Palliative Management of Fungating Malignant Wounds

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Introduction

Tissue necrosis and the size of fungating wounds present significant problems with exudate management, compounded by the shape and the site of the lesions which affect dressing fit. Patients report significant soiling of personal clothes and self-imposed restrictions to their social lives to avoid embarrassment to themselves and others when dressings give way and odor and exudate escape.

Two approaches to exudate management were used in a study of the palliative management of fungating wounds. The first depends on absorption (Novogel™ - Sovereign Surgical). The second relies on a combination of absorption and venting using variable moisture vapor permeability’s on a range of 1500 - 15000 mgs/m²/24 hours (Polyurethane film, flat sheet breathable hydrogel, alginate fleece - Innovative Technologies Group plc.) The outcomes of exudate management for the two approaches will be illustrated from the case-study data.

Methods:

A longitudinal, multiple-case design was followed. The TELER™ system of treatment evaluation was used to determine outcomes.\(^1\)\(^2\) Descriptive analysis techniques were used to determine outcomes in the context of multiple, uncontrolled variables associated with advanced disease. The methodology raises a contentious epistemological question about the nature of knowledge generated from an individual case and its generalizability. In this study, the aims were to generate knowledge of the individual, contextual and general aspects of fungating wounds management to contribute to a working knowledge base and the development of new materials.

Given that the study was concerned with aspects of both the physical and social sciences, it is proposed that across a group of cases there are problems of a more general nature in relation to recurring symptoms, dressing performance, professional time, dressing provision and costs. The intention was to identify patterns of the above from the multiple-case data, without losing sight of the individual contexts. The case-study literature supported the aim of developing general knowledge on the topic and suggested that while the individual case is both unique and complex, there are commonalities between individuals which may, and should, be accessed for some general purpose.\(^3\)

Results
Effective dressing fit, debridement of superficial eschar and exudate management, using an absorptive and occlusive gel sheet (Novogel® - Sovereign Surgical), were demonstrated for extensive, superficial infiltration of the skin. Absorptive capacity and performance were enhanced with the addition of an alginate pad and fixation with highly breathable polyurethane film (Innovative Technologies, Group plc.) for necrotic, ulcerated lesions. Effective dressing fit and exudate management, using combinations of primary wound contact materials and polyurethane films, were demonstrated across a range of extensive and necrotic lesions (Innovative Technologies Group plc.).

Conclusions

The results suggest that exudate management in fungating lesions depends critically on dressing fit and the optimum combination of absorption and venting of excess fluid.

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