A NON-HEALING SURGICAL WOUND IN A PATIENT RECEIVING CHEMOTHERAPY

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A 64-year-old man with a history of bowel cancer presented with a non-healing surgical wound. He had undergone extensive surgery for his cancer which had led to a laparotomy wound. He also presented with a large abdominal hernia which could not be operated upon due to his underlying condition. He was advised that because of the extent of surgery undertaken he would not be a candidate for further surgical intervention but would require ongoing chemotherapy.

The patient initially presented in April 2008 with a wound that measured 4.5x2.5cm and which undermined by 15cm around the circumference. On examination surgical mesh was evident from previous surgery, but burs of granulation tissue were forming over the mesh. The wound was colonised and there were medium volumes of low viscosity exudate.

The wound was initially treated with topical negative pressure (TNP) both in the hospital and by the district nurses in the community. Over a period of 10 weeks the wound improved significantly reducing in size to 5.5x3cm and 0.3cm in depth. No undermining was evident, there was 100% granulation tissue present with no infection and moderate volumes of low viscosity exudate.

The patient was then treated with a number of interventions including PolyMem® Foam (Aspen Medical, Redditch), Versiva® XC (Convatec, Ickenham) and Prisma (Systagenix Wound Management, Crawley) with the wound almost healing. By December 2008, the dimensions of the wound were 2.0x0.2cm. During this period the patient underwent a number of treatments of chemotherapy, with multiple blood transfusions. At this point he was discharged from the department of tissue viability.

The patient returned in April 2009 with a non-healing wound (Figure 1). He had been treated at home with Versiva XC dressing. The wound now measured 2.6x2.6cm with no depth and it was pale and fibrinous. No infection was noted and there was no exudate. The dressing was changed to Suprasorb X+PHMB (Activa Healthcare, Burton-upon-Trent) because its moisture-donating ability provided a moist wound healing environment occupied with antimicrobial properties to reduce bioburden, and was secured with Versiva XC. The patient felt comfortable with this secondary dressing as no surrounding skin issues had arisen while using it previously. Dressing changes were recommended every 3-4 days. He was also having fortnightly chemotherapy treatments.

During this time the patient went on holiday with his wife. He returned for review three weeks later and for more chemotherapy, reporting that dressing changes had taken place every 3-4 days. The wound measured 2.5x1.8cm with no depth, and was made up of 50% granulation tissue and 50% delayed fibrous tissue (Figure 2). No infection was evident, and there was minimal exudate. The patient continued with the regimen and was reviewed two weeks later while admitted for chemotherapy.

His wound measured 1.4x2cm with no depth, no infection and no exudate (Figure 3). At this stage, the wound bed consisted of 100% granulation tissue.

The patient's wound had been non-healing due to his underlying cancer, ongoing chemotherapy and the presence of a large abdominal hernia. However, the wound is improving against all the odds with the wound bed covered in granulation tissue. The ongoing treatment of Suprasorb X+PHMB with a secondary dressing of Versiva XC continues and it is hoped that this regimen will result in the wound being fully healed.

Figure 1: The wound shows signs of recent breakdown with unhealthy granulation on the wound bed.

Figure 2: Healthy granulation and epithelialisation has occurred.

Figure 3: Healing has continued and is now almost complete.