Management of malignant wound: nursing perspective

Ms Elaine Man Siu-ling, Nursing Officer, Haven of Hope Hospital
Ms Cecilia Kwan Wai-man, Nurse Specialist, Bradbury Hospice

Introduction

Although there are rapid advances in medical technology, management of malignant wound is still a great challenge. Patients living with malignant wounds suffer from devastating effect on their physical, psychological and social status, as well as negative impact on their families and carers. It requires not only a holistic approach in assessment and care but also a sensitive approach to ensure that the caring is realistic and acceptable to patient and carer.

Most malignant ulcers will not heal. The few exceptions are the malignant skin ulcers at the initial stages, when managed by aggressive medical intervention, such as surgery, radiotherapy, or chemotherapy. The nursing perspective of managing unhealed malignant wound will focus on ‘caring’ rather than ‘curing’. Ther goals of malignant wound management are symptom control and to enhance patient's quality of life as much as possible.

Effective wound management requires the collaboration of members of the multidisciplinary team, comprehensive skill and knowledge in wound care, appropriate selection of dressing materials, sensitivity to the patient's condition and needs, and creativity in tackling individual patient's problem. With good management of malignant wounds, palliative care nurses can contribute to alleviation of suffering of the patients and enhancement of their quality of life.

The impact of malignant wound

Although malignant wounds occur more frequently in advanced cancer, it is possible for patient to live for many more years with a malignant wound if the disease is localized. Malignant wound frequently has a combination of neovascularization, necrosis, and inflammation leading to pain, bleeding, malodour, massive exudate, and infection. It can cause panic if massive bleeding occurs. The bulky dressing materials, the malodour, the soiled clothes (due to leakage of blood or exudates from wound) or the site of wound (e.g. breast or penile wound) may cause loss of dignity, altered body image, embarrassment and helplessness. The most adverse effect of malignant wound is being a constant signal to persistently remind the patient of the progression of the malignant disease. The patient's life will be taken over by those problems and normal social activities cannot be maintained.

Therefore, apart from the adverse symptoms, patient may also suffer from depression, withdrawal, and social isolation. These severely affect patient’s physical, psychosocial, and spiritual well-being. It is also a source of distress to his/her family and carers.

Management of malignant wound

A holistic assessment is necessary before setting the care plan for the malignant wound. It requires a sensitive approach to recognize 1) the impact of the wound on the patient as well as his/her family or friends, including the emotional and social aspects, the living environment, self-care abilities, and support system; 2) the symptoms from the wound including pain, malodour, bleeding, exudate, and evidence of infection; 3) the wound condition including site, size and depth, type of tissue (necrotic, slough, granulating, epithelial tissues), and progression; and 4) any associated problems such as condition of surrounding skin, allergic reaction to dressing or topical agents, functional impairment, and nutritional problem.

The management of malignant wound must include both symptom control and psychological support to patient and his/her family. The general condition of the patient also affects the goals of care. When the patient is at end-of-life, the goal of care will focus on comfort, pain control, and prevention of bleeding so that the frequency of wound dressing will be less. If death of patient is not imminent, the goal of care will focus on maximizing patient's function by controlling wound infection, exudates and malodour, so that the frequency of wound dressing will be more.

Effective wound management requires an understanding of the wound problem and the concern of patient.

Bleeding

Malignant wounds are predisposed to bleeding as the wound surface is always friable. Spontaneous bleeding also occurs when the tumour erodes the blood vessels and may be compounded by decreased platelet function. Bleeders in wounds are caused by vascular disruption from necrosis, and bleeding may occur during removal of adherent dressing (e.g. dry gauze) from the wound. Wound infection and anticoagulant therapy may also aggravate the bleeding problem. To reduce bleeding, preventive measures are important. Using non-adherent dressings and cleansing by irrigation instead of swabbing will reduce the risk of traumatic bleeding from the wound. Soaking of adherent dressing before removal is also necessary for prevention of tearing the friable surface of the wound.