THE USE OF UNNA BOOT IN THE TREATMENT OF VENOUS ULCERS

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INTRODUCTION: Venous Ulcer (VU) is a cutaneous lesion that usually appears medially in the distal third of the leg, near the medial malleolus. It may starts spontaneously or even traumatically, has variability in size and depth, flat-bed, and presence of periferical skin redness or with dermatofibrosis. It is one of the late complications of chronic venous insufficiency, which affects the adult population of different ages1. Due its chronicity associated with long-term treatment, the VU produces changes in the quality of life of patients, reducing labor productivity and increasing costs with these long treatments. The patient with VU often needs medical consultations. These procedures usually serve to change of dressings, normally followed by alterations in the treatment, and often leading to a lacks of effectiveness. The patient may live with this stressful condition for several years without achieving healing of the ulcer. Listed as care measures is the resting when associated with postural drainage and limb compression therapy. It is stated that the covering of the wounded member, associated with compression therapy, has a percentage reduction of the wound area greater than 30% within the first two weeks of treatment, predicting the healing². A compression method used on the leg to promote healing of the VU is the Unna’s Boot, which improves the venous flow and helps to alleviate pain. The Unna Boot is a bandage of cotton impregnated with a paste of drugs with wide use in this ulcers etiology3. Although the knowledge of its great importance in the treatment of venous ulcers, the utilization still limited, since most health professionals are unaware of its treatment benefits, as well as its indication. Besides the importance and benefits of implementing this technique, it is imperative the appropriate training of Nursing professionals, aiming the better use this method. Thus, the Nurse assumes the role of enterprising when seeks ways and techniques to solve various problems of users. This role fits in the
active conduct of the professional, firstly when they leave the retrograde thinking behind together with limitation thoughts and actions, capturing unsolved deficiencies in their areas and aggregating efficient and effective techniques to create or use the existing ones in an innovative way to solution of the weaknesses4. Therefore, this study aimed to describe the nursing care in the use of Unna Boot as a reference for professional practice. METODOLOGY: A narrative literature review was used, allowing the analysis of the published literature about the given subject, in order to describe and discuss it under a conceptual or theoretical perspective. In order to strengthen and promote the Nursing knowledge about the use of Unna boot, scientific articles and books were selected to read, and later a qualitative analysis on the subject was performed. RESULTS: The Unna Boot was developed by Dr. Paul Gerson Unna, Professor of Dermatology in 1986. He studied and developed the Unna's paste formula, which is composed mainly of zinc oxide, calamine, glycerin and gelatin. The bandage can be maintained intact for seven days, unless in the presence of discomfort or leakage of exudates. The cleaning of the wound should be performed firstly in accordance with routine practice. Thus, it is mandatory to rinse and dry the surrounding skin before applying the bandage. Even at this moment a moisturizing lotion for dry skin can be applied, continuing then the bandage. Soon after the procedure, it is important to do laps in the bandage just above the toes in the metatarsal region, continuing until the lower level of the knee below the tibial tubercle. Laps with with 50-75% of overlap in width on each circle should be done, watching do not to cause discomfort to the patient and, consequently, decrease therapy adhesion. Finally, material to absorb exudates and an elastic bandage to the compression on the boot must to be applied5. Importantly, Unna Boot is contraindicated in cases of arterial insufficiency, infection in the lesion, cases of decompensated heart failure, and when in the observation of signs or symptoms of acute venous thrombosis. With the use of Unna Boot, the health professionals only perform the dressing change on average once a week, reducing work hours, and not requiring the daily movement of the patient to the health services for the renewal of the dressings. It is also part of nursing care to guide the patient to avoid hot environments due to the uncomfortable feeling that the boot can lead when exposed to heat; keep the leg dry; wear comfortable and wide shoes, among other concerns such as to elevate the leg when sitting, rest with limb in elevation and sleep more than seven hours5. Therefore, stands out the fact that the Unna Boot is useful as a measure of compression therapy, increasing venous return, besides its function as a protective element of the intact skin due to its active constituents. Thus, is clear the important role that the Nursing has in the treatment of venous ulcers, specially the professionals with technical knowledge for the continuous evaluation of the lesions, as well as to the quality and quantity evaluation of the components used in this kind of treatment. FINAL CONSIDERATIONS: The use of Unna Boot is an excellent method to promote faster healing of a VU, contributing to the relief of pain and, as a compression method on the leg, improving the venous flow. From the diagnosis, the option for the compression therapy can be on option. Once it was chosen, the Nurse can build care plans on this, whose objectives should be providing conditions that minimize the time of wound healing, reduce the risk of infection, prevent recurrence, and ensure safety and comfort to the patient. However, for this, there is an exigency of technical and scientific knowledge of this category of professionals, as well as the continuing education of their knowledge about this subject, since the research is dynamic and new knowledge is constantly attached and added to the practice.

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