

PARTICULAR FEATURES OF WOUNDS OF THE LOWER LIMBS AND FEET IN ELDERLY SUBJECTS.

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The prevalence of certain conditions will change the presentation of wounds of the lower limbs and feet in geriatrics: in particular, the prevalence of pressure ulcer, venous disease, peripheral vascular disease of the lower limbs, osteoarthritis, malignant wounds etc. will influence presentation. Additional exploration plays a determining role, but must be carefully chosen in certain elderly patients, in a hierarchical manner depending on the wounds and the gravity of the wounds. For instance, vascular exploration will be adapted to renal function and may require hydration prior to exploration. Echography, X-rays, scans and MRI will take into account any mobility problems the patient may experience, and any prosthetic devices or metal devices (e.g. a pace-maker) which are common in the elderly. The past history of the wound and how the wound occurred are sometimes difficult to establish in a patient with mental impairment, if the patient consults alone. Comorbidities (e.g. malnutrition) are common, and should be systematically sought. Pain assessment must be performed and adapted to cognitive status. Full examination of the patient, including examination of his or her foot, is necessary and is often time-consuming in the case of an elderly subject. Analysis of walking, footwear and autonomy are indispensable. Precise diagnosis alone makes it possible to prescribe treatment that is suitable in the social and medical contexts and the patient's way of life (living at home or in a nursing home or in a long-term care unit). The diagnostic and/or therapeutic context is often complex, and strategy has to be applied in cooperation with several specialists including geriatricians, who will take part in discussions in many cases. The use of modern, innovative technology must not be excluded, but must be examined in cooperation with the patient, his or her family and the healthcare teams, in order to meet the treatment objectives and take into account life expectancy. The psychological context, the patient's personality, his or her family or friends, and the medical, social and financial issues the patient may be faced with influence the approaches the therapist will adopt. Resorting to conventional hospitalization is not always an optimal solution, and other approaches such as day hospitals (for the diagnosis) or home care (for the treatment) constitute alternative solutions. Out-patient surgery is often impossible and follow-up care and rehabilitation constitute in many cases an overall management solution in an elderly patient with wounds. Lastly, certain wounds will require palliative treatment in which the aim is to address comfort and quality of life issues.