

Essential intervention No. 6

Management of pain

KEY OBJECTIVES

- To know what causes pain in BU.
- To know that causing pain during POD interventions definitely does not lead to better or quicker results.
- To know how to manage pain.
- To know how to identify persons with protective sensory loss and teach them how to protect themselves from injury.

Pain is not a major feature of Buruli ulcer in the early stages of the disease, but unfortunately, some of the complications can be very painful. Oedema, infection, scars, and forced mobility are frequent causes of pain. Immediate attention should be given to treat the problem so that pain can be reduced or minimized. The amount of pain registered on the assessment form should be less after interventions. Remember pain makes the person anxious and less able to cooperate. Repeatedly causing pain can change the response of the central nervous system to pain, permanently affecting a person's ability to perform their daily activities.

While exercise and movement should not cause severe pain, other essential interventions such as dressing changes may be painful. In such cases, measures should be taken to avoid or alleviate the pain as much as possible, for example by:

- soaking the dressings in saline before removal; and/or
- simple analgesics, such as paracetamol.

Hypersensitivity

Sometimes the skin becomes hypersensitive (very sensitive to touch, or feelings of “pins and needles” or “crawling ants”). Clothing can be uncomfortable. This hypersensitivity in scars or other areas can be decreased with massage and activity.

Specific desensitizing exercises can introduce textures that are less unpleasant, progressing slowly to textures that are very unpleasant. This desensitization takes time, with short sessions of 5–10 minutes each, 4–5 times a day. The affected person or caregiver can be taught these exercises at the bedside or at home.

Sensory loss

Scars, adhesions, or wounds which are close to a nerve can occasionally cause the person not to feel – or to have less sensation in – the affected areas. A progressive loss of sensation with or without muscle weakness may indicate that the nerve is being compressed. This should be referred immediately to the surgeon.

A loss of protective sensation makes it difficult for the person to know if he is damaging the body or limb. Self-care must include teaching the person to take special care of these affected areas so that they are not injured. Specific ways to evaluate the degree of sensory loss have not been addressed in this manual.

REMEMBER

- Pain serves only as a warning of damage to the body; it should **never** be taken as a sign ‘that the treatment is effective’.
- Loss of sensation requires daily inspection and protection to prevent injury.
- A progressive loss of sensation and/or muscle weakness may indicate that the nerve is being compressed by a scar or adhesion. These symptoms should be referred immediately to the surgeon.



“Clawing” of the fingers due to muscle weakness. ▲
Injury to the fifth finger due to decrease in sensation.



Comparison of the normal left hand ▲
to the right hand with the ulnar nerve compression.

Figure 5.6.1 Peripheral nerve compression caused by scar on ulnar nerve