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INTEGRATIVE LITERATURE REVIEW

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NURSING CARE FOR ELDERLY PEOPLE WITH VENOUS ULCERS: AN INTEGRATIVE REVIEW

*Cuidados de enfermagem à pessoa idosa com úlcera venosa: revisão integrativa**Cuidados de enfermería al anciano con úlcera venosa: revisión integrativa***Laura Beatriz de Souza Bezerra¹** **Alane Clecia Tavares Silva Batista²** **Weslane Balbino de Macedo Lopes³** **Karol Fireman de Farias⁴** **Ana Caroline Melo dos Santos⁵** 

RESUMO

Objetivo: descrever os cuidados de enfermagem que são direcionados à pessoa idosa com úlcera venosa (UV). **Métodos:** realizou-se uma revisão integrativa da literatura nas seguintes bases de dados: SciELO, BVS, LILACS, PubMed e BDNF com os descritores “cuidados de enfermagem” e “úlcera varicosa”, com as variações em inglês. **Resultados:** foram identificados 470 artigos, dentre os quais 09 foram considerados elegíveis para esta pesquisa. Observou-se que uma assistência de enfermagem baseada em evidências e centrada no olhar holístico com condutas individualizadas e na boa relação entre paciente-profissional pode ser decisiva para a adesão efetiva ao tratamento. **Conclusão:** com o presente estudo percebeu-se que o profissional de enfermagem tem grande impacto sobre o sucesso do tratamento de uma úlcera venosa, especialmente no que diz respeito à adesão ao tratamento e incentivo ao autocuidado. Novos estudos com foco na aplicação das teorias de enfermagem são relevantes para embasamento teórico-filosófico da prática de enfermagem.

DESCRITORES: Cuidados de enfermagem; Úlcera varicosa; Enfermagem baseada em evidências; Cicatrização.

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ABSTRACT

Objective: to describe nursing care for elderly individuals with venous ulcers (VU). **Methods:** an integrative literature review was conducted in the following databases: SciEI, BVS, LILACS, PubMed, and BDENF with the descriptors “nursing care” and “varicose ulcer”, with variations in English. **Results:** a total of 470 articles were identified, of which 9 were considered eligible for this research. It was observed that evidence-based nursing care focused on a holistic approach with individualized conduct and a good patient-professional relationship may be decisive for effective adherence to treatment and self-care. **Conclusion:** this study showed that nursing professionals have a major impact on the success of venous ulcer treatment, especially about adherence to treatment and encouraging self-care. Further studies focusing on the application of nursing theories are relevant for the theoretical-philosophical basis of nursing practice.

DESCRIPTORS: Nursing care; Varicose ulcer; Evidence based nursing. Wound healing.

RESUMEN

Objetivo: describir los cuidados de enfermería dirigidos a personas mayores con úlceras venosas (UV). **Métodos:** se realizó una revisión integradora de la literatura en las siguientes bases de datos: SciELO, BVS, LILACS, PubMed y BDENF con los descriptores “nursing care” y “varicose ulcer”, con variaciones en inglés. **Resultados:** se identificaron 470 artículos, de los cuales 9 fueron considerados elegibles para esta investigación. Se observó que el cuidado de enfermería basado en la evidencia y centrado en una visión holística con conducta individualizada y buena relación entre paciente y profesional puede ser decisivo para la adherencia efectiva al tratamiento. **Conclusión:** con el presente estudio se constató que el profesional de enfermería tiene gran impacto en el éxito del tratamiento de una úlcera venosa, especialmente en lo que respecta a la adherencia al tratamiento y autocuidado. Nuevos estudios centrados en la aplicación de las teorías de enfermería son relevantes.

DESCRIPTORES: Atención de enfermería; Úlcera varicosa, Enfermería basada en la evidencia; Cicatrización de heridas.

INTRODUCTION

Venous ulcers (VUs) can be described as damage to the integrity of the skin affecting the dermis, epidermis, and/or deeper tissues, sometimes compromising the lower limbs. Ulcers of venous etiology are difficult to heal, since in most cases this process exceeds a minimum of three months. In addition, this type of lesion can present recurrent infectious processes as a complication, especially when the lesion is associated with systemic pathologies such as Systemic Arterial Hypertension (SAH) and Diabetes Mellitus (DM).^{1,2}

Therefore, it is important to note that chronic venous insufficiency (CVI) is considered the most common cause of venous ulcers. This condition partially impairs the proper functioning of the valves located in the veins of the lower limbs, associated with the reflux of blood into the superficial veins. This failure in the physiological mechanism of blood flow causes venous hypertension during walking, which affects microcirculation, damages the walls of the veins, and increases permeability.^{3,4} As permeability increases, macromolecules are released from inside the capillaries into the skin, which in turn causes skin changes that result in tissue ulceration.⁵

Venous ulcers are a reality with a high incidence worldwide, which, according to the literature, is more prevalent in the

elderly population. This is due to underlying pathologies, such as DM and SAH, which are sometimes associated with CVI, causing certain difficulties in the healing process of lesions. Because of this assumption, it can lead to serious complications if not treated correctly.⁶

In terms of epidemiology, venous ulcers account for 70% of lower limb lesions and affect 1 to 3% of the world population, with prevalence increasing with age and peaking after age 60. In addition, about 50% of venous ulcers may recur if the health team's guidelines for long-term care are not followed.^{7,8}

A study conducted in some health units in the municipality of Ribeirão Preto, in São Paulo, identified that the prevalence of VUs in people over 60 years of age is approximately 58.5%, with 64.2% of this population being female and 73.6% having chronic diseases, especially SAH.⁹ In another study conducted in the city of Juiz de Fora, Minas Gerais, a prevalence of 90.3% of VUs was identified, with approximately 63.5% of cases occurring in females. This makes it clear that venous ulcers are the most common type of ulcer in the adult and elderly population, with a considerable impact on quality of life.¹⁰

The goal of wound treatment is to accelerate the healing process. Therefore, evidence-based nursing allows nurses to provide quality care appropriate to the patient's condition. This requires constant professional improvement in order to

develop the necessary discernment to determine, together with the patient, the most accessible treatment for each scenario, as well as the interventions to be applied to the injury, always structuring their actions in the nursing process (NP).¹¹

Nurses play a fundamental role in caring for people with WUs, as they are the professionals who are closest to the patient throughout the process. Acting from prescription, guidance, dressing and/or debridement to raising the patient's awareness of the therapeutic approach, it is also up to the nurse to make clear the importance of continuity of care for the lesion and self-care in general, based on the assumption that promoting such knowledge will make adherence to treatment easier and more effective.¹²

The management of venous ulcers requires multidisciplinary care, however, nurses are the professionals who are at the forefront of care and dressing changes, monitoring the evolution of the lesion from the beginning. In addition, it is up to nurses, based on the Nursing Process (NP), to create and execute the care plan during the treatment of the pathology.¹³ Thus, the objective of this study was to describe the nursing care that is directed at elderly people with venous ulcers.

METHOD

The study is an integrative review of the literature, which consists of synthesizing knowledge through a broader methodological approach, which may include experimental and non-experimental studies. This method allows the researcher to identify, analyze, and synthesize results from independent studies that address the same subject.¹⁴ In this review, the PICO strategy was adopted in defining the guiding question, assigning P (population) to elderly people with venous ulcers,

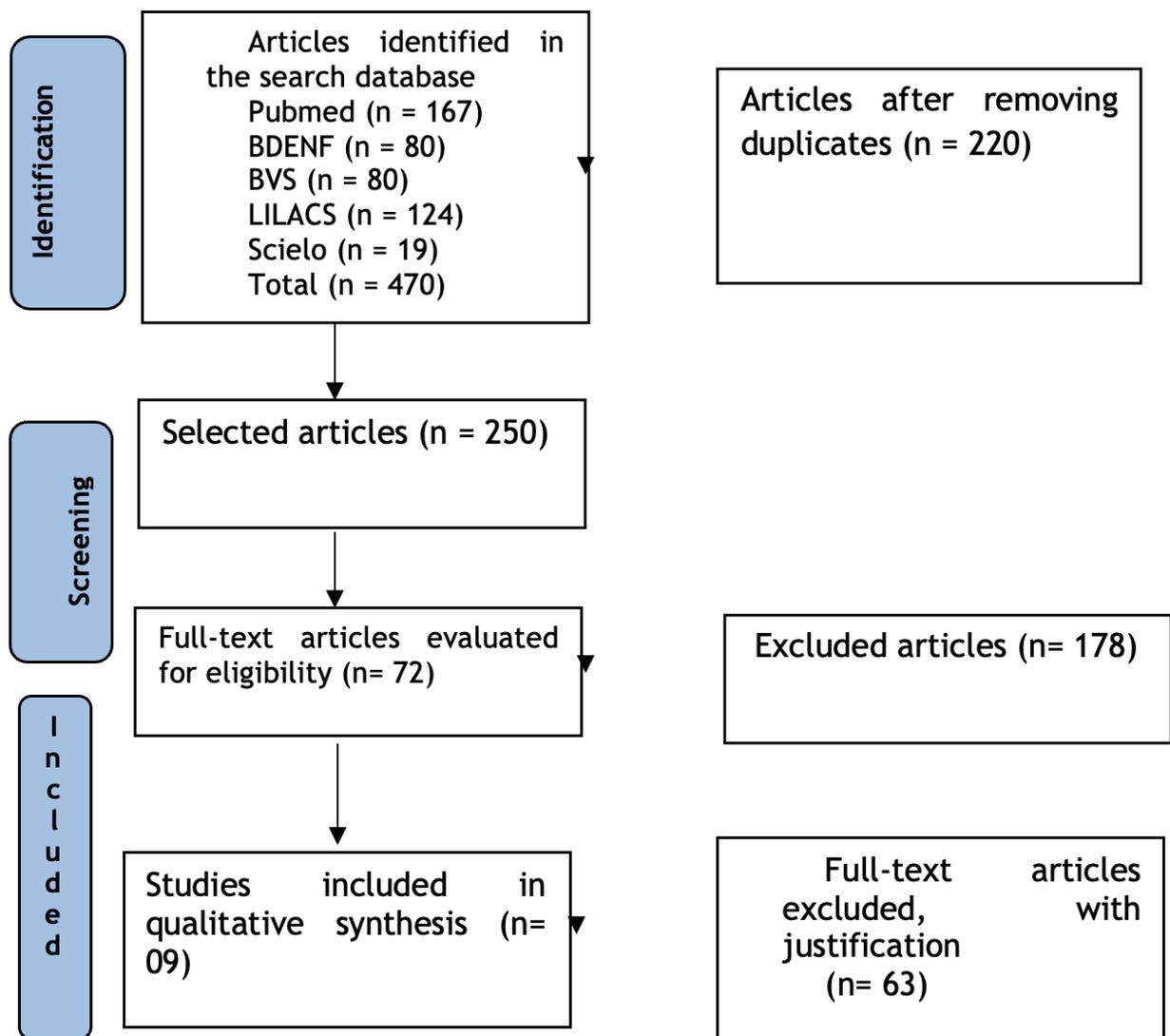
I (interest) to nursing care, and Co (context) to care directed at this population.

Given this, the following guiding question was defined: "What is the role of nursing in care directed at elderly people with venous ulcers?" The research was conducted in the following databases: Scientific Electronic Library Online (SciElo), Virtual Health Library Nursing (BVS), Latin American and Caribbean Health Sciences Literature (LILACS), U.S. National Library of Medicine (PubMed), and Nursing Database (BDENF), between September and October 2023. The following descriptors were used: "Nursing Care" and "Varicose Ulcer" in English and "Cuidados de enfermagem" and "Úlcera varicosa" in Portuguese. The Boolean operator used in the search was "AND."

The inclusion criteria were original articles in Portuguese and English, published between 2013 and 2023. The exclusion criteria were unpublished documents, conference reports, and/or scientific meeting reports belonging to the gray literature. In addition, articles that were not focused on the chosen theme were excluded. The software tool used during the study was Parsifal. Initially, all articles found in the databases were added to it, and then the inclusion and exclusion screening was performed as shown in the PRISMA flowchart (Figure 1).

Furthermore, it should be noted that the selected articles were classified according to their level of evidence. These were: I: evidence from systematic reviews or meta-analyses; II: evidence from at least one randomized controlled clinical trial; III: evidence obtained from non-randomized clinical trials; IV: evidence from cohort and case-control studies; V: evidence from systematic reviews of descriptive and qualitative studies; VI: evidence derived from a descriptive or qualitative study; VII: evidence from expert opinion and/or expert committee reports.¹⁵

Figure 1. Flowchart



Source: own work, 2024.

RESULTS

Five bibliographic databases were used in the research: Scielo, LILACS, PUBMED, BDENF, and BVS, which provided a total of 470 results for the initial search. Subsequently, the results were subjected to careful evaluation in order to classify them as included or rejected, concluding as follows: Scielo (19 found; of which two were included), LILACS (124 found and zero included), Pubmed (167 found, zero included), BDENF (80 found, zero included), and BVS (80 found, of which seven were included). From the results that addressed the theme, nine original scientific

articles were selected for the integrative bibliographic review. The included studies are summarized in Table 1.

Of the nine studies included, published between 2013 and 2023, two involve cross-sectional methodology, two are qualitative, one is exploratory, one is observational, one is methodological, one is quantitative, and one is exploratory descriptive. The studies aimed to evaluate and describe the nursing care provided to people with UV, from their adherence to treatment and quality of life (QoL) to the importance and role of nursing, since nurses are the professionals who are generally at the forefront of the care provided to this population.

Table 1 - Summary of articles found in databases

Author, year	Objective	Methodology	Main results	NE*
Silva et al. (2019).	Understanding the experience of adults and older adults regarding adherence to varicose ulcer care.	Qualitative research	The research identified that several external factors can interfere with treatment adherence, ranging from belief/lack of motivation to personal/social activities. It was also possible to show that the relationship established between patient and professional acts as a favorable force for treatment adherence.	VI
Medeiros et al. (2016). ²⁷	To analyze the association between socioeconomic and clinical factors and nursing outcome indicators of tissue integrity in patients with venous ulcers.	Cross-sectional study	The study showed a correlation between socioeconomic and clinical factors and tissue integrity in patients with UV. There was a correlation between: age and hydration and/or skin peeling; family income and necrosis; gender and temperature. Therefore, these variables are relevant in terms of reducing ulcer time and should be considered during care.	IV
Cordeiro et al. (2022). ²³	Describe the nursing care provided to a patient with venous injury in the lower limbs in primary health care.	Exploratory-descriptive research	The research showed that the healing of lesions and the prevention of recurrence is related to the provision of comprehensive and holistic nursing care, with coordination of care and participation of the entire multidisciplinary team.	VI
Nogueira et al. (2015).	Analyze nursing diagnoses in people with chronic venous ulcers.	Observational research	The study showed that participants presented: impaired tissue integrity; ineffective peripheral tissue perfusion; risk of infection; impaired physical mobility; and ineffective self-management of health.	IV
Lima et al. (2023).	Report on nursing care for patients with venous ulcers and the impact on the user's quality of life.	Qualitative study	This study showed that adherence to treatment, quality of life, social interaction, and perception of self-esteem/self-image are related to the nursing care provided to these users.	VI
Dantas et al. (2017).	To understand the reality of chronic injuries in elderly people treated under the family health strategy.	Exploratory study	The study revealed the need to implement a care protocol that would guide self-care, given that many elderly people sometimes need to change dressings at home with the help of their caregivers, especially those assisted by the family health strategy.	VI
Silva et al. (2023). ¹⁸	To analyze quality of life and its association with sociodemographic, health, clinical, and care characteristics of elderly people with venous ulcers.	Cross-sectional study	It was observed that some aspects have a major impact on the quality of life of elderly people with UV, such as: absence of pain, having dressings applied by a trained professional, treatment with compression therapy, and three or more consultations per year positively influence QoL.	IV
Teixeira, Silva e Silva (2022). ²⁵	Validation of the content of a nursing consultation tool for people with venous ulcers.	Methodological study	It was possible to see that the consultation has an appropriate appearance for use, is easy to apply, and has a logical sequence, which enables systematic nursing care.	VI

Author, year	Objective	Methodology	Main results	NE*
Duffrayer, Joaquim e Camacho (2018). ²⁶	To evaluate the effectiveness of health guidelines in the home setting on the functional capacity of elderly people with venous ulcers.	Quantitative study	The improvements observed indicate that nurses conducting home visits should consider and assess the needs of patients with venous ulcers by establishing a care plan, in addition to highlighting the importance of health guidance.	VI

Caption: NE – Level of evidence. Source: Prepared by the author (2024).

DISCUSSION

Venous ulcers are considered a public health problem due to their chronicity and complexity, especially because of their impact on the quality of life of elderly people. This type of lesion is characterized by discontinuity of the skin tissue caused by complications of CVI, DVT, abnormal venous valves, or any cause that interferes with peripheral venous return. The healing process is slow, usually lasting for a period equal to or greater than six weeks, and recurrent, especially when the necessary care is not maintained.¹⁶

Recurrence occurs for several reasons involving poor socioeconomic conditions to maintain preventive practices, difficult access to specialized services, and low levels of education and awareness. Therefore, in an approach aimed at preventing recurrence, patients need to have the knowledge, skills, and support to adopt effective self-care measures.¹⁷

In terms of epidemiology, it can be observed that the condition occurs in both sexes, but its prevalence is higher in females, since this group has greater longevity than males and is more aware of health care. Being overweight, having high blood pressure and diabetes, and being older are some of the risk factors for developing this condition, since UV is the most common chronic injury in people over 60, who usually have some underlying disease. In terms of percentage, VUs affect about 1 to 2% of the world's population, and it is estimated that about 70 to 90% of ulcers are of venous etiology. The recurrence rate in the first year after healing is approximately 30%, rising to 78% in the first two years after healing.¹⁸⁻²⁰ These findings reinforce the need for discussion on public policies and strategic programs that encourage innovative strategies for care directed at people with venous ulcers, especially evidence-based research in nursing practice that structures assistive technologies for these elderly people.

COFEN Resolution No. 567/2018 provides for the role of nurses in the care of people with wounds. These professionals play a fundamental role in the care provided to elderly people with venous ulcers, with the objectives of reducing the impact of the disease on the individual's life and focusing on the

development of health promotion and disease prevention strategies. Therefore, nurses are responsible for creating care plans and implementing them in an assertive and holistic manner. Thus, the systematization of care associated with regular wound assessment is extremely important in determining a treatment plan tailored to the needs and particularities of each person.^{16,21,22}

It is known that the options for dressings and related products are vast, however, it is necessary to emphasize the importance of scientific knowledge when it comes to determining the therapy to be applied. It is essential to know the indications and contraindications of each product, since a wrong choice leads to a longer treatment period and emotional overload for the patient. That said, the care plan must meet all of the individual's health needs, such as strengthening the support network during the healing process, lifestyle changes, validation of the patient's emotional state, and always actively listening to their complaints. Considering that the QoL of people with UV suffers a major impact, as it is a chronic disease that directly affects work activities, daily life, and self-image.^{12,22,23}

In this context, the importance of a good nurse-patient relationship during the therapeutic approach is emphasized. It is understood that the professional's holistic view, taking into account all areas of care, can greatly influence the patient's collaboration during treatment. Furthermore, it is well known that care based on humanization and empathy makes the patient feel more comfortable and collaborative.^{24,25} Adherence to the lifestyle expected of a person with UV can be influenced by the relationship of trust between the patient and the professional.⁶

As for guidelines, studies have identified that encouraging self-care should emerge as a facilitating force in the treatment and recovery process. Because it is a pathology with high recurrence rates, providing conditions and knowledge to promote self-care becomes indispensable. Emphasizing this theme should be a frequent practice of nursing professionals, providing guidance on changing eating habits, encouraging the consumption of products rich in collagen, vitamins (A,

C, and K), proteins, zinc, iron, and calories, so that tissue repair occurs more easily. Care related to elevation of the limbs was cited as a nursing intervention, aiming to improve blood return and consequently reduce edema. As for the importance of commitment to therapy, these are attitudes that, when combined, make a big difference in the healing process, improving quality of life and adherence to treatment.^{26,27}

Nursing practice cannot focus solely on the clinical care provided to people with UV. It is known that the professional collects the patient's history, physical examination, anamnesis, determines the intervention plan and expected results, but, in addition, the nurse's goal should be to promote effective healing of the lesion, prevent possible complications, and provide guidance on self-care to reduce recurrences and promote health. Thus, it is clear that care practices must be aligned with health education, a valuable tool in health promotion, in order to encourage the individual's collaboration, making them jointly responsible for their treatment.²²

Regarding the limitations of this research, the sample size directly linked to nursing care for the public with UV was small. In addition, it was evident that most studies are focused on investigating the quality of life profile. Therefore, there is a clear need for future research to fill other gaps in the literature. As for contributions to nursing, the study highlighted the importance of providing individualized and holistic care focused on health guidance for the client and also for the support network that surrounds them.

CONCLUSION

As a condition with a significant social and economic impact and high incidence and prevalence rates, UV is considered a public health problem. Its complexity and chronicity require a thorough review of existing practices in the market, especially with regard to the role of nursing professionals. In view of the above, it should be emphasized that nursing guidelines cannot be focused solely on skin care, dressing changes, or medication administration.

Conduct should be based on a humanized and holistic approach, promoting improvements in the QoL of individuals with UV, as with the help of guidance, patients can learn about their condition and determine their role in the healing process. Therefore, care practices should be aligned with the instruction provided to patients through health education in order to promote self-care. It can be concluded that education stands out as an important tool in promoting health, including the patient in the care process, and adherence to the treatment plan outlined for them.

REFERENCES

1. Abbade LPF, Lastória S. Abordagem de pacientes com úlcera da perna de etiologia venosa. *An Bras Dermatol*. [Internet]. 2006 [acesso em 21 de julho 2024];81(6). Disponível em: <https://doi.org/10.1590/S0365-05962006000600002>.
2. Ferreira MC, Tuma P, Carvalho VF, Kamamoto F. Complex wounds. *Clinics*. [Internet]. 2006 [cited 2024 jul 21];61(6). Available from: <https://doi.org/10.1590/S1807-59322006000600014>.
3. Henrique Gil França L, Tavares V. Insuficiência venosa crônica. Uma atualização Chronic venous insufficiency. An update. *J Vasc Br*. [Internet]. 2003 [acesso em 21 de julho 2024];2(4). Disponível em: <https://doi.org/10.1590/S1677-54492003000400012>.
4. Patterson D, Belch JJJ. Venous insufficiency. *Vasc Med A Companion to Braunwald's Hear Dis*. [Internet]. 2024 [cited 2024 jul 21]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK430975/>.
5. Ferreira MC, Tuma P, Carvalho VF, Kamamoto F. Complex wounds. *Clinics*. [Internet]. 2006 [cited 2024 jul 21];61(6). Available from: <https://doi.org/10.1590/S1807-59322006000600014>.
6. Beatriz A, Medeiros A, Farias QFCM, Dantas STJ, Das Graças M, Nunes PM, et al. Úlcera venosa: relação entre os fatores de risco e a classificação dos resultados de enfermagem. *Investig y Educ en Enfermería*. [Internet]. 2014 [acesso em 21 de julho 2024];32(2). Disponível em: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0120-53072014000200008&lng=en&nrm=iso&tlng=pt.
7. Agale SV. Chronic leg ulcers: epidemiology, aetiopathogenesis, and management. *Ulcers*. [Internet]. 2013 [cited 2024 jul 21];(1). Available from: <https://doi.org/10.1155/2013/413604>.
8. Parker CN, Finlayson KJ, Shuter P, Edwards HE. Risk factors for delayed healing in venous leg ulcers: a review of the literature. *Int J Clin Pract*. 2015 sep 1;69(9):1029–30.
9. Cruz CC, Helena M, Caliri L, Bernardes RM. Características epidemiológicas e clínicas de pessoas com úlcera venosa atendidas em unidades municipais de saúde. *ESTIMA, Braz J Enteros Ther*. 2018;16(e1218):1-8.
10. Frade MAC, Casemiro Soares S, Foss NT, Brum Kursi I, Ribeiro WS, Fortes Andrade F, et al. Úlcera de perna: um estudo de casos em Juiz de Fora-MG (Brasil) e região. *An Bras Dermatol*. [Internet]. 2005 [acesso em 21 de julho 2024];80(1). Disponível em: <https://www.scielo.br/j/abd/a/zTn5QWTkxNpcDBV6nxbjgQd/>.

11. Galdino Júnior H, Tipple AFV, Lima BR de, Bachion MM, Galdino Júnior H, Tipple AFV, et al. Processo de enfermagem na assistência a pacientes com feridas em cicatrização por segunda intenção. *Cogitare Enferm.* [Internet]. 2018 [acesso em 21 de julho 2024];23(4). Disponível em: http://www.revenf.bvs.br/scielo.php?script=sci_arttext&pid=S1414-85362018000400310&lng=pt&nrm=iso&tlng=pt.
12. Dantas RF de B, Gouveia B de LA, Albuquerque AM de, Torquato IMB, Ferreira J de A, Oliveira SH dos S. Caracterização das lesões crônicas nos idosos atendidos na estratégia de saúde da família. *Rev enferm UFPE line.* [Internet]. 2017 [acesso em 21 de julho 2024]. Disponível em: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/8865/pdf_3099.
13. Conselho Federal de Enfermagem. Resolução COFEN nº 736 de 17 de janeiro de 2024. Cofen. [Internet]. [acesso em 21 de julho 2024]. Disponível em: <https://www.cofen.gov.br/resolucao-cofen-no-736-de-17-de-janeiro-de-2024/>.
14. Tavares De Souza M, Dias Da Silva M, De Carvalho R. Revisão integrativa: o que é e como fazer integrative review: what is it? How to do it? 2010;8(1):102-8.
15. Camanho GL. Editorial: nível de evidência. *Rev Bras Ortop.* [Internet]. 2009 [acesso em 26 de julho 2024];44(6). Disponível em: <https://www.scielo.br/j/rbort/a/6ryGvnRCphXwxBDcKbXx7mp/>.
16. Santos Lima MK, Ventura Barbosa Marinho HC, José Arthur Guimarães dos Santos, Kalyne Araújo Bezerra, Kleyton Wesllen de Lima Ferreira, Raissa Lima Coura Vasconcelos, et al. Assistência de enfermagem à pessoa com úlcera venosa: relato de caso. *Rev Enferm Atual Derme.* 2023;97(1):e023002.
17. Borges EL, Ferraz AF, Carvalho DV, De Matos SS, De Araújo Nogueira Lima VL. Prevenção de recidiva de úlcera varicosa: um estudo de coorte. *Acta Paul Enferm.* [Internet]. 2016 jan 1 [acesso em 21 de julho 2024];29(1). Disponível em: <https://www.scielo.br/j/ape/a/mnGtwFnBqQfsDw3x8VXdmbb/>.
18. Silva DC da, Schimith MD, Buriol D, Oliveira G, Miollo G, Torres G de V. Qualidade de vida de idosos com úlcera venosa na atenção primária à saúde: características associadas. *Rev Enferm da UFSM.* 2023;13:e19.
19. Nogueira G de A, Oliveira BGRB, Santana RF, Cavalcanti ACD. Diagnósticos de enfermagem em pacientes com úlcera venosa crônica: estudo observacional. *Rev Eletrônica Enferm.* [Internet]. 2015 jun 30 [acesso em 21 de julho 2024];17(2). Disponível em: <https://revistas.ufg.br/fen/article/view/28782>.
20. Borges EL, Nascimento Filho HM do, Pires Júnior JF. Prevalência de lesões crônicas de município da zona da mata mineira (Brasil) TT - Prevalence of chronic wounds in a city of Minas Gerais (Brazil) TT - Prevalencia de lesiones crônicas de un municipio del estado de minas gerais (Brasil). *REME Rev Min Enferm.* [Internet]. 2018 [acesso em 21 de julho 2024];22. Disponível em: http://www.revenf.bvs.br/scielo.php?script=sci_arttext&pid=S1415-27622018000100267&lng=pt&nrm=iso&tlng=pt.
21. Conselho Federal de Enfermagem. Resolução COFEN nº 567/2018. Cofen. [Internet]. [acesso em 21 de julho 2024]. Disponível em: <https://www.cofen.gov.br/resolucao-cofenno-567-2018/>.
22. da Silva FAA, Freitas CHA, Jorge MSB, Moreira TMM, de Alcântara MCM. Enfermagem em estomatoterapia: cuidados clínicos ao portador de úlcera venosa. *Rev Bras Enferm.* [Internet]. 2009 [acesso em 21 de julho 2024];62(6). Disponível em: <https://www.scielo.br/j/reben/a/NJYZ8DsCxtSKsSFtQ4gVQtD/>.
23. Cordeiro MC, Fonseca ADG, Bertocchi FM, Paula NCP de, Silva EA e, Paiva A do CPC. Cuidados de enfermagem na atenção primária à pessoa com úlcera varicosa: relato de caso. *Rev Enferm Atual Derme.* [Internet]. 2022 apr 27 [acesso em 21 de julho 2024];96(38). Disponível em: <https://revistaenfermagematual.com/index.php/revista/article/view/1366/1330>.
24. Baptista MKS, Santos RM dos, Costa L de MC, Macêdo AC de, Costa RLM. O poder na relação enfermeiro-paciente: revisão integrativa. *Rev Bioética.* [Internet]. 2018 dec [acesso em 21 de julho 2024];26(4). Disponível em: <https://www.scielo.br/j/bioet/a/4jjpc9rWRQs9GdZcV3CXMzs/>.
25. Teixeira AKS, Silva L de F da, Silva ANC da. Validação do conteúdo de um instrumento para consulta de enfermagem à pessoa com úlcera venosa. *ESTIMA, Brazilian J Enteros Ther.* 2022;(2022).
26. Duffrayer KM, Joaquim FL, Camacho ACLF. Orientações em saúde: estratégia de promoção à capacidade funcional nas úlceras venosas. *Rev Enferm UFPE line.* 2018;12(7):1901.
27. Medeiros A, Frazão C, Fernandes M, Andriola I, Lopes M, Lira A. Associação dos fatores socioeconômicos e clínicos e o resultado integridade tissular em pacientes com úlceras. *Rev Gaúcha Enferm.* 2016;37(1):1-9.