



NHS TAYSIDE WOUND MANAGEMENT FORMULARY

Section 13: Fungating Wounds

Fungating wounds are caused either by a local tumour infiltrating the skin, or by metastatic spread from the primary tumour. Malignant fungating lesions are an immense challenge. Management goals vary depending on the stage of the underlying cancer, the patient's prognosis, and the individual's own goals and wishes. In some cases, the aim is to arrest tumour growth, but in many situations fungating tumours occur at the end of life, and treatment is completed in a palliative setting that focuses on comfort and maintenance of the best possible quality of life for that patient and their family. In either case it is important to remember that the symptoms produced by a fungating wound are often as distressing as the wound itself. Management focuses on alleviation of distressing symptoms including pain, cutaneous irritation, exudate, bleeding and odour.

	Indicator/descriptor	Management aims	Treatment options	Other considerations
	<p>Exudate Wound exudate is produced as a normal part of the wound healing process.</p> <p>In fungating wounds the exudate produced can be excessive. This is thought to be due to increased permeability of blood vessels within the tumour and secretion of vascular permeability factor by tumour cells.</p>	<ul style="list-style-type: none"> Remove slough/necrotic debris Manage excess exudate Keep moist 	<p>Heavy exudate Fibrous Hydrocolloid Alginate Extra-absorbent Foam</p> <p>Light exudate Hydrogel Fibrous Hydrocolloid Non-adhesive Foam</p> <p>Soft Silicone Foam</p>	<ul style="list-style-type: none"> Exudate <ul style="list-style-type: none"> In selected wounds with high exudate either stoma appliances or absorbent pads over a non-adherent contact layer may be the most appropriate dressing method. Bleeding <ul style="list-style-type: none"> Bleeding may be controlled by careful removal of dressings moistened first with warmed normal saline. <ul style="list-style-type: none"> Local ice packs can be used to control bleeding. Haemostatic surgical sponges Spongostan® or Oxycell® Adrenaline 1:1000 (BNF 2006) - only under medical supervision and caution is advised as adrenaline may cause ischaemic necrosis due to local vasoconstriction. Referral to a vascular surgeon for cautery/ligation. Malodour <ul style="list-style-type: none"> Natural live yoghurt. Sugar paste. Honey. Larval therapy. Good ventilation, and essential oils on clothing or in the room. Skin irritation <ul style="list-style-type: none"> Advice to the patient regarding the use of light, cool clothing and bathing may be of some benefit. Irritation caused by radiotherapy may respond to topical hydrocortisone.
	<p>Bleeding Blood vessels can be disrupted by the infiltration of tumour cells which can lead to bleeding at the wound site.</p> <p>Traumatic dressing changes can also lead to bleeding.</p>	<ul style="list-style-type: none"> Control bleeding Prevent trauma at dressing change 	<p>An Alginate may be applied to wounds with a small amount of bleeding but should be used with caution in fragile tumours as they may cause bleeding.</p> <p>A Silicone Wound Contact Layer should be used as a primary dressing to prevent adherence to the wound.</p>	<ul style="list-style-type: none"> Pain <ul style="list-style-type: none"> Chemotherapy, radiotherapy, hormone therapy or a combination of these anti-cancer therapies may help to shrink the wound by destroying malignant cells, reducing pressure on nerves and other structures and decreasing the area of exposed tissue. This may have a significant effect on the level of pain experienced by the

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Malodour

Malodour is associated with necrotic tissue that supports the growth of anaerobic bacteria, and the presence of volatile fatty acids in the wound. Stagnant exudate, infection and fistula formation are also contributing factors.

Malodour is reported to be the most distressing symptom from the patients perspective.



Skin irritation



Pain - Assessment provides a means to determine the underlying cause of the pain, e.g. infection, pressure on structures, heightened anxiety, invasion of nerves.

There are several types of pain associated with malignant wounds: deep pain, neuropathic pain and superficial pain related to procedures.

Dressing removal has been found to be the time of greatest pain for those with chronic wounds.

- Reduce odour
- Check for infection via swab

- Protect from maceration/breakdown
- Control itching

Analgesic drugs should be prescribed using the World Health Organisation (WHO) guidelines for the control of cancer pain and in accordance with the Tayside Area Formulary (TAF) - [CLICK HERE](#)

Metronidazole gel - apply to clean wound 1-2 times daily and cover with non-adherent dressing.

[CarboFlex](#)[®] should be used for moderately exuding wounds and [CliniSorb](#)[®] for lightly exuding wounds.

Cavilon[®], Diprobase[®] or Dermalol[®] may provide relief.

Zinc oxide paste can be used to prevent peri-wound maceration.

A [Hydrogel Sheet](#) can also reduce itching and promote comfort.

A short-acting analgesic such as Oramorph[®] may be given 20-30 minutes prior to dressing changes.

Where nerve pain exists, adjuvant therapies may be of benefit. Please see [TAF section 4.7.3](#) for more information.

The use of morphine or diamorphine mixed with a hydrogel (to form a 0.08–0.1% mixture) and applied topically to the wound has been found to be an effective method of pain relief in ulcerating wounds, including fungating wounds.

patient.

- **Dressing choice**
 - Dressing choice for fungating wounds should not only be based on the wound characteristics but also should have minimum bulk, prevent leakage, be conformable and cosmetically acceptable to the patient.