Day in the life

Each issue of *Wounds International* features a typical day in the life of a different wound care clinician from around the world. This series looks at the variety of techniques that are required in different settings and asks clinicians about the type of conditions they work in, the types of wounds they see and the challenges that they face when providing wound care to patients.

This issue features Monica Walusimbi, a registered nurse and midwife at Mulago Hospital in Kampala, Uganda.

Can you outline where you practice?

I practice at Mulago hospital which is the largest of three national referral hospitals in Uganda. Mulago is a teaching hospital for Makerere University College of Sciences, which was established in 1924.

The wound care clinic in Mulago has only been in existence for about five years and runs once a week.

Can you explain the make-up of your team?

Our team is made up of plastic surgeons, medical officers, interns, a nurse with international interdisciplinary wound care qualifications, physiotherapists and occupational therapists.

We are also in consultation with vascular surgeons, physicians, psychiatrists, social services and many other services.

What types of wounds do you regularly see?

Common wound types include septic burn wounds, chronic venous and arterial leg ulcers, sickle cell and buruli ulcers, diabetic foot ulcers, necrotising fasciitis (which is especially common in neonates), pressure sores, drug-related wounds, degloving injuries, surgical wounds and burn wounds.

What are the main types of equipment, dressings and techniques that you use on a day-to-day basis?

The main types of equipment we use are dressing forceps, scissors, clip removers and splints. For dressings, we still use traditional dry gauze and cotton wool pads. On good days we might have paraffin gauze or tulle.

What is the most unusual wound you have seen recently and how did you manage it?

A 28-year-old male patient with sickle cell disease presented at the wound care clinic with painful leg ulcers on both legs. The ulcers had been in place for the last seven months.

We managed to assess him regularly, offering timely intervention wherever it was required, and continued with padded dressings as necessary. We provided him with long-term bed rest, limb elevation, nutrition and encouraged relatives to visit regularly. We also gave the patient analgesics to deal with the severe pain.

The main obstacles that hamper my work are the team's lack of training in advanced wound care and the shortage of modern dressings. The use of dry gauze and cotton wool can delay wound healing.

It has been over a year now and the wounds on both legs are clean, but perpetually in a non-healing state and we are continuing to treat them. This patient would benefit from hyperbaric oxygen therapy, but we do not have the facilities for this treatment

Do you feel your practice has any unique obstacles that hamper your work?

The main obstacles that hamper my work are the team's lack of training in advanced wound care and the shortage of modern dressings. The use of dry gauze and cotton wool can actually delay wound healing.

The fact that we do not have modern equipment, for example, negative pressure devices, debriding gels, Doppler monitors and glucometers, makes it hard to effectively treat certain wounds.

What equipment/resource/education would make the most difference to your everyday work?

The availability of modern dressings as well as educating the patients and their attendants would make a big difference. However, educating and training team members in advanced wound care management would make the biggest difference.

If nurses with advanced wound care skills undertook courses on training others, they could educate clinicians at hospitals and in nursing training schools in wound management, which would positively affect wound care in Uganda.