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## ORIGINAL ARTICLE

### PROFILE OF PEOPLE WITH CHRONIC WOUNDS FROM A SUPPLEMENTARY HEALTH CARE OPERATOR

#### PERFIL DE PESSOAS COM FERIDAS CRÔNICAS DE UMA OPERADORA DE SAÚDE SUPLEMENTAR

#### PERFIL DE PERSONAS CON HERIDAS CRÔNICAS DE UNA OPERADORA DE SALUD SUPLEMENTARIA

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#### ABSTRACT

**Objective:** to know the profile of people with chronic wounds attended by a Health Care Program at a Supplementary Health Care Provider. **Method:** quantitative, retrospective, descriptive and documental study carried out in 67 patient records of wounded patients attended by a Supplementary Health Operator of Bahia. **Results:** female profile; age between 60 and 69 years; high school (72%); salary range of 3-4 minimum wages; 28% of patients with chronic wounds with diabetic foot diagnosis. **Conclusion:** the prevalence of carriers of wounds attended by the Operators is high especially among women and the elderly. This study has relevance for presenting the profile of the wounded patients attended by a Health Program belonging to a Health Operator still lacking effective public and private policies. **Descriptors:** Wound; Health Operators; Health System; Public Policy; Prevalence; Occlusive Dressings.

#### RESUMO

**Objetivo:** conhecer o perfil de pessoas com feridas crônicas atendidas por um Programa de Atenção à Saúde em uma Operadora de Saúde Suplementar. **Método:** estudo quantitativo, retrospectivo, descritivo e documental realizado em 67 prontuários de pessoas portadoras de feridas atendidas por uma Operadora de Saúde Suplementar da Bahia. **Resultados:** perfil feminino; idade entre 60 a 69 anos; ensino médio completo (72%); faixa salarial de 3-4 salários mínimos; 28% dos portadores de feridas crônicas com diagnóstico de pé diabético. **Conclusão:** a prevalência de portadores de feridas atendidos pelas Operadoras é elevada principalmente entre mulheres e com faixa etária avançada. Este estudo tem relevância por apresentar o perfil dos portadores de feridas atendidos por um Programa de Saúde pertencente a uma Operadora de Saúde ainda carente de políticas públicas e privadas eficazes. **Descritores:** Ferida; Operadoras de Saúde; Sistema Único de Saúde; Políticas Públicas; Prevalência; Curativos Oclusivos.

#### RESUMEN

**Objetivo:** conocer el perfil de personas con heridas crónicas, atendidas por un Programa de Atención a la Salud en una Operadora de Salud Suplementaria. **Método:** estudio cuantitativo, retrospectivo, descriptivo y documental, realizado en 67 prontuarios de personas portadoras de heridas, atendidas por una Operadora de Salud Suplementaria de Bahía. **Resultados:** perfil femenino; edad entre 60 a 69 años, enseñanza media completa (72%); rango salarial de 3-4 salarios mínimos; 28% de los portadores de heridas crónicas con diagnóstico de pie diabético. **Conclusión:** la prevalencia de portadores de heridas atendidas por las Operadoras es elevada, principalmente entre mujeres y con rango de edad avanzada. Ese estudio tiene su relevancia por presentar el perfil de los portadores de heridas atendidos por un Programa de Salud perteneciente a una Operadora de salud todavía carente de políticas públicas y privadas eficaces. **Descriptor:** Herida; Operadoras de Salud; Sistema Único de Salud; Políticas Públicas; Prevalencia; Apósitos Oclusivos.

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## INTRODUCTION

The wounds refer to a subject that covers all the contexts of human daily life. There are wounds in the soul, provoked by past or present contained in inopportune and cruel events; financial wounds that have left lives on the fringes of history recalling only past events of their time of glamor and physical wounds that have often left deep scarring marks reminiscent of a pitiful past or a scar that should not be there. There are also the wounds that are still open; wounds that until today are the impediment of a life, which they would like to be able to close with their healed bed and which seek, in human knowledge, the divine power and the solution to a healed present, complete and carried out.

Much of the medical scientific knowledge was the result of care and studies so that people could have their wounds uncomplicated and healed.<sup>1</sup> In ancient times, there was no vast knowledge, which was built over the years and at the expense of many deaths from infections, often resulting from wars and / or diseases that are still without scientific knowledge.

Led to a historical review of the wounds, one can see the influence of the Judeo-Christian tradition where the first wounded account of history would be the withdrawal of the rib of Adam for the formation of Eve since its extraction should have caused a wound that was healed by God himself in the first surgery of history.<sup>2</sup> It is also possible to observe the participation of peoples such as the Assyrians who, through the use of propolis as an antibiotic and healing agent, restored several wounds.<sup>2</sup> Hippocrates' participation defined the cicatricial processes and so many others collaborated in this building of knowledge as the Catholic Church which, through monasteries and later of the Holy Houses, cared for so many wounded, also building much of the tools of knowledge that we have today.

The Brazilian population has several health systems that assist in the Brazilian health care. These are the Unified Health System (UHS), governed by the State (according to the 1988 Constitution), and the Supplementary Health Operators (SHO), which provide an additional supplementary service to UHS.<sup>3</sup>

An health supplementation, health production is characterized by fragmented care where the emphasis is on the production of the procedure centered on the medical / hospital entity.<sup>3</sup> But, over time, this model of

attention has been raising health care costs and leading the operators need to redesign the health care proposal with the purpose of reviewing these expenses and the processes in service in the health services since, from this service, a demand is generated, often, in an idle and ineffective manner, which presents a high and poorly applied cost.

With the increase in healthcare technologies and, consequently, the acceleration in operating expenses, there was a need for a restructuring in this care model, leading the operators to use health management programs to reverse such an atmosphere. Thus, they incorporated the Health Care Services - HCS, through their interdisciplinary teams, with the objective of capturing chronic patients, promoting prevention and health promotion. This new technology has raised the quality of care and, consequently, the patient has enjoyed a better quality of life leading to the practice of structured self-care, through a more specific knowledge in health, and using new technologies provided by these teams.

This strategy has been addressed by the UHS for some years and the Family Health teams seek the individual at home, aiming to manage their health, and their work is of paramount importance to the health network. Thus, the health agent becomes one of the fundamental pieces to initiate the sensitization and the search of these social components that seek the health services, often, in an uncoordinated way, but starting to have a structured orientation by the teams of FHP - Family Health Program.<sup>4</sup>

Brazil, despite being a developing country, still has millions of people without access to quality health care. For political reasons, there are, on a day-to-day basis, several Basic Health Units without a minimum structure to serve the population. Thus, the health of the population is deficient both in prevention, treatment and rehabilitation.

The country has several social levels, and most do not have a standard of living that provides well-being or that gives a quality of life within the ideal. With this, the nurse always needs to be able to work with these social nuances and the bearer of chronic wounds is also within this social diversity. Caring for this carrier is a big problem because there are many challenges to be faced in everyday life.<sup>5</sup>

Generally, it is believed that the user of a health plan has a differentiated standard of living, cultural knowledge, higher financial standard, preventive follow-up, among others. But in practice, it is observed that this

pattern is often not the reality of the vast majority of health plan holders.

Chronic wounds usually seek basic health care to treat their wounds. Those who have a health plan usually use the hospitals agreed with the SHO for the dressing because the SHO do not have outpatient clinics for such a service.

Nursing needs to be attentive to the difficulties faced by the population, seeking to go beyond the limits of curative care and going beyond the wound, because the emotional, psychological, social and family context will depend on the wound.<sup>5</sup> Given this, the National Agency for Supplementary Health - NAS, the SHO regulator, has stimulated health care providers to strengthen this model through follow-up and guidelines for the implementation and implementation of these health prevention and promotion programs.<sup>3</sup>

This perspective has been articulated with the proposals of the Ministry of Health that aim to increase the health conditions of the Brazilian population and, especially, of the users of health care providers, being one of the first stimuli to the implementation of actions of Health Promotion and Prevention of Risks and Diseases. It is believed that such programs will strengthen the ties between the supplementary health care providers and their users, proposing not only an improvement in the quality of life, but also an adequate use of health plans, thus avoiding a misuse of established technologies.

The dynamics of care led Health Care Services to the perception that there were a number of patients that needed to be reached: home patients, people who are or are in bed, and therefore do not have access to these services because they are, at that moment, unable to go to that service. As an example, patients from recent or resource-dependent surgeries are often not available to the family, such as transportation, leading the individual to a life of chronic morbidity, confined to his or her bed without access to quality care. Thus, the SHO joined the Home Care Service (HCS) so that bedridden patients can be managed and can count on a specialized health technology.

HCS must have an interdisciplinary team that does not aim at individual knowledge, but works with common goals; which does not disregard the multiplicity of thoughts and has, as a constant, respect for the various contributions made by each professional who composes it.<sup>4</sup> It has a team composed of doctors, nurses, occupational therapists, pharmacists, physiotherapists, nursing

technicians, speech therapists , psychologists, social workers, nutritionists, among others.

Interdisciplinary action, through the contributions of the different areas, guarantees a more complete view of the patient to be attended.<sup>6</sup> This has, as a result, a more perfected view of the individual leading to a more effective action from the more complete knowledge of the being care: reality as a person, social, financial, pathological and etc.

Due to chronic illness, caregivers have faced the challenge of caring for people who, due to aging and illness, develop wounds that are difficult to heal. In addition, people who leave the hospitalization process need continuity of care, often assumed by such providers, which can last until the end of life.

Thus, it is necessary to know the characteristics of people with chronic wounds who will need the supplementary health care providers to maintain care for their health whether to treat the wound or to alleviate the suffering and reduce complications.

Based on the above, this study will be guided to answer the following problem: What is the profile of people with chronic wounds attended by a supplementary health service operator in a city in the interior of the State of Bahia?

This research is justified because it is the users, who are carriers of injuries, participants in the health care network within Supplementary Health and a clientele that is not studied, believing that this is a part of society well accompanied by having a Supplementary Health plan. Therefore, it is necessary to analyze the profile of these chronic wounded users and attended by a supplementary health network service, since their profile is necessary to subsidize the planning of resources to care for and predict costs since there are few indicators about this audience.

OBJECTIVE

- To know the profile of people with chronic wounds attended by a Health Care Program in a Supplementary Health Care Operator.

METHOD

Quantitative, retrospective, descriptive and documentary study. The retrospective study is based on past records with follow-up to the present (reference). Descriptive research is one that has, as its primary objective, the description of the characteristics of a given population or phenomenon or the establishment of

relationships between variables. The documentary research is based on material that has not yet received analytical treatment or that can still be re-elaborated according to the objects of the research.<sup>7</sup>

Widely used in conducting the research, the quantitative method represents, in principle, the intention to guarantee the accuracy of the results, to avoid distortions of analysis and interpretation, thus allowing a certain margin of confidence regarding the inferences.<sup>8</sup>

Data collection was done through the approval of the Research Ethics Committee of UNIFESP - Federal University of São Paulo, with CAAE 56801416.6.0000.5505, according to Opinion no. 1,592,711 / 2016, resulting from the research "Analysis of case management in the Program Health Care at a Supplementary Health Care Provider".

The research was carried out by means of data collection, maintaining the absolute confidentiality of the personal data obtained through electronic medical records and / or spreadsheets and not making this data available to third parties. The anonymity of the participants complied with Resolution 466/2012 of the National Council and Health and the dissemination of the results is only for scientific purposes.

The study population includes a quantitative of 67 patients with chronic wounds that are part of a Health Care Program of a Supplementary Health Operator with funding for more than 300 beneficiaries.

The patients are picked up by the HCS of this SHO through several entrance doors: assistant physician; still captured within the hospital (through the hospital visit of the HCS social worker); family or through other patients who are already part of the HCS. At the capture, they go through a home visit of the social worker, who carries out a socioeconomic survey of the patients / family and sends them to a Nursing consultation where their entire health history is raised through an anamnesis and physical examination.

These subsidies were drawn from data sheets in Excel 2010 containing elements on the beneficiaries of wounds such as socioeconomic, financial data, diagnosis of basic pathologies, among others. All patients with chronic wounds were included in the study independently of the diagnosis or cause of the wound.

RESULTS

The sample presented in table 1 is characterized by a prevalence of the age group of 60 to 79 years (31%), with a larger number of women (18%). The minimum age was 14 years and the maximum age was 92 years. The degree of schooling draws attention because it has a percentage of 28% of beneficiaries with incomplete graduation, and soon after, a percentage of 25% of beneficiaries with incomplete secondary education, with women in greater numbers. Concerning the family wage rate, there is a percentage of 45% with a gain of three to five minimum wages, 25% of which is for the families of the beneficiaries. By the government, the benefits offered to women also prevail with a percentage of 13%.



Table 1. Sociodemographic characteristics of patients with chronic wounds taken by the Health Care Program of a Supplementary Health Service of Bahia - from 2013 to 2016. Itabuna (BA), Brazil. 2016.

Characteristics	Male	%	Female	%	Total	%
Sex	30	45	37	55	67	100
Age Group						
10-14	0	0%	1	1%	1	1%
30-39	1	1%	0	0%	1	1%
40-49	1	1%	1	1%	2	3%
50-59	9	13%	4	6%	13	19%
60-69	9	13%	13	18%	21	31%
70-79	8	12%	9	13%	17	25%
80-89	2	3%	9	13%	11	16%
90-100	0	0%	0	1%	1	1%
Education						
Incomplete						
Elementary School	2	3%	1	1%	3	4%
Complete Elementary						
School	7	10%	10	15%	16	24%
Incomplete high						
school	4	6%	13	19%	17	25%
Complete high school	2	3%	2	3%	4	6%
Incomplete Higher						
Education	9	13%	10	15%	19	28%
University graduate	2	3%	0	0%	2	3%
Postgraduate studies	4	6%	2	3%	6	9%
Family Wage Range						
1 Minimum Wage	0	0%	0	0%	0	0%
Up to 3 Minimum						
Wages	3	3%	2	3%	5	7%
From 3 to 5 Minimum						
Wages	13	19%	17	25%	30	45%
From 5 to 8 Minimum						
Wages	5	7%	12	18%	17	25%
> 8 Minimum Wages	9	13%	7	10%	16	24%
Retirement						
Retirement	5	7%	3	4%	8	12%
Benefits	8	12%	9	13%	17	25%

Table 2 shows a prevalence of 28% for patients with diabetic foot and the highest percentage of cases involves male

beneficiaries (15%) and, secondly, pressure ulcers (PU), with 16 cases (16%), the highest percentage also being women (7%).

Table 2. Diagnosis of wounds of patients seen in a Health Care Program of a Supplementary Health Operator - period from 2013 to 2016. Itabuna (BA), Brazil. 2016.

Diagnostics	Num of cases	%	Male	%	Female	%
Diabetic foot	19	28%	10	15%	9	13%
UPP	16	24%	5	7%	11	16%
Venous ulcer	9	13%	3	4%	6	9%
Surgical wound	8	12%	5	7%	3	4%
Accidents at work	3	4%	3	4%	0	0%
Pyoderma						
gangrenosum	2	3%	1	1%	1	1%
Colostomy	2	3%	1	1%	1	1%
Surgical incision	2	3%	0	0%	2	3%
Surgical						
dehiscence	2	3%	2	3%	0	0%
Arterial ulcer	1	1%	1	1%	0	0%
Furnier syndrome	1	1%	1	1%	0	0%
Not diagnosed	2	3%	1	1%	1	1%

Table 3 shows that, of the 67 beneficiaries studied, as carriers of wounds, belonging to the health care program, 24% are cramped,

with 19% being female. Among the diagnoses surveyed, 38% have Alzheimer's disease, 31% of which are female. Pressure ulcer patients

(PU) reach a percentage of 75%, with a higher prevalence among women, even though it is a

larger number. In the case of recurrence of PU, 81% of patients had a return of wounds.

Table 3. Clinical characteristics of the "bedridden" beneficiaries with chronic lesions, captured by the Health Care Program of a Supplementary Health Operator of Bahia - from 2013 to 2016. Itabuna (BA), Brazil. 2016.

	Male	%	Female	%	Total	%
Bedridden	3	4%	13	19%	16	24%
Not bedridden	27	40%	24	36%	51	76%
<b>Diagnostics</b>						
Alzheimer	1	6%	5	31%	6	38%
Stroke	0	0%	2	13%	2	13%
Cancer	0	0%	1	6%	1	6%
Handicapped	1	6%	0	0%	1	6%
Insanity	0	0%	5	31%	5	31%
HTLV	1	6%	0	0%	1	6%
<b>PU</b>						
Yes	3	19%	9	56%	12	75%
No	0	0%	4	25%	4	25%
<b>Repetition of PU</b>						
Yes	2	13%	11	69%	13	81%
No	1	6%	2	13%	3	19%

DISCUSSION

◆ Profile of chronic wounds

The data presented in Table 1 show a female profile, in the prevailing age group between 60 and 69 years old, with incomplete graduation (28%), with a salary range of three to four minimum wages. Studies carried out in Goiânia / GO confirm the same sociodemographic characteristics, thus strengthening the data of this research.<sup>9</sup> Another research carried out in a hospital in the city center of Niterói / RJ also found sociodemographic characteristics similar to those found in this research.<sup>10</sup>

Regarding the prevalent age range, it is noticed that, at this age, the human body already begins to show signs of anatomical fragility with a physiological impairment. Sedentary lifestyle is more prevalent, skin thickness is reduced, blood vessels are no longer with high contraction and dilatation power, blood flow tends to become more stagnant in the lower limbs, and diseases affecting the neurological system are more gifts, often leaving the individual bedridden.<sup>10</sup>

What is intriguing in this study is that most of the beneficiaries have a high level of education: incomplete graduation (28%). They are people who have a good understanding of their pathophysiology, the care they need to have good healing, the use of medications, how to perform the dressings, and how the coverages used by the SBP wounds group work. They are people who have health

insurance and most of them have a doctor to follow their wounds long ago.

A study carried out in 2002 found that the higher the level of schooling, the greater the self-care regarding wounds.<sup>10</sup> However, this study brings a group of people with a higher educational level (in relation to the studies performed), but has a lower financial level (salary range of three to five minimum wages - 45%, according to table 1) and part of this range comes from government benefits (which may be lost).

Many families house other families within the same household and, consequently, other problems are identified: divorced children (with grandchildren); spouses who do not cooperate with the treatment; children who do not help with household chores or with financial help at home (living with their parents' finances, even earning a living wage), and patients who have already given up on the disease because they have no other life expectancy. All these events directly interfere with the treatment of wounds.

The carrier of a varicose wound or pressure ulcer, for example, feels fetid, rotten, untouchable. An ulcer goes far beyond the physical. It affects people's psycho-emotional, financial, social and self-esteem. And unlike acute wounds, chronic wounds bring these effects for years in the life of a human being leaving marks and consequences that only time can erase.<sup>1</sup>

### ♦ Chronic ulcers: major challenges in prevention and treatment.

This study presents 28% of the wounded beneficiaries diagnosed with diabetic foot patients, the majority of them being men (15%), according to table 2 (a value of 6.33% of the 300 patients captured by the SBP under study). According to the Ministry of Health in 2013, 40-70% of amputations result from complications of foot ulcers and that 25% of people with diabetes are at risk of developing foot ulcers on their feet during their life.<sup>9</sup>

All diabetic foot ulcers of the beneficiaries served by the SBP under study were healed. However, some patients had difficulties in adhering to relapse prevention. For the tranquility of the team, this happened to the minority. However, the need for several patients to lead a normal life was perceptive: they could walk normally, live without limitations, use the shoes they desired even though many had an active life and now had to use differentiated footwear (often more expensive) or can no longer eat what they liked because they were already in a chronic phase of the disease and "full" of sequelae.

Patients with diabetes have a facility three times greater than a normal person to be affected by depression. Drug addiction, financial difficulty in acquiring edible foodstuffs pertinent to diabetic diet, nutritional restrictions, physical sequelae, frustration at failure to achieve control goals emotionally debilitate the patient with diabetes.<sup>11</sup> This becomes a giant barrier between the health professional and the patient with diabetes making it difficult to follow up on education and adherence to the prevention / treatment of wounds.

Faced with this context, what was perceived more was the presence of patients with depressive symptoms because they were full of social limitations and without quality of life within the expected by them. Many, despite having a health plan, were not in a position to purchase appropriate footwear or blood glucose tapes, which, although provided by the government, are insufficient to maintain good monthly control.

Another prevalence in this study is pressure ulcer (PU). Of the 67 patients analyzed, 24% had PU with the women forming the majority of the beneficiaries. These beneficiaries had caregivers who were also domestic workers sharing care with household chores. Only one patient had a private caregiver, but it was not full-time: it was only in the morning and part of the afternoon.

A study carried out in Spain showed that the prevalence of patients with PU in home

health management has increased between 8% and 9%. It is not known exactly what explanation, only the most acceptable hypothesis is the economic crisis, which has affected both material and human resources.<sup>12</sup> The Brazilian reality has not been different and, as has already been said, the lack of human resources and adequate inputs to promote the prevention and / or treatment of PUs has increased the prevalence and incidence of PU in the country.

In another study carried out in Spain, in geriatric residences, it was also found that the index surveyed presented a percentage of 27% of PU in men and 72.92% in women (confirming this study, with a prevalence of 16% part of the elderly)<sup>13</sup>. These numbers are characterized by having the woman more survival, as a consequence of a search for prevention and promotion of health and / or being this searcher for a life closer to healthy (avoiding smoking, alcoholism and so on).

Most of the population presents a difficult social level with vulnerable income and unbalanced family structure. But research indicates that it is not yet known whether the economic impact is the cause or consequence of the long duration of chronic ulcers as they affect a more fragile class.<sup>14</sup>

In the treatment of chronic ulcers, pain control is also an important factor. Many recipients even use faith as an anesthetic agent for pain. Pain that usually begins with a pain of the soul spreading to the lesional physical pain and usually the report that health professionals do not heal the pain is notoriously leading patients to a self-medication that can generate a dangerous situation, especially when they use anti-inflammatory drugs on their own.<sup>15</sup>

Another factor that hinders the continuous search for healing, leading to a state of chronicity of the injury, is the lack of professionals trained and involved in the practice of wound healing. All stories result in people having their first injury. This has been increasing and, for years, heals and returns, but there is no resolve. Often this return is due to a lack of personal positivism, of medical professionals seeking healing as a real purpose and / or lack of professionals involved in the use of products suitable for the purposes expected in the injury process, which is the final healing, without a "possible" return of the lesion.

### ♦ Coverage: the search for information / improvement

During this research, which was developed in the work practice itself, it was noticed that the lack of information on the

pharmacodynamics of the products used in wound cover covered almost 100% of the covers bulges. They only had general information about their use and / or indication.

There was an evolution in the coverings used in wounds. Nowadays, they are more sophisticated and more appropriate to act in the various phases of healing.<sup>2</sup> The multiprofessional teams, in the face of this advance, began to act more safely during the coverage choices. Therefore, it is extremely important to know the stages of healing, the property of the chosen covering, the underlying pathology and the appearance of the wound.

But there are still many disagreements when it comes to wound treatment. Some studies report the use of drinking water in wound cleaning to reduce infection, while others suggest that using 0.9% isotonic solution or drinking water does not maintain any difference in infection rates.<sup>16</sup>

A large part of the literature consulted for this study, and / or articles searched in the databases, did not elucidate, in a more technical way, the actions of each coverage. Only a literature has more appropriately provided a more technical and scientific content covering topics such as: presentation, mechanism of action, indication, contraindication, mode of use and periodicity of the exchange. These topics were approached with a more comprehensive content than the other literatures or even more extended than the own bulerías belonging to the industrialized covers.

In a survey carried out in Granada, Spain, the same difficulties were observed: the lack of a foundation in the use of coverages or products used to prevent wounds.<sup>17</sup> Manufacturers do not yet have bulerías containing more precise information on the coverage performance thus leaving Nursing discovering the dynamics of the performance of the products at each stage of the use to promote the healing process.

But even in the face of all this technological advance in wound coverings, it is still noticeable that the population has not had access to it. The UHS already offers several coverage through its programs, however, the population, due to the difficulty of public administration, has not used such technology in the treatment of their injuries.

The high cost of coverage is still another barrier faced by everyone, both patients and institutions. If the wound team is not well trained, misapplication can result in increased injury or early change, causing consequently

great harm to the patient and increasing the cost to the health sector.<sup>18</sup>

A health team should see the body of each patient as a physico-chemical process capable of producing peremptory factors in the health-disease process.<sup>19</sup> Thus, it is necessary to carry out an extended analysis with a view to the knowledge of the body as possessing emotions, self-care and with a history. So, gathering all these factors, one realizes that choosing a coverage is not simply embracing the first one you found in the closet or on a website, but performing critical and analytical thinking about which coverage should be used in the treatment in question.

#### ♦ Wounds: economic evaluation

To discuss wounds is not only to walk through the pathological and physiological processes of inflammation / healing, but is to engage with health technologies that lead to the pleasure of watching the technological processes advance in the search for healing of lesions that often have years of history . This quest aims at objectifying the quality of life.

In front of these technologies are the professional and the patient who, in their anxieties, desire the best and the most modern in the market. But any breakthrough comes at a cost. Every technology requires a research process, a construction of a knowing that can lead to a lifetime of distress (as it often describes a chronic ulcer patient).

In thinking about this quality of life, the MS, in its methodological guidelines on economic evaluation in health,<sup>20</sup> has shown concern about the way these technologies impact patients, manufacturers, professionals and health services, and how this quality of life has been measured. life and its impact on the health sector.

The Ministry of Health states:

*The importance of quality of life assessment (QoL) has increased significantly during the last 50 years, mainly because it is an approach that values the perspective of the patient and allows the approach of the health of individuals in different domains such as physical aspects , day to day functioning, social performance and emotional aspects. The main purpose of this type of evaluation is to measure the functional and subjective impact of chronic diseases and their treatment in the life of the affected individuals.*<sup>20</sup>

These evaluations suggest thinking about quality of life versus cost and cost analysis is not only through the use of a product, but requires, as a context, the economic reality in which the technology inserted is being used.<sup>20</sup>

The health professional usually engages with technology, but usually does not seek to



construct a thought about the best value for money during his choice. Nursing, because it is a profession that performs a great number of procedures, must always seek the construction of an economic thought during the choice of a technology that will be destined to its final instrument: the act of caring.

Healing wounds also involves the same thinking: quality of life vs. choices versus costs in health. In any society, however developed it may be, there will always be limited resources primarily in relation to the potential demand of its individuals.<sup>21</sup> It also states that if demand were as plentiful as needs, there would be no need for an economic process.

Costs involve several factors such as the expected result, the raw material used, prices practiced by traders and / or representatives, maturity of the beneficiary in maintaining the product applied in his injury (according to professional orientation), safety by the prescriber of the product and the purchasing power of the economic society in which this beneficiary is inserted (UHS, municipality, health operator and / or private beneficiary).

Economic resources should not be isolated from a set of demands that involve the individual as clothing, food, leisure, education, among others.<sup>21</sup> At the moment of prescription in Nursing, all these factors must be considered even if the release is given by a health care provider. Resources can become scarce if not properly prescribed and well used.

Professionally, there is a tendency to call development a process of evolution which, in general, reaches only the minority of a population. This pattern must be stopped by bringing these technological innovations to the satisfaction of the needs of the population as a whole to bring about a collective well-being and not just a minority.<sup>22</sup>

In light of this thinking, it is important to reflect on the technologies used in the wound healing processes with a view to promoting a socio-professional thinking where everyone is asked: my country, my municipality, my patient has socioeconomic conditions to take possession of such technologies desired by all (professionals and patients)? What is the repercussion of this cost considering that a diabetic patient, for example, has a 25% risk of foot ulcers throughout his life, that this complication accounts for 40% to 70% of non-traumatic lower limb amputations and that 85% of these amputations started with ulcerations?<sup>11</sup>

According to the Brazilian Society of Endocrinology and Metabolism, SBEM currently has a total of 12,054,827 patients with diabetes in Brazil.<sup>23</sup> If an analysis of the percentages previously provided by the MH is performed, a frightening number of patients with lesions and amputations.

Given these data, Nursing needs to reflect on the use of technologies available in the market within the scope of coverage of wounds and / or accessories used in wound prevention and healing promotion. The population, in general, has its stagnant treatment due to a practice only of the use of state-of-the-art resources and what is perceived is the industry itself turning their eyes to inputs that are no longer valued due to the technological apparatuses that have arisen with the development of health technologies.

This return to the past, by the industries, has been thanks to nursing professionals who have not neglected the prescription of simple treatment, easily accessible and often found in the backyard (papaya papaya, among others ). This conduct leads to reflection on professional desires: the extent to which it has had ownership and scientific thinking in Nursing prescriptions for the treatment of wounds?

## CONCLUSION

The wounded people attended in a Health Care Program have a female profile, in the prevalent age group between 60-69 years, with incomplete graduation (28%) and a minimum wage range of 3-4 wages.

UHS, due to changes in the country's economic policies, does not currently have a universal health service, although this is one of its pillars. Thus, the private health service, which has a network established by the Health Operators consisting of private clinics, clinics and hospitals, has been sought by a range of individuals who believe in the provision of a differentiated and universal service.

But what has been perceived in this research is that the user of Supplementary Health Care Operators is still far from the characteristics of UHS users. They still can not manage health care fully. There are few health care providers that have systematized health care. In addition to the fact that private health is still distributed, there is no reference and counter-reference thinking on the part of the supplementary health care networks.

Thus, in the context of this context, the public or private user still faces great barriers to health treatment of injuries, being at the

mercy of a range of professionals that do not aim at population health, but rather at the financial health of those who offer the service.

Despite the absence of a specific bibliography, this research showed that UHS - Sistema Único de Saúde (public health system) and HOS - Health Operation System (private health care provider) contain the same characteristics. Even if you have used a health plan, there is still the formatting of a disease plan and how to prevent and / or cure the disease. This plan only extends the suffering of the citizen and crucially increases the cost of the health care provider.

It is suggested that healthcare providers seek to raise their users' profiles and, above all, seek to understand the history of each wound in order to intervene, often, so that the individual is rescued. It is also suggested that wound teams seek descriptive studies on the actual use of wound healing products and, mainly, to publish their findings.

It is hoped that this research will sensitize health professionals and services to rethink public and private health policies in wounds. Well-targeted individuals are productive and zero-cost individuals. Individuals in the hands of trained professionals are individuals treated and carried out.

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