

Optimising wellbeing in a palliative patient with an exuding, malodorous wound



Author:
Tarnia Harrison

Although health care has become increasingly patient-centred over the past few decades, the focus of many clinicians carrying out wound care remains primarily on wound healing in the first instance, while patients may be more concerned by other factors (e.g. disguising unsightly strikethrough). Clinicians must work collaboratively with patients to optimise wellbeing and outcomes. The following case study explores the aspect of wellbeing raised by the management of a highly, exuding, malodorous breast wound in a 65-year-old woman with terminal cancer.

Mrs S – a 65-year-old woman – presented for a chest X-ray for a persistent cough. While waiting for the X-ray, Mrs S confessed to the nurse that she had a wound on her breast. After assessing the wound, the nurse arranged for Mrs S to be admitted that day. The wound had presented originally as a breast lump, approximately 2 years ago. The lump had started to ulcerate about 3 months previously. Mrs S had been dressing the wound herself with disposable nappies. She admitted to being too frightened to seek help from her GP or practice nurse and had also kept the wound from her family and friends.

ASSESSMENT

The wound was assessed by the tissue viability nurse. Mrs S had a fungating breast wound with irregular margins measuring 10.5 cm × 7 cm. The wound bed was unhealthy with both sloughy and necrotic tissue present. The wound was malodorous and showed signs of infection. Exudate levels were high and Mrs S reported that she had been adding more padding to absorb the exudate, and correspondingly having to increase the size of her clothes to accommodate the extra padding. The result was an excoriated and painful periwound region.

Mrs S underwent several inpatient assessments, the results of which confirmed that her condition was terminal. She was referred to the palliative care team and, with her consent, her family were informed of her prognosis.

ADDRESSING WELLBEING

Physical wellbeing

The high exudate levels had caused the periwound to become painful. Mrs S' pain levels would need to be closely monitored to ensure that she received appropriate, timely, and effective analgesia. Mrs S also had to come to terms with the fact that her physical condition would deteriorate.

Mental wellbeing

Mrs S expressed a fear of dying, as well as an initial fear of telling her husband about her condition. She feared leaving her family and was angry with herself for not seeking medical help earlier. She also expressed anxiety regarding the management of her wound in the future. She had low self-esteem and her identity as a sexual being had been eroded due to her poor body image.

Social wellbeing

Mrs S reported having isolated herself from both family and friends as she was unwilling

*Tarnia Harrison is
Tissue Viability Nurse
Specialist, Medway
NHS Foundation Trust,
Medway, UK.*

to leave the house with a highly exuding, malodorous wound. The clothes that she wore to disguise her wound were far too big and, therefore, her body image had been negatively affected, and her sense of self worth and confidence had been devastated by the wound.

INTERVENTIONS

The main issues highlighted by Mrs S were fear, pain, high exudate levels, malodour, isolation, loss of sexuality, anger, anxiety, low self-esteem, and shame. In order to achieve the best possible outcome for the patient, a multidisciplinary approach was needed.

The palliative care team referred Mrs S to their cancer support service councillor to help her to address the issues and fears she was feeling and to support her in coming to terms with her mortality.

The wound care plan needed to address the issues that were having a negative impact on Mrs S' ability to live her life the way she wanted – primarily pain, malodour, and high exudate volume. A barrier cream (Cavilon™; 3M™) was applied to the periwound to protect it from the wound exudate and reduce the pain that Mrs S was experiencing. The wound was dressed with UrgoTul® SSD (Urgo) as a primary layer to address local bioburden and avoid adherence to the wound bed and pain during dressing change. A charcoal dressing (CliniSorb®; CliniMed) was used to help eliminate malodour. The secondary dressing used was ALLEVYN™ Life (Smith & Nephew). This dressing has the capacity to absorb high levels of wound exudate and its silicone gel adhesive border makes it comfortable for the patient to wear and gentle to remove. ALLEVYN Life also contains a masking layer that helps to conceal the exudate. This dressing combination was far less bulky than what Mrs S had been using herself at home to dress the wound.

OUTCOMES

Mrs S only had a few dressing changes prior to being discharged, but during that time she expressed how happy she was with the dressing regimen. The dressings were changed on a daily basis by the time she went home. Mrs S was thrilled that the dressings were discrete enough for her to wear her normal-sized clothes, but still manage the exudate and malodour

well. The periwound had become much less excoriated, and her pain levels had correspondingly reduced. The dressings themselves were conformable, causing no additional pain on removal.

Although the wound was not going to heal, due to the terminal nature of Mrs S' condition, the symptoms that had negatively affected her day-to-day life and wellbeing were much improved. Mrs S was going to have a difficult journey ahead of her at the time of discharge, but she would continue that journey with the support put in place by the palliative and wound care teams, and was referred to the local district nursing team. At the time of writing, she was much happier with her ability to live her life the way that she wanted. ■

“Mrs S was thrilled that the dressings were discrete enough for her to wear her normal-sized clothes, but still manage the exudate and malodour well.”