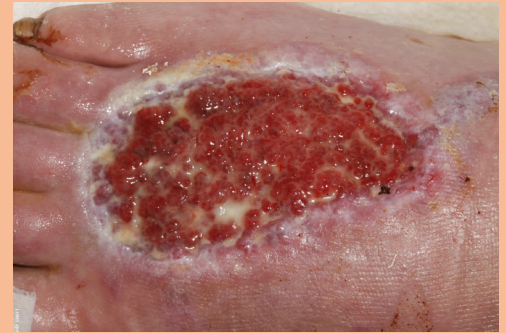


Pathway for Overgranulation

Definition: Overgranulation is also known as hypergranulation, exuberant granulation tissue, or proud flesh and usually presents in wounds healing by secondary intention. Unhealthy overgranulation tissue presents as either a dark red or a pale bluish/purple uneven mass rising above the level of the surrounding skin (Harris and Rolstad 1994). The presence of overgranulation tissue increases the patient's risk of infection, prevents or slows epithelial migration across the wound and delays healing (Johnson 2007).

Causes of overgranulation

- Moderate or high levels of exudate
- Increased bacterial burden at the wound interface/ wound infection
- Presence of foreign material
- Prolonged physical irritation/friction/movement at the wound interface.



NB

- Malignant tissue can sometimes resemble overgranulation tissue. It can be present for many months and may have a cauliflower appearance.
- Examine any suspected cases and undertake an onward referral to the Dermatology Team in accordance with the Northern Cancer Alliance Suspected Cancer in Adults referral pathway.

- Step 1:** Undertake wound cleansing in accordance with the Wound Cleansing Policy and consider using Prontosan Debridement pad to support soft mechanical debridement.
- Examine the wound bed carefully for any foreign bodies or irritants and/or to determine if there has been any prolonged physical irritation/friction/movement at the wound interface.
 - Take a wound swab to rule out infection.
- Step 2:** Undertake a holistic wound assessment in order to determine the type of overgranulation tissue and establish the dressing options.
- Step 3:** Dress the wound following the below recommendations per the local formulary:

Nil to Minimal Exudate	Reassess as wound is unlikely to be overgranulating with nil to minimal exudate level and refer to the appropriate pathway.	
Moderate to Heavy Exudate.	<p>First Line - Day 1 – 14</p> <ul style="list-style-type: none"> • Peri - wound management - Apply a Barrier Protectant to the surrounding skin. • Dress with 2 layers of either a Comfeel Plus or Biatain Silicone 3DFIT (accordingly to exudate levels) to provide a non-traumatic layer to push down the over granulation tissue. • Change dressing very 3 - 5 days or as per exudate levels. 	<p>Second line - Day 14 – 21</p> <p>Apply Fludrocortide tape 4mcg per cm².</p> <ul style="list-style-type: none"> • Apply to the area of skin which is clean, dry and shorn of hair. • Cut the tape to size covering the lesion leaving a 1cm border. Ensure the edges are rounded off. • Remove the lining paper and apply the tape to the centre of the lesion with gentle pressure and worked to the edges, avoiding excessive tension of the skin. • Change the tape daily. • NB Fludrocortide tape is a steroid and should be limited to a maximum usage of 7 days.
Presence of foreign material.		
Prolonged physical irritation/friction/movement at the wound interface.		
Increased bacterial burden at the wound interface/wound infection	<p>First Line - Day 1 - 14</p> <ul style="list-style-type: none"> • Peri - wound management - Apply a Barrier Protectant to the surrounding skin. • Dress the wound in accordance with thewound infection pathway. 	<p>Top Tip</p> <p>If irritation or infection develops, remove tape and seek further advice.</p> <p>If used on the face the tape should be changed daily and limited to a maximum of 5 days.</p>

- Step 5:** Onward referral - Day 22-35
If there is no improvement to the wound bed and the overgranulation is still present complete an onward referral to the relevant specialist team.

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.