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RESEARCH

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The therapeutic route of chronic venous ulcer bearing patients and its effects towards nursing care

Itinerário terapêutico de pessoas com úlcera venosa crônica e as implicações para o cuidado de Enfermagem

Itinerario terapéutico de las personas con enfermedades crónicas úlcera venosa y implicaciones para la Enfermería

Jocimeli Aline Amaral da Silva;[1] Sandra Ost Rodrigues;[2] Carla Senhorinha Silveira de Abreu;[3] Greice Machado Pieszak;[4] Vânia Lucia Durgante;[5] Renan Rosa dos Santos[6]

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ABSTRACT

Objective: The study's purpose has been to know the therapeutic route of chronic venous ulcer bearing patients, and also understand its effects towards nursing care. **Methods:** It is a qualitative research that carried out in a Nursing Care Center. Eleven chronic venous ulcer patients participated in the study. Data were collected over the period from August to September 2016 and through a semi-structured interview. Subsequently, data were analyzed according to the Minayo's thematic analysis. The study was approved by the Research Ethics Committee. **Results:** The patients' therapeutic route was influenced by the popular knowledge, by both family and spiritual support, and also by the interactions with health care services, which were fragmented and not constantly effective. **Conclusion:** It was evidenced that studies about therapeutic route are a tool to assess the nursing care quality. The few number of nursing publications regarding this matter may be highlighted as a limitation of this study.
Descriptors: Nursing, ambulatory care, venous ulcer.

RESUMO

Objetivo: Conhecer o itinerário terapêutico de pessoas com úlcera venosa crônica e as implicações para o cuidado de Enfermagem. **Método:** Pesquisa qualitativa desenvolvida em um centro de cuidados de Enfermagem. Participaram do estudo 11 pessoas com diagnóstico de úlcera venosa crônica. Os dados foram coletados entre agosto e setembro de 2016 por meio de entrevista semiestruturada, e analisados

1 Nursing Graduate by the URI.

2 Nursing Graduate by the *Centro Universitário Franciscano* (UNIFRA), MSc in Nursing by the *Universidade Federal de Santa Maria* (UFSM), Professor of the Nursing Graduation Course at URI.

3 Nursing Graduate by the URI, Specialist's Degree in Public Health with emphasis in Family Health by the URI, Nurse responsible for the Nursing Care Center at URI.

4 Nursing Graduate by the UFSM, MSc in Nursing by the UFSM, Professor of the Nursing Graduation Course at URI.

5 Nursing Graduate by the UFSM, MSc in Nursing by the UFSM, Nurse of the Ambulatory Care Service at HUSM.

6 Nursing Graduate by the URI.

de acordo com a análise temática de Minayo. O estudo foi aprovado pelo Comitê de Ética em Pesquisas. **Resultados:** O itinerário terapêutico da pessoa com úlcera venosa crônica foi influenciado pelo saber popular, o apoio familiar e espiritual, além das relações com os serviços de saúde, que se mostraram fragmentados e nem sempre resolutivos. **Conclusão:** Evidenciou-se que estudos sobre itinerário terapêutico constituem-se como uma ferramenta para avaliar a qualidade da assistência de Enfermagem. Esta pesquisa teve como limitações poucas publicações na área da Enfermagem sobre essa temática.

Descritores: Enfermagem, Assistência ambulatorial, Úlcera venosa.

RESUMEN

Objetivo: Conocer el itinerario terapéutico de las personas con úlcera venosa crónica y las implicaciones para la atención de enfermería. **Método:** Investigación cualitativa llevada a cabo em un Centro de atención de enfermería. En el estudio participaron 11 personas con úlceras venosas crónicas. Los datos fueron recogidos entre agosto y septiembre 2016 a través de entrevistas semiestructuradas y analizados según el análisis temático de Minayo. El estudio fue aprobado por el Comité de Ética de la Investigación. **Resultados:** El tinerario terapéutico de las personas con úlcera venosa crónica fue influenciado por el conocimiento popular, el apoyo familiar y espiritual, además de las relaciones com los servicios de salud, que están fragmentados. **Conclusión:** Conocer que los estudios sobre itinerario terapéutico constituyen como una herramienta para evaluar la calidad de los cuidados de enfermería. Esta investigación tuvo el menor número de publicaciones limitaciones en el campo de la enfermería en este tema.

Descriptores: Enfermería, Atención ambulatoria, Úlcera venosa.

INTRODUCTION

Significant changes in the world population have occurred in recent years, from a demographic composition composed of many young people and few elderly people to the reversal of this relationship, with the increasing predominance of the elderly people.[1] This shows that the population is aging at the same time that the life expectancy is increasing.

The population ageing increases the appearance of chronic conditions, especially chronic diseases, which affect the elderly people more. The *Pesquisa Nacional por Amostra de Domicílios (PNAD)* [National Research by Residence Sampling], in 2008, showed that as the age advances, chronic diseases increase, so that 79.1% of Brazilians aged 65 years or more reported having some type of chronic disease.[2]

Among these, circulatory system diseases stand out, particularly the Chronic Venous Insufficiency (CVI), which is related to venous hypertension, which may result from the valve deficiency in superficial and deep veins, venous obstruction, or a combination of these. These factors are worsened by the calf muscle pump failure and it is described primarily by the occurrence of Venous Ulcer (VU) in lower limbs.[3]

In Europe and Australia, the incidence of UV varies from 0.3% to 1% of the total population, whereas this index increases to 2.7% worldwide. Despite the relevance of the disease, little is known about its distribution in the Brazilian population.[4]

This lesion type corresponds to approximately 75% of the Chronic Leg Ulcer (CLU) causes, and has high prevalence, increased healing time and high number of recurrences, causing suffering to both the patient and his family. Moreover, it generates a dependence on health care services and causes a significant financial impact.[5]

Therefore, it assumes an important magnitude with regard to social repercussion, since it directly affects the people's life quality, since it is marked by subjectivity and affects all the essential components of the human condition, whether it is physical, psychological, social, cultural, or spiritual.[3] This context is a major challenge for the health services and nurses and his team stand out in the care of people in this condition, from the prevention, injury evaluation, prescription of suitable treatment, and health promotion for people and their families in order to provide an integral care.

Furthermore, nurses must plan health care actions that consider the social, economic and demographic conditions, as well as to orient adequately and enable VU patients to participate in their treatment and strengthen their autonomy.[6]

Thus, the demand for health care can be influenced by several aspects, either by the formal care network, or by the sociocultural factors of the context in which care practices are performed. The path that the person performs in the search for treatment and cure for the disease, from its discovery until resolution, is called therapeutic route according to the health anthropology.[1]

Therefore, it is necessary to understand these people's experiences in order to know the therapeutic route since the start of the injury, and also understand the techniques used for this care, trying to understand how the search for treatment and its difficulties happen, which makes it possible to provide an integral and effective care.

Hence, it was decided to investigate the therapeutic route of patients bearing Chronic Venous Ulcer (CVU) in order to know their experiences and to understand how culture and beliefs can influence the treatment of people affected by skin lesions.

In this context, the following question was developed: "How is the therapeutic route carry out in CVU bearing patients and what are its implications towards nursing care?".

In order to answer this question, this study aimed to know the therapeutic route of patients bearing CVU and its consequences for nursing care.

METHODS

It is a descriptive study with a qualitative approach that was performed in a Nursing Care Center from a community university specialized in the treatment of skin lesions and located in a municipality of the *Rio Grande do Sul* State, Brazil, which assists the local community through the *Sistema Único de Saúde (SUS)* [Unified Health System].

Eleven CVU patients participated in the study. The inclusion criteria were: CVU patients aged at least 18 years old and who had at least five nursing visits in the outpatient unit from January 1st, 2015 to August 15th, 2016. The patients' medical records were studied during this period. The exclusion criteria were, as follows: patients with understanding and/or communication problems and those who refused to participate in the research.

After the study of the 12 registers found, of which seven were being assisted at the outpatient unit and five were not due to private decisions or because of movability problems, the active participants were invited individually to participate in the research in a room previously reserved. After the patients' acceptance, the interviews were scheduled according to the availability of each participant for data collection, which occurred in the outpatient unit itself. For the five participants who were not being assisted in outpatient clinic during the period, a home visit was scheduled by means of telephone contact. One patient did not accept to participate in the study, then, 11 participants remained. Data collection was carried out from August to September 2016.

For data collection, questions were used to trace the participants' sociodemographic profile, followed by a semi-structured interview script about the VU onset, its development, and the care actions performed after this onset.

The project was approved by the Research Ethics Committee from the university under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appraisal] No. 57595816.1.00005353. Also, the ethical and legal principles were obeyed according to the Resolutions No. 466/2012[7] and No. 510/2016[8] from the National Health Council.

The participants received the Free and Clarified Consent Term, which was read and explained to each participant. Likewise, in order to identify the participants, the codes P1, P2, and so on, were used sequentially. The letter "P" specifies the "participant" followed by the interview's order number.

The participants' speech was recorded on an audio recorder – with their permission – in order to preserve the reliability of the records and, afterwards, the transcriptions were carried out in full and saved in a computer file, and also analyzed later. Data analysis was performed according to Minayo's thematic analysis, which occurred in three stages: pre-analysis, material exploration, and treatment of the results obtained and interpreted.

Since, in the first stage, the floating reading was performed, this moment allowed the researcher to have direct and intense contact with the data collected. The second stage was the Material Exploration, which sought to reach the core of text comprehension and sought to find categories of expressions in which the contents of the lines were organized.[9]

The third step consisted of the treatment of the obtained and interpreted results, in which the raw results were submitted to the complex statistical operation called factorial analysis, which highlighted the information obtained.[9]

RESULTS AND DISCUSSION

Initially, it is presented the participants' description and later the therapeutic route of CVU patients, which was grouped in two categories: The influence of popular knowledge in the search for the therapeutic route and the interference of professional relationships regarding the choice for the therapeutic route.

Table 1 - Participants' socio-demographic description. Brazil, Rio Grande do Sul (august-september/2016)

Code	Gender	Age	Education degree	Civil status	Religion	Occupation	Number of sons	Household income (minimum wages)
P1	M	66	IEE	Married	Protestantism	Retired	3	2
P2	F	70	CEE	Widow	Protestantism	Pensioner	3	3
P3	M	61	IEE	Widow	Catholicism	Retired	1	1
P4	F	86	CEE	Single	Spiritualism	Retired	0	1
P5	F	70	Illiterate	Divorced	Catholicism	Retired	3	3
P6	F	65	CEE	Married	Protestantism	Housewife	2	2
P7	F	80	Illiterate	Widow	Catholicism	Retired	1	1
P8	F	76	CEE	Married	Catholicism	Retired	3	2
P9	F	64	IEE	Divorced	Protestantism	Retired	6	3
P10	F	59	CEE	Divorced	Catholicism	Housewife	2	3
P11	F	57	IEE	Widow	Catholicism	Pensioner	3	1

Notes: P - Participant; F - Female; M - Male; IEE - Incomplete Elementary Education; CEE - Complete Elementary Education.

Among the 11 participants, nine were women and two were men and the aged 57-86 years old. VUs are considered a problem that predominantly affects women and the elderly. According to studies, they are three times more likely to develop chronic venous leg ulcer than men.[10]

Table 2 - Patients' pathology history characteristics. Brazil, Rio Grande do Sul (august-september/2016)

Code	VU's presence time	VU number	Relapse	Pre-existing diseases
P1	30 years	03	Yes 5x	SAH, DM, cardiac patient
P2	04 months	01	No	SAH
P3	17 years	02	No	SAH, cardiac patient
P4	08 months	01	No	SAH, DM
P5	20 years	01	Yes 4x	SAH, DM
P6	6 years	02	No	____
P7	11 years	01	No	____
P8	20 years	01	No	____
P9	30 years	03	Yes 4x	SAH, DM, cardiac patient
P10	17 years	1	Yes 2x	____
P11	06 years	0	Yes 1x	____

Notes: SAH - Systemic Arterial Hypertension; DM - Diabetes Mellitus; VU - Venous Ulcer.

According to Table 2, it is observed that the participants shows high VU's presence time, and those who were cured of the lesion presented relapse, which may be associated with previous pathologies and the constant changes of the treatment location.

It can also be noticed that diabetes mellitus and arterial hypertension interfere with the healing due to vascular complications that lead to poor circulation causing poor wound healing, and also diabetes can favor infections.[11]

The influence of popular knowledge in the search for the therapeutic route

It was evidenced, in this category, that seven participants did not identify the first skin changes as something that needed specialized help. Thus, they applied home procedures based on personal or family influence in order to solve the problem, as observed in the following statements:

> So it [the wound] started like this, one day I was out there and when I saw it, there was a little thing, a little hole, and those little threads that were coming out, that blood ... I washed it thoroughly with warm water and I put saline I had and that's what I did, and I pressed it very well, but it continued to leak, it leaked for a long time. (P8)

> It was a knock on a dry twig, and to tell the truth, I didn't even care, then I felt it burn and lifted my pants and I saw that the skin was raw, so I washed it with water and soap, I dried it and left it, and I didn't bother myself, so later when I starting to take shower, it was burning, and then I started to put a cream on it, a cream that I used for itch, since sometimes if my feet get wet and my fingers get itchy, I use this cream and that's all. (P4)

The popular or informal section is represented by home care provided by non-professionals close to the patient, such as family, friends, neighbors, community, including all types of activity and social network support.[12]

Thus, the personal custom constructed in the course of life guide the ways of acting and offer the conditions for a treatment attempt. It is related to the popular knowledge, which is linked to the individuals' cultural aspects and used in non-emergency situations.[13] It is still understood that the practice of self-medication may constitute a risk factor, mask symptoms and delay the search for a health care service. Nevertheless, it was the first therapeutic intervention used by the VU patients in this study.

The use of herbs was also noteworthy in this category, and this procedure was recommended by the family or community as a form of treatment, since these herbs are readily available to the majority of the population, as shown in the following reports:

> That chamomile tea bag from the pharmacy, I was taught to wash the wound using it. (P8)

> The mother also had some herbs that she knew were good, she gathered some herbs there and we put them on the wound. (P1)

> I wash it thoroughly using chamomile tea and also arnica tea, we use only tea, now she's not using saline anymore. (P8)

> Herbal medicines, everything they taught me to wash it I did, like comfrey and tanchagem tea, I cooked these things well and allowed it to cool, and after that I washed it. (P9)

Herbs are used for preventing and treating diseases, having strong cultural marks, as emphasized above by P1. It was also evidenced that the participants used various treatments and care actions without the medicines recommended by the professional health care system, and they empirically used many care procedures according to their possibilities and familiar knowledge.

According to the following speeches, the support from the family and relationship network is an ally for health care. It is also confirmed that the existence of comorbidities can lead to the difficulty to access health services, and therefore require the use of popular practices at home:

> It's my wife who's helping me at home when I need it. (P1)

> It was me who put the dressing on it when the wound was near the front, near the ankle, and then when she started to make the turn, I couldn't do it anymore, hence it was my daughter or my niece who did it. (P3)

> It's been more than two years since I walked, because I can't stand on my feet on the floor so it's my sister who puts the dressings, she got the training out there at the post to put those dressings, she does it using gloves and everything, she only doesn't wear a mask. (P6)

> It's my son who takes care of me a lot, has gloves and everything to use there, it's he who takes care of me because I can't always go out, because walking is very difficult for me, and it's he who takes care of me. (P8)

In this sense, the health care network is built by people and families experiencing illness and present themselves in social relationships based on kinship and neighborhood ties, in which goods and services are exchanged on a non-market basis. Moreover, this network has been present in different care procedures.[15]

In this context, family is the participants' main source of support for the and its members play a fundamental role in home care, assume multiple roles, and often give up their own lives to provide care.

Family appears frequently in the participants' speech, in which they emphasize that it is in this context that the most different forms of support happen, such as the specific and technical care of VUs and the aid for the patients' displacement, as the following statements shows:

> It's my son-in-law who was bringing me here by car because of my difficulty to walk because of the open wounds, you know. (P1)

> It's a brother-in-law of mine who brings me and waits for me and then takes me home. (P3)

> My nephew brings me every day, he brings me and comes here to get me. (P4)

> My daughter contacted them there and is waiting for an answer if I can order this gel. (P11)

> I told my daughter, I said: "my daughter, get some information about where's the outpatient unit". (P9)

> My husband is like "the daily bread", he works for the medicines, for us to eat, for everything, he has to work or else it doesn't work. (P6)

Hence, it is clear that the support of family and friends provides the strength and courage to continue fighting the fears and suffering characteristic of the situation, making the patients feel that they are not alone and are supported by the people who participate in their world.[16]

As a result, it is understood that the family is a system in which values, beliefs, knowledge and practices are combined, where a support network is created in which a dynamic functioning is developed, which promotes health and treats its members.[17]

A qualitative study, carried out with caregivers who provide care to chronic patients, showed that the caregivers need physical, practical and psychosocial support over time to support the home care demands.[18] Therefore, the health care network must provide assistance for the family in order to it receive adaptation support during the patient's route.

The interviewees' speech allows shows a diversity of care actions. The participants' perception regarding healthy eating and rest is also highlighted as a practice to stimulate the VU healing, as stated in the following testimonials:

> The more gelatin you eat, the better it's for healing, eating lean meat, chicken without skin, and the more you take

> care of yourself, the better it'll be the treatment, if you don't take care of yourself towards eating, that's no good, food is the main thing for everything. (P3)

> At home, I also take care of myself, besides the eating thing, I have to stop working for about twenty minutes and lift the leg until above my head to help the blood flow. (P3)

> Now I'm resting more, taking care of myself, that's how I relax, you know, when I think I get better instead of continuing. (P5)

> I started to rest, to lift my legs up, to give time to my legs stay up for the time needed, to lower them a little, to lift them again, so I felt an improvement. (P9)

Popular culture confirms that some foods may directly interfere with the healing and recognizes the need to reduce or suspend the consumption of such foods in certain physiological or pathological organism states.[19]

It is highlighted recognizing the need for a balanced and healthy diet. which shows the responsibility for self-care, as well as rest practices that were recognized by the participants as a way to promote the healing of VUs.

Therefore, the understanding of each participant about the disease and its treatment, as well as previous knowledge, produced different care alternatives in order to improve the health status. The participants interpreted once again the professional practices and beliefs in their cultural context, in which we can highlight the *umbanda* center and the act of praying among the main spiritual practices experienced, as reported in the following statements:

> I went to a caboclos' center, but nothing, nothing was solved at all. (P1)

> I've never used tea, I've never used herbs, I've never sought a healer's blessing, I'm a protestant, I've never sought a healer's blessing, the protestant's prayer… That's it. (P6)

When they notice that something different is happening and also soon after the disease diagnosis, people usually seek explanations through higher beings about why they were affected by the disease.[1] Consequently, the search for this sector was seen as possibilities for healing, but the healing delay was distressing and it produced frustration and suffering. At other moments, faith in God was an aid during distress, alleviated symptoms and provided strength to endure the disease.

> Now, thank God I can walk. (P3)

> Thank God I'm cured, but eleven years aren't eleven days, right? (P7)

> One thing I tell you with certainty is that God is wonderful and it's by the will of God that I am still here. (P9)

> I suffered a lot, a lot of pain, I cried very much, now thank God I'm cured, it doesn't open anymore, I'm walking, I run, before I couldn't run. (P10)

The participants' speech showed that religion was a support for overcoming difficulties, produced a new meaning of life and strengthened the bond with God. So, the belief in the existence of a higher being helps to increase the effects of healing energy[17] and provides comfort in moments of distress.

According to the data found in this category, we can conclude that the therapeutic route of CVU patients is something complex and have several faces from popular knowledge: the culture, the beliefs and the family system, that together define a support network and influence in the choice for therapeutic route.

Influence of professional relationships towards the choice for the therapeutic route

In this category, it was identified that four participants, after noticing the first changes, sought help from the health professional from the hospital network and the others sought care in the outpatient unit only after home trials and/or situations in which they noticed that the wound worsened:

> I went to the outpatient unit, so the doctor said that it was this venous ulcer and gave me the medicine, so he started treating those wounds and said that I had to put these dressings. (P2)

> I went to the hospital, so the doctor looked at it and said: this is a venous ulcer. So he treated me for 15 days in the hospital. (P3)

> I went to the private doctor, I paid for the appointment, I paid for the exams, so they said it was a venous ulcer. (P6)

The official health care networks comprise the professional system, and they are composed of the formal medical practices.[12] The participants used the professional service in a variety of ways, such as the private and public services at different attention levels.[20] The meeting with the professional was important to identify the diagnosis and guide the correct treatment.

It was also identified that hospital admissions were also frequent, because the healing of an open wound is more difficult, which increases the risk of infections and explains recurrent hospitalizations, as reported in the following statements:

> I've been hospitalized several times here, I went [in another city] but was discharged because of the disease. (P1)

> I stayed at home for a week, stayed hospitalized for two, three weeks, and spent fifteen days there receiving antibiotics, then I came home, began to put dressings for a week, and after a week went back there. (P3)

Nonetheless, hospitalizations appear as a sign of service failures that, if they are carried out well, could interrupt this route before the health condition is affected.[21]

During this route, the CVU patients faced difficulties regarding the lack of trained professionals from the *Sistema Único de Saúde (SUS)* [Unified Health System] in the city that they live. Because of this, they need to travel to another municipality, as we can observe in the following statements:

> The doctor referred me to the [Regional Reference Service], so I started the treatment there, and they said it was chronic, and there was nothing else to do, I just had to keep using the medicines and nothing else, so I came here and it worked. (P3)

> Now I'm being treated with the assistance of the specialist doctor in [another municipality]. (P8)

> I went to [another city]. After I arrived there, I was attended by a respected physician, he examined me right and did tests. (P9)

The public health system issue still shows itself as a fragility towards the attention integrality and the role of providing access to health promotion, prevention, care and recovery services available,[22] since it offers assistance to large centers, but have the lack of specialized professionals in the municipality.

Hence, it is possible to observe the unpleasant consequences caused by constant displacement, as well as the waiting time to return to the origin city, making the therapeutic route a traumatic event that generates suffering, as stated by the following reports:

> I find difficulties for moving to [the reference center located in another municipality], since I'm very old, and I have a lot of health problems, so it's very difficult, and there one has to remain standing most of the time, then the leg swells very much and the wound begins to hurt, you know. (P1)

> I treated myself here and there was no progress, I went to [reference city], I was hospitalized there, so it was very difficult for my people and I move there and stay there. (P6)

Therefore, the CVU patients expecting to solve the problem accessed various health services to be cured, then becoming true pilgrims.[1]

It was possible to identify the relationship with the health professional that is evaluated by the participant according to the care techniques performed, and it is evident that the CVU patient prefers to treat the wound at home using the knowledge they acquired throughout life history instead of seeking care in health services that show little or no solution:

> They only washed it with saline and put the gauze and bandage and they didn't put anything that could stick, and it was increasing and more and, and the hygiene there was never good, so as I go there and they don't do it well, I don't go there and do it at home. (P3)

> We can't go there, we're very poorly served, people don't know how to clean it, they don't treat people well, to deal with people mainly the sick ones, you have to be patient, you have to be a kind person, you can't cause trouble there during your work, because there are people who are waiting for you because they need you. (P9).

It is observed that the process of fragmented work limits the professional practice and has a negative impact on the CVU patients' treatment adherence, since there is no space to share knowledge, exchange experiences and define strategies to face the problems. Therefore, strengthening the link and guaranteeing the access and reception by the health team are factors that can contribute to the treatment success, affecting the disease control in a positive way.[23]

It is important to reduce the gaps that still persist in professional work, which prevents the dialogue, the establishment of an effective communication, and a respectful and solidary relationship between those who assist and those who are (not) assisted.[21] In this way, the health professionals, to provide continuous care to the community, must respect its custom and beliefs, since these forms of care do not occur alone, but are embedded in the people's lives and need to be recognized and valued.[24]

The reports on the relationship with health professionals shows that there are relationships formed with responsibility and commitment, considering the reception, quality and resolution of care:

> The doctor who treated me sent me here to put the dressings here and I've been here for four months and I'm already good, the care here is great. (P1)

> The girls from the unit told me to come here because of the good service, then I started to come here and from there the wound started to get better, which were two wounds, you know, one of them has dried and the other is about to dry. (P2)

> The nurse told me there that I could lose my leg, so I came here, I thanked God since I saw the wound almost 100% and it is getting better every time. (P3)

> I don't know who told me that there they put dressings very well and then I went there, and I'm served very well, I got better there, all my improvement happened there. (P8)

The participants mentioned a reference outpatient unit for the treatment of skin lesions in the municipality and linked to the university. Thus, the majority of the participants perceived the training institution in a positive way and also highlighted the quality of care as an essential factor for providing a humanized care.

> Every time I went there at the outpatient unit [from the university] I was served very well, and thanks to the help of these people who work and are there to learn or help people like as I say, I had great relief. (P9)

> I was very well served, the nurse was a tall brunette, the first who served me there, very, very respected, she was special, was very kind, she did everything. (P9)

The users of health care services consider the reception and humanization basic foundations of the care and a responsibility characteristic of professional teams.[25]

In this context, the patients' speech made it possible to understand that the reception and bond become essential for treatment adherence, since the participants evaluate the possibility of cure before the assistance and when not satisfied they come back to the therapeutic route.

Thus, it is observed the health care professional's needs to widen his understanding beyond the wound and approach the CVU patient knowing that he is a complex being in order to provide an integral assistance, and also trying to understand the actual motives that guide the search for health care services.

CONCLUSION

Through this research, it was possible to know the reality of CVU bearing patients. It was also found that the search for care is related to the family and cultural context, which may affect the treatment and therapeutic route.

The various alternatives and paths covered correspond to the popular and professional knowledge in the search for either cure or better life quality. This diversity of pathways demonstrated important gaps in the teams' professional assistance, such as the lack of training, fragmentation of bond and humanization in the health care services. Because of this, the participants did not comply with the treatment and did not continued with their therapeutic routes.

These issues point out that the professionals need to rethink their actions, making the research on this subject important for them to review their practices in order to provide a qualified service.

As a result, studies regarding the therapeutic routes can contribute significantly to understand health care behaviors and how these are used, then constituting an important tool in order to assess the health care quality.

It is worth emphasizing that the lack of more studies concerning this topic is a limitation of this study, since it is a strategy to improve the nurse's care actions toward the CVU bearing patients. Thus, it is expected that this study may provide guidance for health care and new research.

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Corresponding author
Jocimeli Aline Amaral da Silva
Rua Barão do Rio Branco, 83
Bairro Gaspar Dutra, Santiago, Rio Grande do Sul
ZIP CODE: 97.700-000
E-mail: <allyne.amaral@hotmail.com>