

Management of Malignant Fungating Wounds (MFW)

Assessment of Malignant Wounds	
Assessment	Rationale
<p>Wound Location Is mobility impaired?</p> <p>Is the lesion easily covered from public view?</p> <p>Located near wrinkled, folded or flat skin?</p>	<p>Consider an occupational therapy referral to facilitate activities of daily living</p> <p>Impacts on dressing selection</p> <p>Impacts on dressing fixation</p>
<p>Wound appearance Size: length, width, depth, undermining, exposed structures Fungating or ulcerative? Percentage of non-viable tissue Tissue friability/bleeding</p> <p>Odour Exudate amount Local or spreading infection?</p>	<p>Impacts on dressing selection but also evidences change</p> <p>Impacts on dressing selection and fixation</p> <p>Need for debridement/cleansing</p> <p>Need for non-adhesive dressings and haemostatics</p> <p>Need for odour reducing strategies</p> <p>Possible need for wound manager bag</p> <p>Topical/systemic management plan</p>
<p>Surrounding skin Erythematous Fragile or denuded (stripped)</p> <p>Nodular Macerated Radiation related skin damage</p>	<p>Infection or tumour extension? Impacts on dressing selection and fixation (avoid daily removal, avoid adhesive tapes. Consider flexible ostomy barriers to surrounding skin to allow tapes to be used e.g. Duoderm. Consider use of netting/gauze tubes or snug t-shirts to hold dressings in place</p> <p>Tumour extension/metastatic spread Review exudate management plan Consider PolyMem dressings or topical skin care</p>
<p>Symptoms Deep Pain; aching, stabbing, continuous Superficial pain; burning, stinging, dressing changes Pruritus</p>	<p>Need to adjust systemic analgesia Consider topical analgesia or dressing selection</p> <p>Related to skin stretching due to tumour or dressing sensitivity. Does not always respond to anti-pruritic medication. Consider hydrogel sheet</p>
<p>Potential serious complications Lesion is close to a major blood vessel</p> <p>In event of haemorrhage</p> <p>Lesion is near the airway and has potential to obstruct</p>	<p>Need for education of patient and family regarding palliative management and treatment options. All staff involved in care should be aware of planned actions in the event of significant/catastrophic bleed</p> <p>Cover area with dark coloured towels and apply pressure. Elevate area if possible. Ensure patient comfort and follow plan.</p> <p>Work in close liaison with palliative care team, May require sedation. Consider positions (Raised head of bed) Reduce need for conversation keep voice calm and comforting</p>
<p>European Oncology Nursing Society</p>	

Fungating wound Pathway

Fungating wounds are complex and therefore management should be individualised for each patient. The following Pathway is categorised with different issues that can occur and suggestions to support care (Adapted from Gloucestershire Care Services NHS Trust)

Pain and Discomfort

Assess pain levels using wound pain assessment

Consider breakthrough analgesia and give prior to dressing changes

If still unmanageable liaise with palliative care team to consider topical morphine.

PolyMem is also noted to have an analgesic effect

Friable, Bleeding Tissues

Consider N/A dressing e.g. Atrauman or alginate dressing e.g. Sorbsan. Consider local infection as cause of friability not just tumour

Malodour

Use of Charcoal dressing to absorb odour (currently none on formulary: - suggest carbonet) Topical metronidazole may be indicated in severe cases.

Consider use of antimicrobials e.g. Octenilin wound cleanser; Suprasorb X with PHMB, honey based dressings, Flaminal or silver

Necrosis and Slough

Use of hydrogel (Aquaform gel Octenilin gel or Prontosan gel X), gel sheet (KerraLite Cool) Other debridement methods should be discussed and reviewed by Tissue Viability due to fragile nature of wound

Itching

Apply KerraLite Cool

Also consider care of peri wound skin, use of anti-pruritic emollient barrier film or cream. Oral antihistamine and use of PolyMem

Exudate

Follow Exudate pathway

Infection

Refer to infection and antimicrobial pathway Consider need for systemic or topical management e.g. Suprasorb X with PHMB or in severe cases topical metronidazole

Ensure patient is under the care of specialist palliative care teams and/or oncology services. Follow advised management plan and liaise with the team at all times.

For wounds that may involve major blood vessels or airway ensure a management plan is in place for any significant event

If the pathway is followed and wound management advice is still indicated, contact the Tissue Viability Team for advice and support