

Management of fungating wounds

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Definition

A fungating wound is essentially a mass of malignant cells that have infiltrated the epithelium and surrounding blood and lymph vessels (Moody & Grocott, 1993).

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Presentation

Either as a raised nodule or as an ulcerated crater with a defined margin.

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Aetiology

Fungating wounds can occur virtually anywhere on the body and are very individual in presentation. They most commonly develop from cancer of:

- head & neck
- breast
- melanoma
- soft tissue sarcoma.

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Impact of a fungating wound

The consequences of having a fungating lesion secondary to cancer can be far reaching and encompass physical, psychological, social, sexual and spiritual dimensions. Each patient will react in their own way and a sensitive, skilled approach to care is vital. Fungating lesions are chronic in nature and patients will be continually adjusting to their changing situation.

Potential contributing factors include:

Psychological factors	Physical factors
Depression	Loss of libido
Embarrassment	Pain
Social isolation	Odour
Altered body image	Bleeding
Relationship difficulties	Exudate
Loss of hope for future	Infection
Constant reminder of advanced	Fatigue

disease	
	Itching

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Aim of Treatment

The aim of treatment is not usually to heal but to palliate the symptoms by minimising the impact of the symptoms, thus promoting comfort and improving quality of life. Management of fungating wounds presents a real challenge for health care professionals.

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Management

Please refer to the Manchester Collaborative Wound Care Guidelines

Pain, localised & generalised	<ul style="list-style-type: none"> ■ Fast acting analgesia for dressing change ■ Comprehensive pain assessment ■ Regular review
Itching	<ul style="list-style-type: none"> ■ Barrier cream e.g. cavilon ■ Hydrogel may promote comfort ■ Hydrocortisone cream if related to XRT
Necrotic tissue	<ul style="list-style-type: none"> ■ Leave in place ■ Autolytic debride ■ Maggot therapy (refer to tissue viability nurse)
Exudate	<ul style="list-style-type: none"> ■ Surgical debridement ■ Absorbent dressings ■ Control bacterial contamination ■ Honey
Malodour/infection	<ul style="list-style-type: none"> ■ Charcoal dressings ■ Honey ■ Metronidazole gel (flagyl) ■ Systemic metronidazole ■ Consider essential oils

Important Points:

- Establish trust with patients.
- Utilise effective communications skills.
- Tact and sensitivity.
- Support for carers.
- Regular review and wound assessment.
- Liaise with Tissue Viability Nurse as appropriate,

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Bleeding Wounds

Wound bleeding is common in fungating wounds. This occurs because malignant cells erode blood vessels, and may be compounded by decreased platelet function within the tumour. Profuse, spontaneous bleeding can be distressing to patients and carers, whilst damage to fragile tissues during dressing changes may exacerbate bleeding.

Wounds at risk of bleeding

Preventative measures are important to minimise risk of bleeding.

- Wound assessment.
- Use non-adherent dressings that maintain a moist environment.
- Cleanse by irrigation rather than swabbing.
- Psychological support.

Wounds actively bleeding- capillary bleeding

- Calcium alginate dressings (haemostatic).
- Sucralfate paste 1g mixed with KY Jelly & applied as a topical paste (Emflorgo, 1998).
- Adrenaline 1:1000 for capillary bleeding applied topically (BMA & Royal Pharmaceutical Society, 2000) on dressing change *use with caution as absorbed systemically* under medical supervision (Naylor, 2002).
- Review systemic medication e.g. aspirin, warfarin.
- Tranexamic acid.
- Consider referral to oncologist for possible radiotherapy.
- Psychological support.
- Radiotherapy

Risk of major bleed

Consider prescription and stock of choice of the following for emergency administration:

- Rectal diazepam 10mg.
- Midazolam 10mg stat, IM/SC.
- Diamorphine IV/SC.
- Consider patient and relative information –purely on an individual basis.
- Red or dark blankets/sheets.

A carotid artery rupture will result in a massive haemorrhage and a PHCT meeting should take place to discuss what preparation is needed and when. Issues such as informing relatives and patients should be handled sensitively.

Preparation for the event:

- If you are present - do not panic, stay with the patient.
- If patient is at home alone with the family, the family will need advice on what to do. Inform them that 999 is likely to be for support only.
- Apply towels/pillow to bleeding site to absorb bleeding if possible.
- Administer medication, if applicable.

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For specialist advice & support please contact Macmillan Team, Breast Care Nurse or Tissue Viability Nurse

References

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