USING WOUND BED PREPARATION TO HEAL A NECK MALIGNANT FUNGATING WOUND: A SINGLE CASE STUDY

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Aim: This case study is to highlight the role of palliative care and the importance of a multidisciplinary team approach for the management tonsil cancer patient with neck malignant fungating wound (MFW).

Method: We present a 67-year-old man with a 13 × 12 (width × length), proliferating and ulcerating lesions MFW on his neck. Eighty per cent of the wound bed comprised red granulation tissue and 20% thick yellow slough. There was also heavy malodour, slight bleeding due to trauma from an conventions dressing, pain and extensive exudates.

Method: Initial treatment compromised radiotherapy. Tissue management-The wound bed was cleansed with 0.9% warm saline before dressing application. Infection and inflammation control - a hyrofiber with silver dressing* as the primary dressing and gauze or pad as a secondary dressing. Moisture balance – a hydrofibre dressing with silver* was therefore applied as a primary dressing that to absorb the exudate and maintain a reasonable moisture level on the wound surface during the initial care period. Protect wound edges- we washed the unclean surrounding skin, applied non alcohol cream.

Result: Over a course of three months, the wound healed completely and the patient’s physical well-being improved greatly.

Conclusion: We recommend that treatment of patients with malignant fungating wounds can benefit from palliative multidisciplinary team approach and applying the wound bed preparation principle**.

*Aquacel Ag, ConvaTec, **TIME