IMPACT OF THE INTERDISCIPLINARY APPROACH IN CHRONIC VENOUS ULCER MANAGEMENT: CASE REPORT

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Introduction: Venous ulcers are open skin wounds caused by venous hypertension. Although epidemiological data in Brazil on the incidence or prevalence of venous ulcers (VUs) are scarce, it is known that they affect approximately 14% to 22.8% of the global population. Venous hypertension is characterized by increased pressure within the veins, resulting from venous reflux, obstruction, or a combination of both mechanisms. Superficial venous reflux accounts for 90% of chronic venous insufficiency cases.

Objective: To describe the management and interdisciplinary team approach in a case of chronic venous ulcer, with the support of advanced wound healing technology.

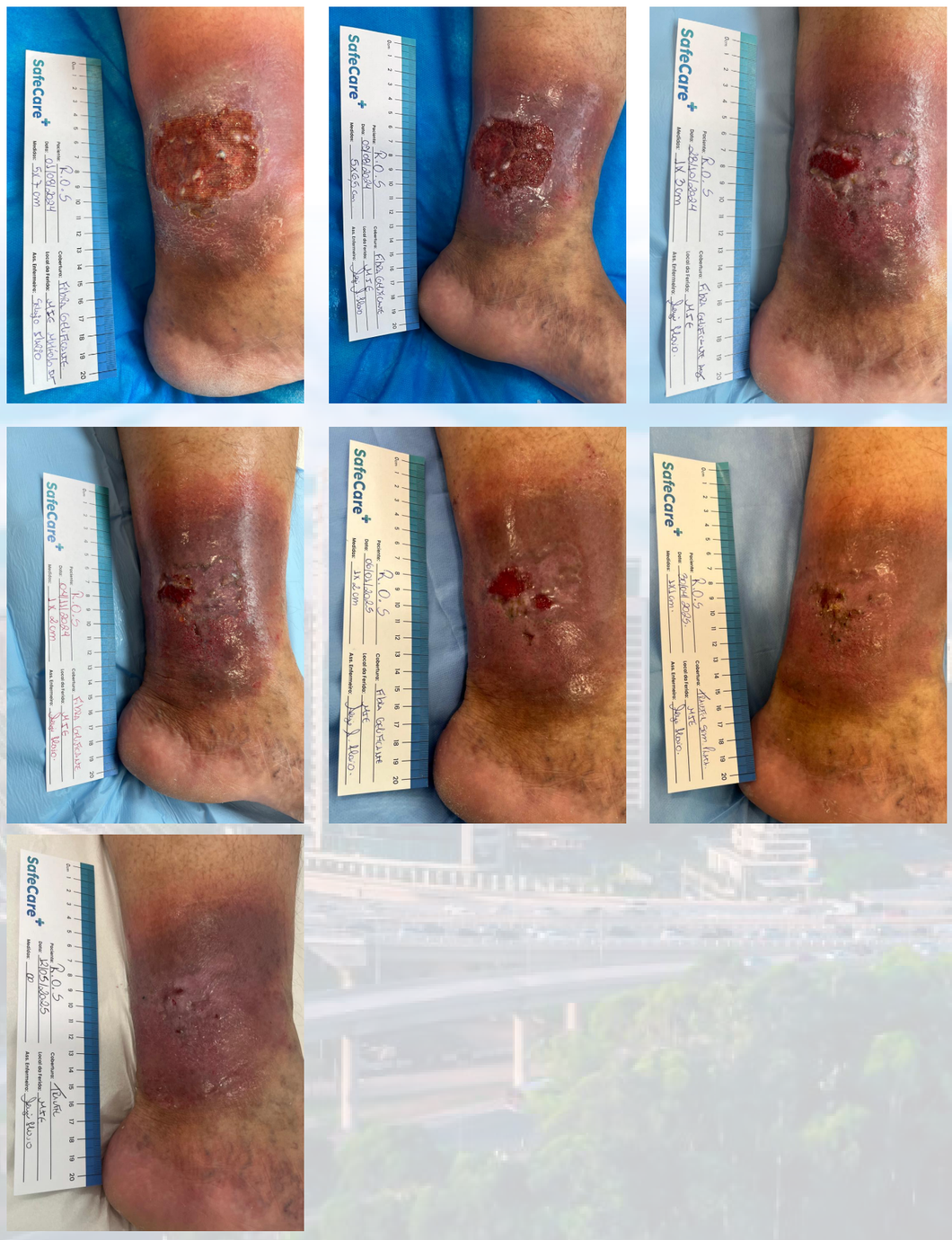
Methodology: This is a descriptive and explanatory study in the form of a case report. Conducted in a specialized outpatient clinic in São Paulo, Brazil.

A 45-year-old patient with a clinical history of hypertension, obesity, and superficial venous thrombosis. Chronic ulcer for 3 years, with signs of inflammation in the left lower limb, medial side, with devitalized tissue and minimal exudate. The dressing was performed in a primary care unit twice a week using gauze, hydrogel, and bandages.

The patient underwent an interdisciplinary evaluation by a physician, wound care nurse, and nutritionist. After the team's assessment, a new protocol was established with advanced wound care technology, aligned with the TIMERS framework. The previous protocol was modified with strategies for better wound bed preparation using a hypochlorous acid-based wound cleansing solution, primary dressing with gelling fiber containing 0.2 mg/cm² silver sulfate, composed of 100% non-sterile polyvinyl alcohol and hydroxypropylcellulose fibers, and elastic compression therapy. Dressings were changed every 4 days. A daily dose of a phlebotonic agent was introduced.

Results: The clinical case showed favorable evolution due to the effective performance of the interdisciplinary team. The patient received appropriate clinical support, with the vascular surgeon providing pharmacological treatment with a phlebotonic, resulting in symptom improvement (pain and edema). Compression therapy, the gold standard for venous ulcer treatment, played a fundamental role, and accurate wound care contributed to satisfactory wound healing outcomes.

Conclusion: Patients with venous ulcers require interdisciplinary teams for effective treatment. This integrated approach leads to more accurate decision-making by uniting clinical physiology with strategic protocols, fostering a more humanized care process and cost-effective treatment. Therefore, appropriate wound care, clinical pharmacological treatment, and compression therapy will promote healing in most venous ulcers, reduce pain and edema, and prevent recurrence.



I have no conflict of interest