the relationship of care, mediated by trust between the individuals involved, constitutes an important instrument of adherence of women to treatment proposed by nurses.

From these considerations, the following questions guided this study: How do nurses provide care to women with chronic venous ulcers? What are the expectations of nurses when providing care to women with CVU? Therefore, we established as the objective, to understand the experiences and expectations of nurses when providing care to women with CVU in the PHC context.

The reflection on the reality experienced by nurses in caring for women with CVU may contribute to nursing knowledge in relation to the work performed by the profession, with the objective being to improve the quality of care for these patients.

METHOD

This qualitative study was based on the theoretical and methodological framework of social phenomenology of Alfred Schütz. The theoretical assumptions (social world, biographical situation, background knowledge, intersubjectivity, action and typing) guided the analysis and discussion of the results⁽¹¹⁾. This framework has as its core the theory of social action understood as a precursor to changes in the everyday world. Action takes place based on existential motives relating to past and present experiences (reasons why) and projections that constitute the possibility of action itself (reasons for). In addition, typification is its conceptual matrix of common sense, which reflects the actions of a particular social group.

The study was carried out in PHC services of a municipality of the state of Minas Gerais, Brazil, and included seven nurses who provided care directly users with CVU. Fifteen nurses were contacted by telephone and invited to participate; however, six refused to be interviewed and two were excluded, since their statements were insufficient to answer the research questions and fulfill the purpose of the investigation.

The statements were obtained in January 2012, by a recorded interview, including the following open questions: How do you care for women with chronic venous ulcers? Tell me about your expectations when caring for women with chronic venous ulcers.

The interviews were conducted on days and at times defined by the nurses in the health units where they performed their professional activities, and were completed when the questions were adequately answered and the objectives of the study achieved.

Nurses who agreed to participate were given complete information about the research and signed the Free and Informed Consent form. In order to ensure anonymity, participants were identified with the letter *E* followed by the Arabic numerals 1 to 7.

We organized and categorized the material, according to the social phenomenology of Alfred Schütz⁽¹²⁾. With the objective of identifying and understanding the overall meaning of the experience of nurses in relation to providing care to women with CVU, each statement was read in its entirety. Then the significant contents extracted from the statements were grouped in order to create concrete categories of experience – an objective summary of the different meanings of the action that emerged from the experience of the participants in the study. Later, we moved on to discussion of the categories from the perspective of the social phenomenology theory of Alfred Schütz and literature related to that theme.

This study was submitted to the Research Ethics Committee of the School of Nursing of the University of São Paulo, as per protocol no. 1109/2011.

RESULTS

The biographical characteristics of the subjects included: age between 35 and 50 years; female; all experts (six in family health and two stomatherapists). Length of experience in PHC ranged from five to 20 years. All had received training for wound care in a course offered by the municipal health department.

The *reasons why* revealed the context of experience of the nurses when providing care to women living with CVU, being indicated by the category Limited Treatment.

When reflecting on the care necessary for women with CVU, the nurses described the limiting factors that must be considered in planning and executing therapy. The professionals considered that women prioritize taking care of home and family - roles that are socially assigned to them - to the detriment of their self-care:

(...) often, they are subjected to household activities and the wound becomes something secondary. They take care of others and do not take care of themselves (E4).

The professionals showed that the women's beliefs and myths are limiting factors for treatment of CVU. Such limits are reflected mainly in difficulties with adherence to required therapy:

(...) one lady has had the ulcer for over 15 years (...) when the ulcer begins to heal, she interrupts the treatment. (...) there is whole issue of belief in it. She is afraid she will die if the wound closes (E2).

The relapsing nature of CVU and several failed attempts at treatment were highlighted as factors that discourage adherence to therapy:

(...) when we start talking about a different treatment, they do not have much faith in its success. Maybe because they have gone through many professionals, and have had several different treatments (E3).

When talking about frustration with constant recurrence of the wounds, the interviewees stressed the importance of involving women in their treatment:

(...) when the patient returns with the wound open, I get frustrated. This recurrence is linked to her involvement with the treatment, with the level of knowledge of what is happening to her (...) (E5).

Lack of infrastructure for wound care in PHC services was also highlighted:

(...)the customer has been here for years and nothing has been done to improve the supply of materials for treatment (E1).

The participants stressed limits related to interdisciplinary work, with respect to providing care to women with CVU. Among the items mentioned were: the greater credibility that interdisciplinary work confers on medical care; lack of partnership between medical professionals

and nurses; and differences in conduct among different professionals:

(...) the patient still believes strongly in the doctor (...) (E3).

(...) one woman had resistance to what we said to her (...) one day I had a conversation with her and said I would not perform a procedure with a prescription that I do not agree with. (...) I would only continue taking care of her bandage if she accepted my procedure (E5).

The nurses demonstrated concern about qualifications of nursing staff to treat people with CVU. It was recognized that many professionals delegate this activity to members of the nursing team, who do not have training for it most of the time:

The nursing staff has no training, and many nurses leave performing the care of venous ulcers to the mercy of nursing technicians (E6).

Given the limits shown in treatment of women with CVU, nurses create expectations related to providing care for these patients (*reasons for*), indicated by the category **Adherence to Treatment**.

The adherence to treatment desired by nurses involved not only when women had open wounds, but also for ongoing lifelong care needed in order to prevent recurrences:

(...) I hope that women are more adept at treatment (...) become aware of the disease, since it is a chronic disease that will have to be controlled (...) (E2).

The professionals believed that well-conducted orientation could lead to effectiveness of self-care and adherence to treatment:

(...) I realize that, in order to take care of a woman with venous ulcers, you need persistence (...) if you give up at the first difficulty, she will never adhere to treatment. (...) stop, explain to the patient what is happening and the consequences of remaining with the wound (E4).

The participants in the study said they would like to have a healthcare center of reference for support, in order to best develop the care provided. In addition, they referred to the standardization of procedures in the treatment of wounds, as well as the supply of materials and supplies needed to sustain the work to be performed:

(...) the municipality needs have a center specializing in the treatment of wounds (E1).

(...) we realize the need to standardize the treatment, such as in the case of the bandages, the Unna boots (E3).

The nurses believed that adherence to treatment would result in healing of CVU without recurrences, allowing women to resume their daily activities, before being affected by their wounds, providing patients with better quality of life:

(...) my expectation is to see the wound tightly closed and the patient feeling well (...) they get stuck to that wound,

and when the wound closes, they feel freer, they return to their daily tasks (...) (E4).

The set of categories in this study that brought together the *reasons why* and the *reasons for* from the group of nurses who take care of women with CVU allowed for the characterization of these professionals as ones who realize the difficulties that women have with performing self-care and pointed out the limitations of therapy that is often hampered by values and beliefs related to the wound, lack of motivation and women's own frustration, mainly because of recurrence of lesions. Such limitations include lack of materials and technology, interdisciplinary work and training of nursing staff. The nurses had the expectation that women would adhere to the treatment of CVU; they emphasized the need for continuous care, supported self-care and standardization of procedures in the treatment of wounds in order to prevent recurrence of lesions, which would result better quality of life.

DISCUSSION

Typical characteristics were evidenced in the action of nurses who provide care to women with CVU, which include development of self-care for the success of treatment and recognition of limitations to implementation of necessary treatment.

The experience of these professionals in treatment of CVU shows limitations stemming from the beliefs and values of people with this condition, interfering with how women perceive their wounds and their expectations regarding treatment and cure. The idea that healing of the wound will not occur constantly permeates patients' beliefs. This doubt or disbelief is strongly linked to the duration of the wound, as well as the methods and attempts of ineffective therapy⁽³⁾. This has important consequences, to the extent that disbelief of patients also generates a pessimistic perspective among nurses, when providing care^(3,13).

This professional disbelief was evident in this study. Failure to achieve healing of CVU with users causes feelings of frustration for nurses. When care-giving activities by nurses do not achieve the intended goal -- healing of the wound -- frustration is inevitable⁽⁹⁾. This is an emerging theme of a study that portrayed the experiences of health professionals involved in providing care for CVU. In general, they strove to provide effective care to patients, but recognized that there were many factors related to adherence to treatment that transcended the domain of professionals⁽⁸⁾.

Knowledge acquired throughout life, added to professional experiences, aids nurses in developing an understanding of issues related to treatment of CVU and elaborating proposals for improvements in treatment.

Background knowledge constitutes a frame of reference for understanding the world and planning future

activities. The biographical situation comes from the point of view of the subjects in regards to the things of this world. However, their designs and choice-making systems, while distinct, appear common in everyday life, based on intersubjectivity -- relations with each other in the social world, in a conscious and intentional form⁽¹¹⁾.

The nurses show that, in practice, there is an important limit established that resonates credibility of women in medical practices and in the interdisciplinary relationship, which is weakened by the lack of trust and respect of the physician in his or her work. This culminates in divergences in conduct that have implications for providing care to women with CVU. The assistance provided to people with wounds should be conducted by way of an interdisciplinary process. This requires the participation of all, considering that each plays a relevant role for the effectiveness of the care provided⁽¹⁴⁾.

It is important to highlight that interdisciplinary work, when it in fact involves participation by and effective communication among all professionals concerned, decreases the possibility of differentiated practices in a certain situation of care. In this regard, one study showed that multidisciplinary work, with effective communication among team members, increased the possibility of healing and reduced the severity of discomfort related to the presence of lesions⁽¹⁴⁾.

The interviewees also highlighted the lack of healthcare service that provides women with a structure enabling them to implement CVU treatment with appropriate materials. Health care for people with wounds presents itself as a daily challenge to be faced by both those experiencing the problem, and healthcare professionals⁽¹⁵⁾.

A wide range of products and tools is available on the market, but are not necessarily within reach of healthcare professionals, which may have implications for the quality of care provided to people with wounds. Access to adequate material resources, specific training and development of interdisciplinary work are indispensable factors for professionals, so that they can make possible the necessary conditions for the establishment of effective therapeutic procedures⁽¹⁵⁾.

Another important limitation is lack of knowledge and training among nursing staff for providing care to women with CVU. Not only mid-level staff, but also graduate nurses need training in order to provide this care. Generalist nurses commonly have difficulty performing evaluation, diagnosis and treatment of CVU. This is related to lack of experience and specific training, confirming possible lack of knowledge in this area⁽⁹⁾.

CVU treatment requires time and investment from nurses, who expect adherence from patients, including treatment of both the wound and the underlying disease in order to achieve healing. This expectation is directly related to the existential motivations that drive nurses

to accomplish healing. Based on the initial reference and the elements that constitute daily life, people are situated in the social world and have as their basis existential motivations to perform given actions or not⁽¹¹⁾. Actions defined as human conduct, which are designed self-consciously and are purposeful, may be manifest or latent, positive or negative⁽¹¹⁾.

For nurses to be able to give continuity to the purpose of women's adherence to treatment, it is necessary for the factors that were pointed out as limits to providing care to become possibilities. In this context, nurses establish the importance of their involvement in the education of patients⁽¹⁶⁾ in order to be able to be involved in providing care for the wound.

A study in Australia showed deficient understanding of patients with CVU with regard to self-care, which suggests the need for public education for those with this health condition. This suggestion stems from the fact that most participants were unaware that chronic venous insufficiency was the cause of their wounds, believing that the occurrence of local or systemic skin problems and lower limb trauma were unrelated to the appearance of the lesion⁽¹⁷⁾.

However, in order to become patients who adhere to self-care, people need to have an understanding of the chronic condition that they want to prevent or improve and self-motivation to adhere to healthy behaviors. In other words, those who are good at self-care are people who are informed and proactive. To this end, they should be supported through activities that aim to provide information on prevention and management of chronic conditions. In order for self-care to be effective, bearers of chronic conditions must have the support of their families, friends, community organizations, and especially the multidisciplinary team in PHC⁽¹⁸⁾.

When having as an expectation adherence to the proposed care plan, nurses also hope that women, once the wounds are healed, can improve their quality of life. Such a project is based on the fact that wounds affect a person's life in all its aspects, with a negative impact on quality of life⁽¹⁹⁾.

However, in order for their expectations to be realized, nurses propose to create a service that provides support, by offering physical and organizational structure, as well as materials, in order for care to be performed. The support of the service is based primarily on promoting a work environment that has as one of its priorities the creation of policies for people with chronic wounds. This should happen from the municipal to the federal level, considering that each is responsible for managing the main aspects in the respective area of care⁽⁵⁾.

This applies, accordingly, to the establishment of specialized and integrated services within primary health care, having as its premise to take over cases that transcend resolution at this level of care. Individualized and specialized treatment, similar to that in centers of reference, can be of great value⁽¹⁾.

According to PHC nurses, specialized services for treatment of chronic wounds should include adoption of protocols that can standardize the conduct of professionals in order to qualify treatment of people with CVU. This protocol should guide the care of clients with wounds, and provide continuing education of professionals working in PHC, making their work more productive and economical, with the guidance of clinical practices for treatment of CVU⁽²⁰⁾.

The contributions of this study involve, fundamentally, the dimension of the non-reductionist approach circumscribed for the care of women with CVU by the nurse, emerging from the social phenomenology of Alfred Schütz. Under this prism it is evidenced that the limits and possibilities that permeate the care relate to different subjects, institutions and policies involved in the care.

Women are more affected by CVU and it is significantly present in PHC services, a fact that confirms the importance of studies that clarify how care for these patients has been conducted by health professionals working at this level of health care, especially from the perspective of nurses.

A limitation of this study is that it was developed with a group of nurses working in a PHC setting, with specific scenarios and realities. In this sense, the findings may differ from other realities that do not portray the situation experienced by the nurses in this investigation, thus making it impossible to generalize the results.

CONCLUSION

This study reinforced the need for nurses to consider the specifics of women in the planning and implementation of care, seeking to adapt to women's daily requirements, with the objective of adherence to CVU treatment.

Nurses are often limited in their capacity to provide care for CVU, and such limits are established by aspects related to the chronicity of the lesion, and the specifics of the women and the service, including the multidisciplinary team involved in the care provided. Therefore, there is a need to consider and work out the intricacies related to the lack of motivation on the part of women and nurses in treatment of CVU, so that they can overcome these limitations and, in reciprocal fashion, turn to the real possibilities for taking care of lesions.

Lack of congruence between healthcare services and health teams leads to the consideration of the pressing urgency of a health policy focused on the care of people with chronic lesions in PHC. An organized service with adequate infrastructure, along with skilled professionals working in an integrated fashion, can bring positive developments in providing care to these patients.

Expectations of nurses regarding women's adherence to treatment of CVU should be constituted by collective investments by the healthcare professionals, managers and institutions responsible for providing care. This could bring a positive impact to the quality of life of the population.

It is hoped that this research will enable reflection and actions within the scope of care, teaching and research in relation to care of women with CVU. These actions should support the application of knowledge from this study in these areas, valuing the various objective and subjective aspects intertwined in the care provided to patients.

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