

Section 12 Management of Over Granulation

Definition:

Over granulation tissue has been described as a 'spongy, friable exuberant mass of tissue' which is proud of the epithelium (Vuolo, 2010). The surface is moist and an ideal medium for bacterial colonization and bio film formation (McGrath, 2011). It may also bleed easily as it is highly vascularised (Best, 2009)

Also known as proud flesh or hypergranulation.

Issues:

Over granulation impedes wound healing, wound is more prone to infection and formation of scar tissue and can be distressing for the patient.



Red flags

Malignancy may have a similar appearance to over granulation, so referral should be made urgently to a dermatologist or Plastic Surgery if suspected (Brown, 2019).

Advise to include photographs with patient's consent in referral.

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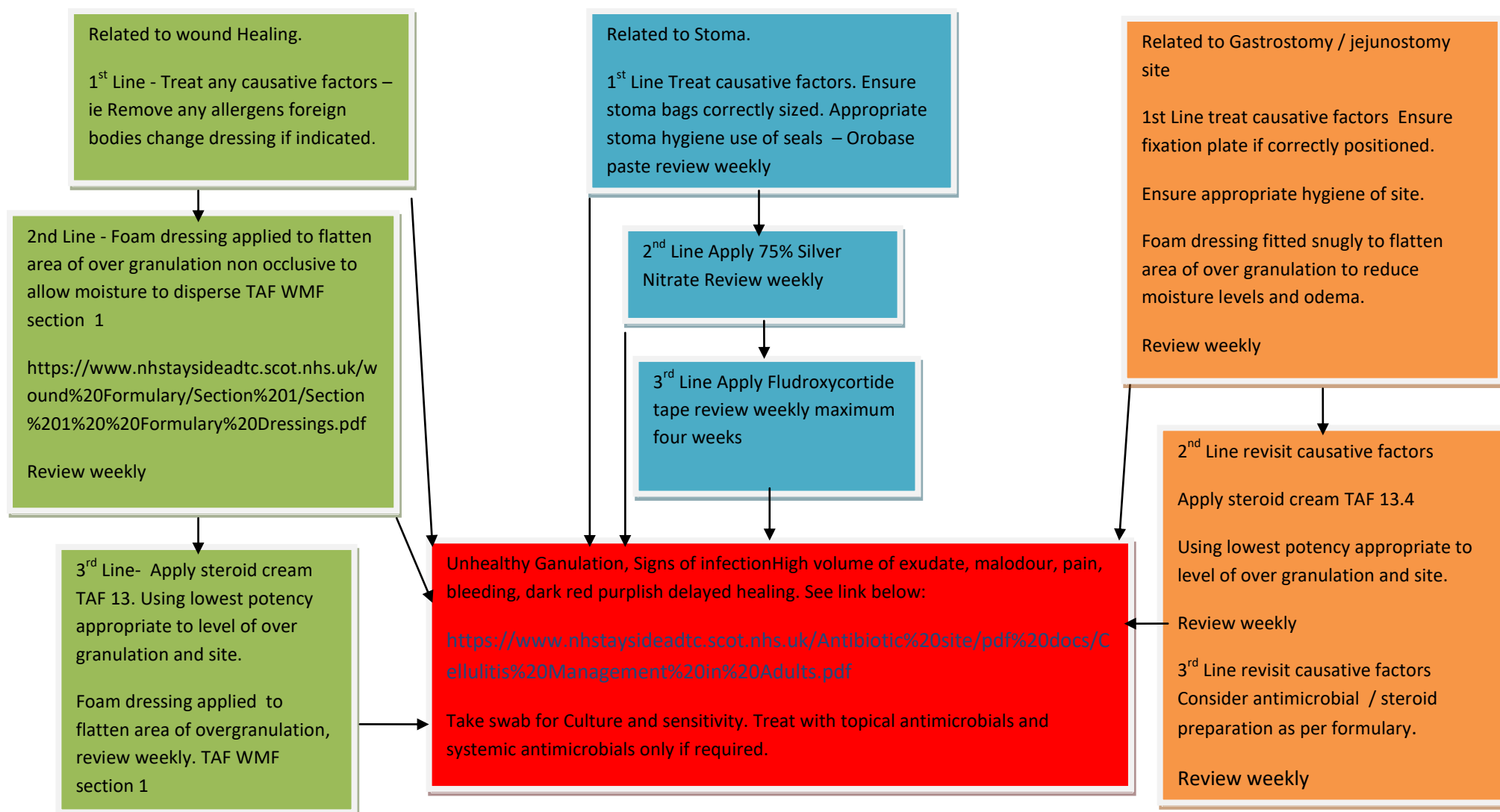
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Types / Causes	Presentation	Objective	Treatment	Review
1. Mechanical/trauma Reaction to foreign bodies i.e. Dressing fibres	Around Gastrostomy / Jejunostomy Sites. Stoma sites localised irritation. Prolonged inflammatory response	To address causative factors, remove cause of trauma/irritation / foreign body.	Ensure position of fixation device. Ensure appropriate cleansing of sites. Apply foam dressing to area to flatten over granulation and reduce moisture. If stoma ensure bags are correctly sized and if required appropriate seals are use.	7-14 days
2. Inflammation high bacterial burden	High volume of exudate, malodour, bleeding, delayed healing.	Lower bacterial load. Remove excessive moisture, flatten tissue	Consider Swabbing of area for culture and sensitivity. Topical / systemic antimicrobials only if required. Follow local policy Secondary foam dressings -See Wound Management Formulary Section 1 Dressings	7-14days
3. Allergy/hypersensitivity	Immune response to causative agent inflammation, ie dressing this may be may be exacerbated by use of occlusive dressing which prevents evaporation of excess moisture	To remove causative factor allergen, ie dressing / topical agent.	Remove allergen if dressing causing issue and replace with appropriate dressing. See Wound Management Formulary Section 1 Dressings	7-14 days

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Flow Chart for the Management of Hypergranulation



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Depending on site and severity of over granulation

or if issue remains unresolved

4th Line Referral should always be considered to specialist services for further investigations / biopsy / excision, i.e. Dermatology / Plastics / Colorectal Consultant / in the case of Gastrostomy – referral to Gastroenterology for consideration of replacement tube

- Sharp debridement should only be undertaken by Practitioners trained in this practice.
- Silver nitrate should only be used as a very last resort, if all other treatments fail, with the exception of Stoma where this is considered 2nd line due to site only for use under specialist instruction. Risk of damage to peri wound areas, increased pain and potential tissue necrosis
- Stoma - Large nodular areas of granulation around stoma unsuitable for silver nitrate treatment should be reviewed by a Consultant Colorectal Surgeon to assess for possible surgical excision/alternative treatment pathway if thought appropriate.
- Chronic, associated peristomal skin issues that do not improve with treatment procedures recommended by the Stoma Nurse should then be referred to the Specialist Dermatology Team.

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