

WOUNDS

By Dr Tan Poh Kiang, Editorial Board Member

Taking care of wounds and observing the healing process has been, for me, an important part in my continuing medical education. I recall vividly that my journey began years ago in the first posting as a house officer. It was my assignment to do a wound dressing for a patient in the C class ward. In addition to the wound dressing trolley, the staff nurse handed me a bottle of a popular "AXE" brand Chinese medicated oil and advised that I put a few drops onto my surgical mask.

"Trust me, you will need it." She smiled and walked away briskly.

The stench was immediately revolting the minute I pulled the partitions (in those days, we had these panels of fabric on wheels). As I unrolled the bandage of the wound on the gangrenous leg, I could feel the successive waves of anti-peristalsis working furiously in my epigastrium. The finale to the drama was aptly provided by wriggling maggots, which seemed delighted to get a breath of fresh air when the bandages were finally removed.

"I'm terribly sorry that you have to do this for me," the diabetic patient in his late 50s apologised.

He was genuine in his sympathy and we continued the dialogue. I learned on the job that talking while dressing the wound was just as essential to prevent vomiting when confronted with such a noxious challenge.

Later that same day, my medical officer who was four years older and much wiser took me aside to "debrief" me. He told me that this experience for me was the equivalent of Jesus washing his disciples' feet. He stated clearly if I continued to care for the maggot-infested wound (I made sure the maggots never got their invitation back to the wound) wholeheartedly, I would become a better doctor.

Daily dressing of that gangrenous wound and daily conversation with an appreciative patient started me on my learning journey about the complex subject of healing.

Not long after and within the same posting came another formative lesson. Our senior registrar, a

lady surgeon with a feisty personality, summoned all four house officers to the C ward. In the presence of the patients and nursing staff, we were given a public chastisement about the quality of wound dressing that was done in the department. She brought us to the bedside of one patient and meticulously demonstrated her expectation of how every dressing was to be done from then on.

"Aseptic on the inside and neatness on the outside. The way you do your patients' dressing indicates to me how much you care about your patients and how much pride you take in your work!" She made it impossible to compromise when a lecture of how to dress a wound properly was conducted in the presence of many witnesses.

I saw then and continue to view today that wound dressing is an art. An artist would never allow a flawed piece of his creation to go on exhibition. I learned that a true artist would never accept a loose, untidy or a stained dressing.

Sometime in the middle of my fourth year in medical school, I had the misfortune of developing acute appendicitis. Owing to an overpowering sense of denial, I ignored the classical signs of RIF (Right Iliac Fossa) pain, and rebound tenderness. I ended up having a ruptured appendix and a severe scolding from my NUH General Surgery tutor who happened to be on call when I was admitted. My post-op days were hellish because in those days, the standard antibiotics coverage were intra-muscular GENTAMICIN and intravenous FLAGYL. Not only did I have to bare my butt for the interval intra-muscular jabs, I also had to expose my lower abdomen and groin for the daily dressing of the appendectomy wound. My embarrassment was not met with any more sympathy from the nurses than one who communicated: "Oh please, we have seen more impressive naked bodies."

That singular experience etched in my mind the vulnerability all patients must feel when they have to undress themselves for wound dressing. Needless to say, genital-anal wounds are the worst.

Added to that vulnerability is often a helpless sense of dependence on the one who is providing the care. I have determined that it is imperative I make every effort to restore some measure of dignity to a patient put in that vulnerable and dependent position. Most times, it involves simple gestures like being gentle when taking off old dressings, describing my observations of the wound appearance and explaining what I do, so that healing can be hastened. I learn that asking the patient about his or her well-being so that he or she is engaged in an interesting conversation beats the awkward silence that would otherwise occupy the minutes while the dressing is being done.

Unless there is tissue necrosis (gangrene) or significant immuno-compromise, all wounds will heal. A facial wound in a young healthy person may take only five days while a diabetic ulcer in an elderly patient may take weeks. Irrespective of the type of wounds and the expected duration of healing, all patients need constant assurance of its progress. One of the most important features that differentiates our profession from others is that we need to dispense hope generously as part of the healing business.

I remember Mdm Teng who came to me for help because of an enormous chronic ulcer (5 cm) just above her ankle. The ulcer refused to heal partly because of her underlying conditions – diabetes mellitus and peripheral vascular disease – and partly because she was putting all kinds of home and traditional oil and cream onto the wound. She was in her 80s, lived by herself in a rented HDB flat and survived on a \$250 monthly allowance from her only daughter. She needed frequent proper wound dressing which she could not afford and she spoke only Foochow which I was hearing for the very first time.

I told her that the wound might heal only if there was frequent dressing which I offered to do at \$5 or whatever she was able to pay. On top of that, she had to promise not to meddle with the wound using her own concoctions. With those conditions agreed, we commenced a six-month journey which marked a most interesting learning experience for me.

With each wound dressing session taking 15 minutes, I discovered that if I listened really intently, I could understand Foochow! I just needed to piece together whatever baseline knowledge of other dialect vocabulary I had and match them with whatever auditory inputs I was taking in. Over time, I heard a story of sadness of how she ought to have given birth to more children so that she would not have to be so lonely. There was the heart-moving recount of a very loving and supportive husband who had died suddenly when the daughter was only six years old, leaving her to fend for herself the rest of the way. I became the son she never had when I noticed that she was reluctant to leave each time I had declared that the dressing was done and the session over.

After some weeks of poor progress, I theorised that her poor nutritional status was not helping. I put her on a multi-vitamin pill daily and supplemented her basic diet (mostly porridge with preserved food) with samples of ENSURE which I had obtained from Abbott Laboratory. The improvement thereafter convinced me of the need for a wholistic approach to healing wounds that require not only meticulous topical wound care but ensuring the body is optimally built up for tissue regeneration.

Mdm Teng was determined to make up for what she could not pay me in cash. With each meeting, she would bring a knitted item – a small purse, a belt, a coin pouch. Otherwise she would offer me a handful of China “rabbit brand” chewy candies or “golden coin” chocolates. I gladly accepted all her gifts as it made her happy that she was able to bless me with tangible gifts.

Even a long journey has an end. Although I was satisfied that my job was complete when the wound finally healed, Mdm Teng was reluctant to let go of this interactive relationship. She continued to visit me every few weeks until a massive stroke resulted in her demise. Whatever good I had done for her wound, I had received much more in return. I have developed a deep respect for the servanthood aspect of my medical practice. In focusing on serving the patient’s need, I find myself smoothening my rough edges and acquiring traits that were absent in my early career – patience, humility, compassion. I see myself not merely as a provider of services based on scientific evidence but at the same time, a practitioner of an art form. And best of all, as all wounds eventually heal, I have acquired a quiet faith that things almost always get better and it is important to share this hope with the sufferer. ■



Dr Tan Poh Kiang with his two lovely daughters.

Dr Tan Poh Kiang is a GP who is glad to be serving in the HDB heartland. He is blessed with a wonderful family – a loving wife and two adorable daughters.