

The Effective Management of a Post Operative Axilla Surgical Wound using Flaminal®

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Introduction

Cutaneous abscesses are one of the most common acute general surgery presentations. They are defined as a skin and soft tissue infection from microbial invasion of the dermis and its supporting structures, resulting in a localised collection of pus. Typical presentation often includes a tender, fluctuating swelling with an overlying pustule and surrounding cellulitis⁽¹⁾. The predisposing factors that increase the risk of developing an abscess include metabolic syndrome, obesity, smoking, diabetes, immune compromise and intravenous drug users⁽⁴⁾. The diagnosis of a cutaneous abscess is often through clinical history taking and examination. In more complex cases, where the infection is deep seated, investigation may include an ultrasound and computed tomography⁽²⁾.

Patients consulting primary care with a boil or abscess will be treated with either antibiotics or in addition to surgical incision and drainage⁽³⁾.

This case study presents a 46-year-old female with a medical history of Rheumatoid Arthritis, anxiety and depressive disorder coupled with type 1 diabetes and a body mass index of 42 placing her in the severely obese category. The patient underwent

surgical incision and drainage for a right axilla abscess, resulting in a large open wound measuring 16cm in length x 7cm width and with a depth of 1cm. Initially, follow on care was delivered by the local practice nurse team and wound management incorporated packing with an antimicrobial gauze and secondary silicone foam adhesive, after nine days the patient was then referred to the Wound Care Specialist Clinic.

Method

The patient was reviewed by the Wound Care Specialist Nurses, visibly anxious and distressed and the wound presented as 90% healthy granulation tissue with 10% visibility of lymph. There were high levels of exudate with no obvious clinical signs of infection. The Specialists Nurses' wound management aims were to facilitate exudate management, reduce wound odour and maximise patient comfort by minimising anxiety at dressing changes. The anatomical position of the wound provoked consideration of dressing choice with ease of application and sustainability being a priority.

An Enzyme Alginate, Flaminal® Forte primary dressing with antimicrobial protection was selected coupled with a non-adherent silicone foam with initial frequency of dressing changes advised on alternate days, which were promptly reduced to every 3-4 days. Flaminal® Forte is indicated for moderate to high levels of exudate and facilitates exudate absorption, whilst optimising an ideal wound healing environment. Additionally, its versatility, ease of application and soothing ability were all pivotal to the wound dressing selection choice.

Result

The wound management plan continued for a further four weeks, with a step down from Flaminal® Forte to Flaminal® Hydro as exudate levels decreased. The wound was reassessed intermittently by the Wound Care Specialist Nurses and it was noted that the wound had decreased in size at week 2 of treatment, measuring 15cm x 3cm with the advancement of granulation tissue to skin surface level with overall satisfactory wound healing progress. As the patient saw her wound improving, she began to feel more confident, and her levels of anxiety started to decrease. The wound continued to improve at each assessment and after 35 days of the advised treatment, complete epithelialisation was achieved. The wound remained infection free throughout the healing journey with complete concordance from the patient, who stated that the treatment choice had promoted a pain free, comfortable experience, supporting improved quality of life.

Discussion

Skin abscesses can vary in severity, ranging from severe to complex or life-threatening and can have a significant impact on patient both physically and mentally. Understanding the severity helps healthcare providers make informed decisions about the appropriate level of treatment, allowing for open dialogue with the patient to help manage wound healing expectations. Abscesses are most commonly caused by bacteria called *Staphylococcus aureus*, which routinely is found on the skin surface and inside the nose and can enter the body through a cut, abrasion, puncture or insect bite. A condition called folliculitis can also initiate an abscess to form within a hair follicle and is often as a result of shaving⁽⁵⁾.

Conclusion

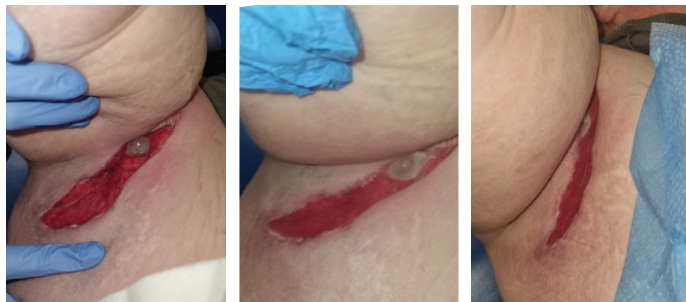
The Wound Care Specialists Nurses advocated that all treatment aims were achieved and that the patient tolerated the wound management plan, which facilitated an uninterrupted healing continuum. The patient reported that Flaminal® had not only healed her wound, in a pain free and comfortable way, but had helped increase her confidence. If she can deal with this, she can deal with anything. Flaminal® Forte and Flaminal® Hydro have varying concentrations of alginate, which allows them to be introduced throughout all stages of healing, according to exudate levels.

This case study demonstrates the multifaceted effectiveness of Flaminal® including its antimicrobial properties and ability to reduce the risk of infection, coupled with its capacity to support exudate control whilst ensuring patient comfort and ultimately promoting wound healing.

References

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