

# Pathway for Overgranulation

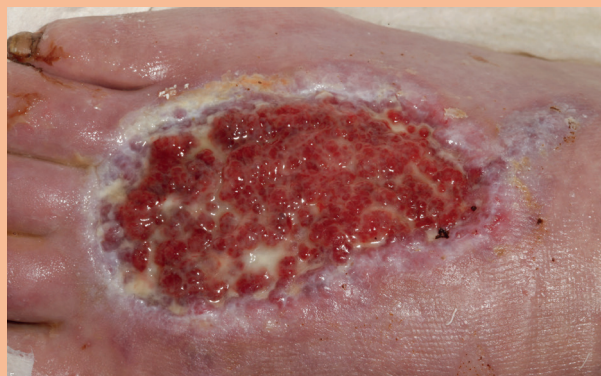
**Definition:** Overgranulation is also known as hypergranulation, exuberant granulation tissue, or proud flesh and usually presents in wounds healing by secondary intention. Unhealthy overgranulation tissue presents as either a dark red or a pale bluish/purple uneven mass rising above the level of the surrounding skin (Harris and Rolstad 1994). The presence of overgranulation tissue increases the patient's risk of infection, prevents or slows epithelial migration across the wound and delays healing (Johnson 2007).

## Causes of overgranulation

- Moderate or high levels of exudate
- Increased bacterial burden at the wound interface/ wound infection
- Presence of foreign material
- Prolonged physical irritation/friction/movement at the wound interface.

### NB

- Malignant tissue can sometimes resemble overgranulation tissue. It can be present for many months and may have a cauliflower appearance.
- Examine any suspected cases and undertake an onward referral to the Dermatology Team in accordance with the Northern Cancer Alliance Suspected Cancer in Adults referral pathway.



**Step 1:** Undertake wound cleansing in accordance with the Wound Cleansing Policy and consider using Prontosan Debridement pad to support soft mechanical debridement.

- Examine the wound bed carefully for any foreign bodies or irritants.
- Examine the wound bed carefully to determine if there has been any prolonged physical irritation/friction/movement at the wound interface.
- Take a wound swab to rule out infection.

**Step 2:** Undertake a holistic wound assessment in order to determine the type of overgranulation tissue and establish the dressing options.

**NB:** Dressing choices should be tailored to the type of overgranulation tissue taking into consideration the holistic wound assessment as per the local formulary.

Moderate or high levels of exudate	Presence of foreign material	Prolonged physical irritation/friction/movement at the wound interface.	Increased bacterial burden at the wound interface/ wound infection
<b>First Line - Day 1 – 14</b> <ul style="list-style-type: none"> <li>• Peri - wound management - Apply a Barrier Protectant to the surrounding skin</li> <li>• Dress with 2 layers of either a Hydrocolloid or Foam dressing (accordingly to exudate levels) to provide a non-traumatic layer to push down the over granulation tissue.</li> <li>• Change dressing every 3 - 5 days as per exudate levels.</li> </ul>			<b>First Line - Day 1 – 14</b> <ul style="list-style-type: none"> <li>• Peri - wound management - Apply a Barrier Protectant to the surrounding skin</li> <li>• Dress the wound in accordance with the wound infection pathway.</li> </ul>
<b>Second line - Day 14 – 21</b> <b>Apply Fludroxycortide tape 4mcg per cm2.</b> <ul style="list-style-type: none"> <li>• Apply to the area of skin which is clean, dry and shorn of hair.</li> <li>• Cut the tape to size covering the lesion leaving a 1cm border. Ensure the edges are rounded off.</li> <li>• Remove the lining paper and apply the tape to the centre of the lesion with gentle pressure and worked to the edges, avoiding excessive tension of the skin.</li> <li>• Change the tape daily.</li> <li>• <b>NB</b> Fludroxycortide tape is a steroid and should be limited to a maximum usage of 7 days.</li> </ul>			<b>Top Tip</b> If irritation or infection develops, remove tape and seek further advice. If used on the face the tape should be changed daily and limited to a maximum of 5 days.
<b>Onward referral – Day 35</b> <ul style="list-style-type: none"> <li>• If there is no improvement to the wound bed and the overgranulation is still present complete an onward referral to the relevant specialist team.</li> </ul>			