

POSIE's Clinical Pathway for Malignant/Fungating Wounds



Definition - A fungating wound develops as a result of direct infiltration of the skin, mucosa, blood and lymph vessels caused by a local tumour in which metastatic deposits from a distant primary site or from a primary skin tumour example being squamous cell carcinoma, basal cell carcinoma and a melanoma. (McMurray, 2003).

Pain (wound specific)	Odour	Skin	Infection	Exudate and Bleeding	Self
<p>Pain can depend upon:</p> <ul style="list-style-type: none"> Wound location Wound depth and tissue invasion Nerve damage Macerated skin Inflamed skin Dressing changes. 	<p>Odour occurs when the tissue on the wound has been deprived of oxygen and nutrients and becomes necrotic with bacterial growth on the tissue.</p> <p>The psychological effects may impact the patients quality of life.</p>	<p>The skin surrounding the wound can become sore and macerated due to exudate and frequent dressing changes.</p> <p>It can also become very itchy related to the tumour growth.</p>	<p>These wounds are at high risk of developing infection as the blood supply to the tumour is out grown which results in a necrotic area which can act as a medium for anaerobic bacterial infection.</p>	<p>Exudate is due to tissue damage and increased leakage from blood vessels and can vary in amount.</p> <p>Bleeding can be due to abnormal microcirculation, erosion or compression of blood vessels by the tumour or decreased platelet function.</p> <p>It can also be caused by dressings adhering to wounds.</p>	<p>These wounds can develop an array of emotions and psycho-social needs.</p> <p>Depression, anxiety, low self- esteem and loss of sexual intimacy are among some of the needs expressed by patients.</p> <p>It is important for the patient to feel supported.</p>
Management					
<ul style="list-style-type: none"> Ask the patient to describe his/her current level of pain Choose dressings that minimise trauma and pain during application and removal Give analgesia continually/ prior to dressing changes Evaluate need for pharmacological and non - pharmacological strategies to minimise wound pain Swab and treat infection Refer to pain specialist nurse, palliative care team or GP for further advice. 	<ul style="list-style-type: none"> Undertake wound cleansing in accordance with Pathway for Wound Cleansing. Consider using the Flaminal product range to aid autolytic debridement for devitalised tissue. Antimicrobial skin preparations can be used in the short term to decrease the malodour from fungating wounds if the exudate levels are low. Dressings with activated charcoal may assist with the management of malodour. Increase dressing changes if necessary. Consider using essential oils and an onward referral to the Complementary Therapy Service at St John's Hospice. 	<ul style="list-style-type: none"> Protect the surrounding skin with a barrier protectant film in accordance with the Doncaster Wide Wound Care Formulary. . Consider the use of topical steroids, oral antihistamines and/ or onward Dermatology referral. Consider the cause e.g. exudate, skin stripping or allergy to dressings. Select an alternative dressing Consider using silicone dressings and the use of an adhesive remover. 	<ul style="list-style-type: none"> Undertake wound cleansing in accordance with Pathway for Wound Cleansing. If there are clinical signs of infection, take a wound swab, consider antibiotics (only if the patient is unwell). Refer to the Pathway for Wound Infection for further information around product selection. 	<ul style="list-style-type: none"> Assess volume and appearance as this may indicate infection. Protect the surrounding skin with a barrier protectant film in accordance with the Doncaster Wide Wound Care Formulary.- Apply a Atrauman to reduce the risk of trauma/risk of bleeding. Consider the absorbency of the secondary dressing. E.g Biatain Silicone 3DFIT. Refer to the Dietitian. <p>Bleeding Light</p> <ul style="list-style-type: none"> Apply pressure for 10 – 15 minutes with a moist non- adherent dressing and apply a haemostatic dressing. E.g Kaltostat. <p>Bleeding Heavy</p> <ul style="list-style-type: none"> Apply pressure to the wound and seek urgent medical advice (this is an emergency situation). Admission to hospital may be necessary depending on the stage of illness and the patient's wishes. 	<ul style="list-style-type: none"> Continually assess the psychological and social needs of the patient during each visit/appointment. Discuss patient options for onward referral to support services i.e. the Complementary Therapy Service at St John's Hospice Doncaster.