European guideline on palliative wound care – current research on how to deliver palliative wound care

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Overview

Introduction – Why did we write this document

Management of malignant fungating wounds – HOPES

Symptom management of malignant fungating wounds

Conclusions
Introduction

- Patients living with a MFW are vulnerable to tissue breakdown that may not always be preventable.
- There is little evidence about the palliative management of a MFW
  - most of the literature has been based on problem solving.

Introduction - Included studies

n included studies

- Descriptive
- Qualitative
- Review
- RCT

n included studies
Management of malignant fungating wounds (MFW)

**Palliative wounds and assessment**

A comprehensive assessment that takes account of

- physical,
- psychosocial and
- psychological considerations

will provide a substantive baseline upon which to develop a management plan.

Introduction - Approach

- Taking care of MFW a systematised and comprehensive approach is required.
Management of MFW - HOPES


Management of MFW

Patient assessment (1)

- Impact of the wound in terms of psychosocial
- Impact of the wound and wound management on the caregiver
- Underlying aetiology-(cancer) type, if known
- Wound location and appearance
- What are the past and current treatments of the cancer and the wounds?
- What co-morbidities (e.g. diabetes, immunosuppression, peripheral vascular disease or other diagnoses) does the patient have?
- Major symptoms arising from the wound and arising from their underlying disease and co-morbidities

Management of MFW

Patient assessment (2)

- Does the patient have any allergies/sensitivities to dressing products and/or adhesive tape?
- What medications are being prescribed to manage symptoms arising from the MFW?
- What dressings have been tried but not found suitable for the patient?

Assessment tools for MFW

MFW five assessment scales are described in the literature:

- Toronto Symptom Assessment System for Wounds,
- Schulz Malignant Fungating Wound Assessment Tool,
- Wound Symptoms Self-Assessment Chart,
- TELER System
- Hopkins Wound Assessment Tool.


Integrative approach of palliative wound care

Symptom-management

Psychosocial Well-being

Patient / Family Goals

Multi-disciplinary team

Wound-related symptoms – managing odour

- Malodorous wounds can have a profoundly negative impact on the quality of life
  - feelings of guilt, repulsion and leading to social isolation and depression
- Patients are often embarrassed
  - compared to the smell of rotting meat
- Management of malodour involves both containment of odour and treatment of its cause.

## Wound-related symptoms – managing odour

<table>
<thead>
<tr>
<th>AGENT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wound cleaning and use of dressings for exudate control is important to help reduce odour</td>
<td></td>
</tr>
<tr>
<td>Metronidazole (orally or topically) can be helpful</td>
<td>Metronidazole 500 mg bid or tid PO/IV</td>
</tr>
<tr>
<td></td>
<td>Gel or injectable metronidazole can be applied (not injected) on the wound with each dressing change</td>
</tr>
<tr>
<td>Dressings</td>
<td>Activated-charcoal and antimicrobial (silver) dressings can help absorb and reduce odour when the dressings completely cover the wounds and contain the volatile substances responsible for the malodour</td>
</tr>
</tbody>
</table>

## Wound-related symptoms – managing odour

<table>
<thead>
<tr>
<th>AGENT</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shaving foam</td>
<td>Odour absorption</td>
</tr>
<tr>
<td>Cat litter</td>
<td></td>
</tr>
<tr>
<td>Charcoal coals</td>
<td></td>
</tr>
<tr>
<td>Room Deodorisers</td>
<td>Room deodorisers</td>
</tr>
<tr>
<td>Aromatherapy Oils (e.g. lavendar, bergamot, patchouli,...)</td>
<td>Odour masking</td>
</tr>
<tr>
<td>Dried sage</td>
<td></td>
</tr>
<tr>
<td>Aceto balsamico</td>
<td></td>
</tr>
</tbody>
</table>

Probst, S., Grocott, P., Graham, T. and Gethin, G. EONS Recommendations for care of malignant fungating wounds. 2015. EONS. In press
Wound-related symptoms – managing pruritus

- Apply cool hydrogel sheets or products with menthol or capsaicin-ointment (0.25-0.75% only by intact skin conditions)
- Additives to baths such as specialized non-perfumed oils or oatmeal only by intact skin conditions

Wound-related symptoms – managing exudate

- To manage exudate a variety of dressings have been designed for non malignant wounds.

- It can be difficult to find a dressing that conforms to the wound shape, size and the body contours.

- The aim is achieve a close fitting dressing with a good seal to prevent leakage.

## Wound-related symptoms – managing exudate

<table>
<thead>
<tr>
<th>Element</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Exudate</td>
<td>Usually a healing wound should have yellowish/ slightly reddish exudate. This is serosanginous. If it is red it could be blood or just yellow-pus.</td>
</tr>
<tr>
<td></td>
<td>maintain moist environment</td>
</tr>
<tr>
<td></td>
<td>prevent dressing adherence and bleeding</td>
</tr>
<tr>
<td>High Exudate</td>
<td>Algicnates</td>
</tr>
<tr>
<td></td>
<td>Foams</td>
</tr>
<tr>
<td></td>
<td>Gauze</td>
</tr>
<tr>
<td></td>
<td>Polymers</td>
</tr>
<tr>
<td></td>
<td>Superabsorbent dressings</td>
</tr>
<tr>
<td></td>
<td>absorb and contain exudate</td>
</tr>
<tr>
<td></td>
<td>prevent dressing adherence in areas of wound with decreased exudate</td>
</tr>
</tbody>
</table>

Prevention of maceration and irritation

- Large amounts of exudate and/or occlusive dressings may cause maceration of the surrounding skin.
- It is recommended that the skin is protected with suitable barrier products in liquid, paste or solid form.
- Possibilities of dressing fixation:
  - gauze bandage
  - tubular gauze
  - sport bras
  - bandages with a silicon layer
  - dressing retention garments.

Wound-related symptoms – managing haemorrhage / bleeding

- The risk of trauma and subsequent bleeding may be reduced by using:
  - Care must be taken when removing dressings to avoid bleeding.
  - Use warmed normal saline irrigation to moisten the dressing and prevent trauma during dressing changes.
  - Use non-adherent dressings and moist wound products when possible
  - If bleeding occurs there are a number of haemostatic agents available e.g.
    - Fibrinolytic antagonists (Tranexamic acid)
    - Natural haemostats (calcium alginate, …)
    - ….
  - Radiotherapy and electrochemotherapy may sometimes help to control repetitive bleeds.

Wound-related symptoms – physical pain

- Physical pain is a significant and complex phenomenon in MFW.
- Pain in MFW is caused through:
  - the pressure of the tumour on other body structures
  - damage to the nerves caused by the growing tumour
  - swelling resulting from impaired capillary and lymphatic drainage
  - infections
  - exposure of dermal nerve endings
  - mismanaged change of wound dressing.

# Wound-related symptoms – physical pain

<table>
<thead>
<tr>
<th>RECOMMENDATIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to the dressing change</td>
<td>Administer an analgesic or booster dose of their usual opiate</td>
</tr>
<tr>
<td>Analgesic drugs</td>
<td>World Health Organisation guidelines</td>
</tr>
<tr>
<td>Wound cleansing</td>
<td>Irrigation of the wound with warm saline (room temperature) with a syringe rather than cleaning with a gauze swab</td>
</tr>
<tr>
<td>Dressings</td>
<td>non-adherent and wound dressings moistened with saline</td>
</tr>
<tr>
<td>Topical application of opioids</td>
<td>10mg morphine in 8g hydrogel [54]</td>
</tr>
</tbody>
</table>

Conclusions

- Managing MFWs is challenging for patients, families and health care professionals.

- A palliative approach should be used to provide a good quality of life for the patient and their families.

- The care should be planned individually as the feeling of every individual is subjective.

- The wound-related symptoms like malodour, exudate, bleeding, pain and itching should be managed in an effective way.

- The psychological aspect of the wound should not be underestimated.

References (1)


References (2)


Thank you for your attention

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