Question num. 1
Which aspects relative to the patient and lesion are to be considered in the assessment of pain from skin ulcers?

Recommendation 1 [B] (strength of the recommendation)
The patient with a skin ulcer should undergo a general clinical assessment since the presence of pain may modify the vital signs of a person.

Search for and treat the basic pathologies and comorbidities possibly present (diabetes, congested cardiopathologies, chronic respiratory insufficiency, autoimmune illness evolution, systemic infectious diseases, advanced renal insufficiency of various etiology, osteoarthritis and arthritis, polytrauma, neoplasia, etc.) which could increase pain or be aggravated themselves by the painful symptomatology.

Question num. 2
Which parameters relative to the evaluation of pain in the patient with an ulcer should be considered?

Recommendation 2 [A]
In the assessment of the pain from an ulcer, search for the following clinical case reports as possible causes:

- etiology: peripheral ischemia, autoimmune illnesses, hyper- lowing clinical case reports as possible causes:
- clinical case report relative to the ulcer and pain
- signs of colonization/infection, local/systematic
- clinical case report relative to the ulcer and pain

Question num. 3
Which welfare procedures may prevent or reduce pain in the patient with a skin ulcer?

Recommendation 3 [B]
Defining the etiological diagnosis of the ulcer and determining the cause of pain is indispensable to establish the type of local and systematic therapeutic approach to adopt. To obtain this, evaluate:

- the appearance of the ulcer: tissue and exudate
- alterations of the perilesional skin
- signs of colonization/infection, local/systematic
- time of insurgence of the ulcer
- etiology of the ulcer
- social and living conditions of the person

Recommendation 4 [B]
The evaluation of pain in the patient suffering from a skin ulcer should consider both quantitative and qualitative aspects

Use an evaluation scale systematically

- a qualitative scale to determine the presence and intensity of pain
- a quantitative scale to identify the characteristics which may lead to the determinant physiopathological mechanism

An evaluation of the motory and/or of the specific scales of the patient who is not able to communicate his/her discomfort for correlated pathological situations is taken into consideration.

Recommendation 5 [A]
The evaluation of pain in the patient suffering from a skin ulcer should be performed using a validated scale

The panel suggests the use of the NRS (Numerical Rating Scale) for the quantitative evaluation and the McGill Pain Questionnaire for the qualitative evaluation

Perform the quantitative and qualitative evaluation of pain:

- when the patient is taken into charge
- during follow-up (to evaluate the efficacy of the treatment adopted)
- when the clinical situation changes

Such an evaluation may be performed indistinctly both by the medical and nursing personnel.

Recommendation 6 [B]
For global management of pain from a skin ulcer, consider the care of the relational and environmental context and establish an empathetic relationship with the person.

Take into consideration the support of a psychologist in cases of particular complexity and/or in cases in which suffering and pain are not controlled with normal relational and/or pharmacological approaches.

Recommendation 7 [A]
On the basis of the indications of the EWMA positioning document, the Panel suggests the following possible strategies of intervention:

- allow the patient to perform self-medication
- choose a comforting environment as a care setting
- explain what will be done and what method will be used to the patient
- place the patient in a way to minimize discomfort (a comfortable position)
- allow the members of the family to participate in the change of the medication
- offer the patient distraction techniques (conversation, television, music, aromas, etc.) during the change of the medication

Recommendation 8 [B]
In the presence of a skin ulcer, use a medication which guarantees a moist environment in the interface between the medication and the wound bed, to prevent pain, too.

Recommendation 9 [A]
In the presence of pain from ulcers, point out the possible concomitance of colonization/infection and consider in the affirmative the use of a medication with an antiseptic as a first therapeutic approach.

The antiseptics advised are: silver, iodopovidon and clorexidin.

Recommendation 10 [E]
Never use colouring agents like mercurochrome (meromobrin), eosín, fuchsin phoenix (Dye Rubra Castellani), gentian violet (crys- tal violet) or antiseptics in liquid form.

Recommendation 11 [A]
Use antibiotic therapy in the presence of infection of the ulcer with host impairment (satellite cellulite, presence of fever).

The choice of the antibiotic, the way of administration and the duration of treatment should be evaluated on the basis of the clinical conditions of the person and the ulcer.

Recommendation 12 [B]
In absence of clinical signs of colonization/infection, the Panel suggest considering the topical use of medications with NSAIDs, opioids or local anesthetic.

Recommendation 13 [B]
The Panel recommends paying particular attention to the immuno- compromised patient in whom signs of inflammation may be attenuated.

Recommendation 14 [A]
Use an elastocompressive bandage to control pain in the presence of a venous ulcer; the bandage should be applied by expert personnel with knowledge relative to the materials and the techniques of elastocompression. The choice of the type of technique and materials should be made on the basis of the evaluation of the characteristics of the person and clinical situation.

Recommendation 15 [B]
Carefully analyse the perilesional skin of the painful skin ulcer to identify and treat the possible presence of inflammation and bacterial colonization. The following characteristics should be managed in good time as they are more frequently associated with more painful clinical case reports:

- erythema
- satellite lesions
- cellulite
- oedema
- white atrophy
- mycosis

Recommendation 16 [B]
Can the use of elastocompression improve pain from a venous ulcer?

Recommendation 17 [A]
Use an elastocompressive bandage to control pain in the presence of a venous ulcer; the bandage should be applied by expert personnel with knowledge relative to the materials and the techniques of elastocompression. The choice of the type of technique and materials should be made on the basis of the evaluation of the characteristics of the person and clinical situation.

Question num. 4
What is the principle local interventions for the prevention and the control of pain from skin ulcers?

Recommendation 8 [A]
In the presence of a skin ulcer, use a medication which guarantees a moist environment in the interface between the medication and the wound bed, to prevent pain, too.

Recommendation 9 [A]
In the presence of pain from ulcers, point out the possible concomitance of colonization/infection and consider in the affirmative the use of a medication with an antiseptic as a first therapeutic approach.

The antiseptics advised are: silver, iodopovidon and clorexidin.
Which systematic therapeutic approach is feasible in the management of pain from skin ulcers?

Recommendation 17 [A]
As stated, precise diagnosis of pain should be made before proceeding to therapy and, in the choice of systematic treatment, the prescription of medicine should consider:

- the person
- potential secondary effects
- the necessity of quick analgesia.

Recommendation 20 [B]
The Panel recommends considering the use of opioid medications, weak and strong, in different formulations and methods of administration, in the presence of complete, and often abused NSAIDs. In particular, the use of Codeine or Tramadol for chronic moderate pain, Oxycodone or Morphine for moderate/strong pain. In the event of a neurogenic component, among opioids the use of Tramadol (moderate pain) or Oxycodone (moderate/strong pain) is recommended, alone or in association with ancillary medicines.

Recommendation 21 [B]
In particular clinical situations, characterized by the resistance to the pharmaceutical treatments cited, perform a specialist diagnostic investigation, considering the use of advanced analgesic measures, for example, locoregional procedures, both perilesional, peripheral or troncular.

Recommendation 22 [B]
Prevent pain, constipation and secondary effects common to opioids, with a precocious management of symptoms.

Recommendation 23 [B]
Use ancillary treatment to improve the performance of analgesics, considering the complexity of the general clinical case report which should be appropriately investigated, also from a mental point of view.

Recommendation 24 [B]
Estableish specific programmes to educate health professionals in relation to the best prevention, measurement and treatment practices of pain in skin ulcers.

Educational programmes should be planned to facilitate the exchange of knowledge, attitudes and convictions of health professionals regarding the evaluation and management of pain to guarantee support for new practices.