Malignant Fungating Wounds

Wayne Naylor
Director of Nursing
Hospice Waikato
Definition

- The extension of a malignant tumour into the structures of the skin producing a raised or ulcerating necrotic lesion
Incidence

- Not well studied
- 5-10% of cancer patients with metastatic disease will develop a fungating lesion
- Breast most common site (39-62%), head and neck second (24-33%)
- Age 60-70 most affected
- Usually occur in last 6 months of life
Pathophysiology

- Primary skin tumour
- Direct skin invasion by underlying tumour
- Metastatic spread
- ‘Seeding’ or implantation
- Marjolin’s Ulcer
Pathophysiology

- Initially present as discrete, non-tender nodules
- Disruption of skin capillaries causes tissue hypoxia and necrosis
- May progress to raised, nodular lesion or ulcerating crater with distinct margin
Wound Problems

- High exudate
- Malodour
- Pain
- Bleeding
- Skin irritation / damage
- Infection

- Location
- Size and shape
- Cosmetic appearance
Emotional and Social Distress

- Constant reminder of advanced cancer
- Body image - presence of an unsightly leaky, malodorous, painful wound
- Withdrawal and social isolation
- Relationship problems
- Social restrictions
Time Frame and Goals of Care

- Wound healing is unlikely
- Goals of wound management are to improve and/or heal the wound
- Time left for patient may make these goals very unrealistic
- Wound care goals will more likely be based around symptom control
Treatment Aims

- Maintain or improve quality of life
- Symptom control
- Promote confidence, independence and sense of well-being
- Prevent isolation
Treating the Cause

- Radiotherapy
- Chemotherapy
- Hormone therapy
- Surgery
Wound Symptom Management

- Malodour
- Exudate
- Bleeding
- Pain
- Case studies
Malodour

- May be the one of the most distressing wound symptoms

- Caused by:
  - bacterial colonisation/infection of devitalised tissue within the wound
  - Stale Exudate in dressing

- Desensitisation does not occur
Malodour Management

- Remove Source
  - Debridement of necrotic tissue

- Treat Cause
  - Metronidazole (Flagyl)
    - Systemic
    - Topical
  - Super oxidised solution (Microdacyn)
  - Silver dressings (released into wound)
  - Manuka Honey
Malodour Management

- Control / contain
  - Dressings
    - Activated charcoal
    - Silver dressings
    - Occlusive dressings
  - Daily dressing changes / disposal of soiled dressings

- Adjuvants
  - Deodorisers
  - Essential oils
  - Charcoal blocks / cat litter
  - Filtration system
Exudate

- Difficult problem for both the patient and nurse
- Major source of embarrassment for patients
- Caused by:
  - Infection
  - Necrotic tissue breakdown (autolysis)
  - Increased permeability of blood vessels, secretion of vascular permeability
Exudate Management

- **Absorb Exudate**
  - No to low exudate
    - Keep dry and intact
    - Simple protective dressing
  - High exudate
    - Alginates / Hydrofibre
    - Foam dressings
    - Low adherent wound contact layer plus secondary absorbent pad

- **Contain exudate away from skin**
  - Stoma appliances / wound manager
Exudate Management

- Reduce level of exudate
  - Manage oedema, lymphoedema
  - Treat infection
  - Reduce inflammation

- Protect skin
  - Skin barrier films
  - ‘Frame’ wound
  - Moisturiser/dimethicone
Bleeding

- Tumour related causes
  - Fragile blood vessels
  - Reduced platelet function
  - Blood vessel erosion

- Wound care practices
  - Adherent dressings
  - Cleansing technique
Bleeding

- Preventative
  - Low adherent dressings
  - Moist wound environment
  - Cleansing by irrigation
  - Oral Tranexamic acid
  - Radiotherapy

- Active bleeding
  - Alginate dressings
  - Haemostatic surgical sponge
  - Topical adrenaline / Tranexamic acid
  - Cautery/ligation (last resort)
Wound Pain

- Is it a Problem?
  - Inappropriate beliefs and attitudes
  - Inappropriate or non-existent pain assessment
  - Inefficient prescribing of analgesia
  - Lack of knowledge about pain
  - Inappropriate wound care
Types of Wound Pain

- Chronic Pain
- Non-Cyclic Acute Pain
- Cyclic Acute Pain
Pain Assessment

- Location
- Nature
- Severity
- Onset / frequency
- Duration
- Aggravating factors
- Alleviating factors
- Impact on activities of daily living
- Current analgesia
- Effectiveness of treatments
Wound Pain

- Preventing acute wound pain
  - Irrigate gently with warm 0.9% sodium chloride or water
  - Use a sterile gloved hand
  - Use modern dressing products
  - Maintain moist wound environment
  - “Adhesive dressings” - use with caution
  - Protect surrounding skin
Analgesia

- Non-Cyclic or Cyclic Acute Pain
  - Premedication
    - Normal release/short acting opioid
    - ‘Booster’ dose of regular analgesia
    - Entonox gas
  - Local anaesthetic
    - Topical
    - Nerve block
  - Wound management practices / dressings
Analgesia

- Chronic Pain
  - WHO analgesic ladder

- By the ladder
- By the clock
- Plus adjuvants
Analgesia

- Chronic Pain
  - Opioid for moderate to severe pain
    - Morphine, Oxycodone, Fentanyl, Methadone
  - Opioid for mild to moderate pain
    - Tramadol, codiene
  - Non-opioid
    - Paracetamol, aspirin, NSAIDs
  - Adjuvant
    - Gabapentin, amitriptyline
Topical Opioids

- Opioid receptors present on peripheral nerves
- Enhanced during inflammation
- Activated by exogenous opioids
- Inhibit nerve excitability, action potential conduction and neuropeptide release
- Example: 1mg of morphine in 1g of hydrogel, applied OD - BD
Case 1: Alan

- Cutaneous lymphoma
- Severe pain
- Exudate
- Cosmetic appearance
- Undergoing chemotherapy
Management Plan

- Control pain, esp. during dressing procedures
- Contain exudate
- Prevent infection, esp. while neutropenic
- Enhance cosmetic appearance
- Improve QoL
Case 2: Jane

- Fungating breast cancer
- Severe pain
- Malodour
- Copious exudate
- Excessive necrotic tissue
- Body image
- Undergoing chemotherapy / radiotherapy
Management Plan

- Control pain
- Control malodour
- Contain exudate and prevent leakage
- Debride necrotic tissue
- Enhance cosmetic appearance
- Support self-management of wound
- Manage side effects of chemotherapy / radiotherapy
Thank you