FLAMINAL® IN THE MANAGEMENT OF POST SURGERY WOUND FOR BREAST CANCER

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Introduction

This poster describes the management of Jane (pseudonym) a 54-year-old lady who lives with her husband and two grown up children. Jane developed carcinoma of her left breast for which she underwent a central wide local excision but the wound never fully healed which prevented Jane from commencing adjuvant therapies. Jane's surrounding skin was breaking down and she had a wound that measured 7cm x 5cm, was painful, sloughy and malodorous whilst also containing a growth of Staphylococcus aureus and Pseudomonas aeruginosa (fig.1). All of these factors combined with a diagnosis of cancer were impacting negatively on Jane's body image, self-esteem and quality of life whilst extending her treatment time frame and limiting her recovery; Jane admitted she was feeling depressed.

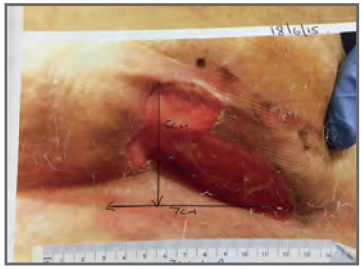

Figure 1

Figure 2

Figure 3

Figure 4

Method

The aims of treatment were to reduce the wound bioburden, autolytically debride the sloughy tissue (thus reducing odour), and control Jane's pain whilst protecting the delicate granulation tissue and peri-wound skin. A treatment plan was devised that would treat the wounds and be acceptable to the patient as well as a regimen that Jane was able to manage easily herself. Flaminal® Forte was commenced covered with a non-adherent polyester mesh wound contact layer together with an absorbent perforated film-faced dressing. This was changed as necessary by Jane with her wound and treatment options reviewed weekly by the nurses in the clinic.

Results

Within two weeks of treatment, the wound had decreased in size to 6cm x 3cm with improvement evident to the peri-wound skin combined with a reduction in slough, malodour and exudate. By week six the wound had decreased to 6cm x 2cm with minimal exudate and the treatment was changed to Flaminal® Hydro (fig.2). Jane's wound and surrounding improved and she was allowed to commence with radiotherapy after eight weeks of treatment. By week ten Jane's wound had decreased to 4cm x 1 cm (fig.3) with minimal exudate and by week twenty-one her wound was clean and granulating, measuring 1.5cm x 1cm (fig.4). The wound took a further eleven weeks to heal with minimal scarring.

Discussion

Breast cancer is the most common cancer in the UK, accounting for almost a sixth (15%) of all cancers in males and females combined.[1] Coming to terms with the diagnosis and treatment options is difficult enough without the addition of an infected, painful, sloughy and malodorous wound as well, is known to have a negative impact on the wellbeing of patients.[2] It was important that the bioburden in Jane's breast wound was reduced as quickly as possible and improvements made to her surrounding skin, not only from a psychosocial aspect but also to enable her adjuvant treatment to continue. Radiation can exert a deleterious effect on surrounding normal tissues and impact on wound healing, [3] consequently the wound had to have improved before treatment could be considered. Enhancing quality of life when nursing those living with and beyond cancer is one of the 5 domains of care that constitutes the NHS Framework[4] and therefore addressing Jane's symptoms and improving her wound were vital.

Flaminal® (Flen Health) is available in two formulations with high alginate content, which are indicated for the reduction of bacterial growth in wounds. They comprise hydrated alginate polymers in a polyethylene-glycol (PEG) matrix embedded with the enzymes glucose oxidase and lactoperoxidase to control bioburden.[5] Flaminal® has the capability to absorb excess exudate while remaining in a gelled state, promote debridement and control bioburden. Flaminal® provided antimicrobial activity to eliminate bacteria as well as autolytically debriding the wound.

Conclusion

The triple mode of action of Flaminal® avoids the need for multiple products since it absorbs exudate whilst remaining in a gelled stat, promotes debridement and controls bioburden. Speedy desloughing and control of bioburden meant that Jane was able to commence radiotherapy as soon as possible. As the bioburden, malodour and exudate decreased, her quality of life increased and she was able to look forward to completion of her treatment.

References

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