Evaluating the Impact of Chitosan BMG Dressing* on the Management of Malignant Fungating Wounds in Community Care: Physical and Psychosocial Outcomes.

Authors: **Kirsty Varnam** Nurse Complex Care, Leicestershire Partnership NHS Trust. **Emma Jackson** Senior Nurse Complex Care, Leicestershire Partnership NHS Trust.

INTRODUCTION

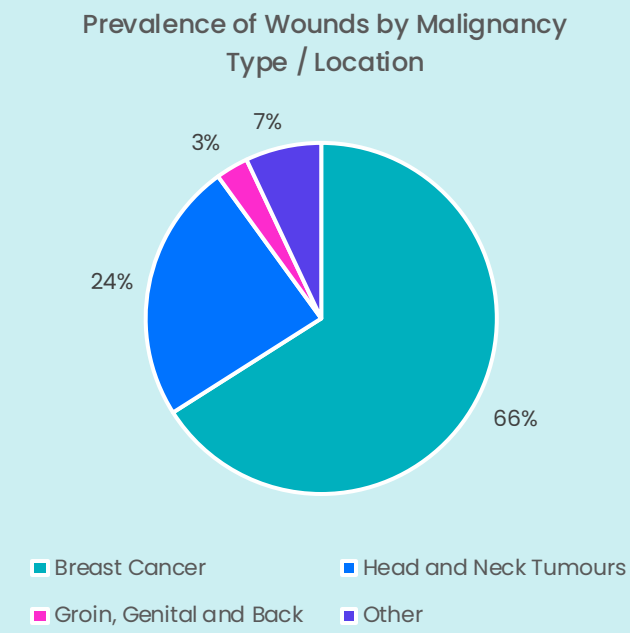
A recent study revealed that 55.2% of respondents provided care to patients with malignant fungating wounds (MFW) in community settings. The majority of MFW develop as a result of breast cancer (Figure 1).

MFW significantly impact patients' **physical and psychological** well-being, presenting challenges for individuals and clinicians.

Community nurses play a critical role in managing symptoms such as malodour, pain, and excess exudate, whilst addressing psychosocial effects.

To enhance care outcomes for patients with MFW, our team evaluated the use of a chitosan dressing with bioactive microfibre gelling (BMG) technology (MaxioCel®).

Figure 1 (Tilley et al, 2021)



METHOD

Following an initial assessment at Merlyn Vaz Health and Social Centre, MaxioCel chitosan dressing with bioactive microfibre gelling (BMG) technology was initiated as a primary dressing for **two patients with MFW to the breast.** The community nursing team conducted weekly evaluations over 4-weeks. Patients provided consent and feedback on their experiences.

PATIENT 1 CASE STUDY

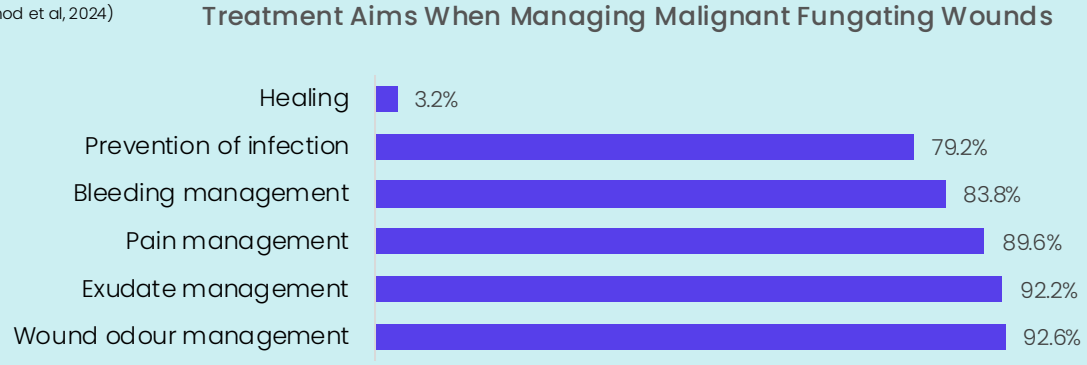
A 92-year-old female with a malignant fungating wound to the breast was experiencing anxiety due to bleeding during dressing changes and distress from malodorous exudate, which made family visits difficult.

After initiating MaxioCel, the following results were noted:

- Minor bleeding controlled due to the dressing's haemostatic properties
- Pain reduced from 5 to 3 within 4-weeks.
- A reduction in malodour increased her confidence in seeing visitors, and family visits became more comfortable.

*MaxioCel is a registered trademark of Axio Biosolutions Pvt

Figure 2 (Pramod et al, 2024)



PATIENT 2 CASE STUDY

A 72-year-old female with a malignant fungating wound to the breast was requiring daily dressing changes and was experiencing bleeding at dressing change.

MaxioCel was commenced, and the following results were reported:

- The dressing conformed well to the irregular shaped wound bed.
- The dressing's haemostatic properties helped to control minor bleeding.
- Pain levels reduced from 6 to 0 within 7 days.

The patient was confident to perform dressing changes independently, as MaxioCel did not cause trauma to the wound bed on removal. This increased patient independence as she was able to shower every day, whilst also reducing the frequency of nurse-led dressing changes.

> **The use of MaxioCel for patient 2 has enabled her to self manage her wound more confidently…This has enabled her to continue to shower daily, which is important to her as well as not having to wait for nurse visits.**
>
> **The use of this product, enabling a supported self care, has the benefit of reducing the workload within the community nursing team** – Emma Jackson, Senior Nurse Complex Care

CONCLUSION

For clinicians, treatment aims of a malignant fungating wound focus on symptom management and improving quality of life, rather than healing (Figure 2). This evaluation demonstrated the effectiveness of MaxioCel chitosan BMG dressings in managing MFW symptoms, reducing patient anxiety, and promoting independence.

These results instilled confidence in our nursing team and underscored the value of empowering patients to actively participate in their care.

References: Susy Pramod, Jo Dumville, Gill Norman, Jacqui Stringer, 'A survey of UK nurses about their care of people with malignant fungating wounds,' European Journal of Oncology Nursing. Volume 70, 2024,102609,ISSN 1462-3889, https://doi.org/10.1016/j.ejon.2024.102609.

Tilley CP, Fu MR, Qiu JM, et al. The Microbiome and Metabolome of Malignant Fungating Wounds: A Systematic Review of the Literature From 1995 to 2020. *J Wound Ostomy Continence Nurse*. 2021;48(2):124-135. doi:10.1097/WON.0000000000000749