

A ten patient case study series of the impact of a 100% Chitosan based dressing with Bioactive Microfibre Gelling (BMG™) technology in individuals with oncology wounds

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Introduction

Patients with cancer often suffer from acute or chronic wounds caused by the disease or the effects of cancer treatment itself, presenting challenges for the patient, family and multidisciplinary team.

Alongside the diagnosis of cancer, the wound itself provides a constant reminder of the disease and treatment. Wounds may bleed, become infected, malodorous and in most cases are painful.

Cancer treatments themselves vary and may induce anything from superficial areas of skin loss to extensive areas of tissue necrosis.

Cancer patients with wounds may have difficulty with symptom management, disturbances of body image, decreased feelings of self-worth and alterations in their quality of life.

Nursing management of the cancer patient with a wound requires an understanding of the normal phases of wound healing, basic wound care principles and the alterations that may accompany this disease process.

By using this knowledge base, nurses can minimize the negative impact of the wound and optimize the quality of life for the patient.

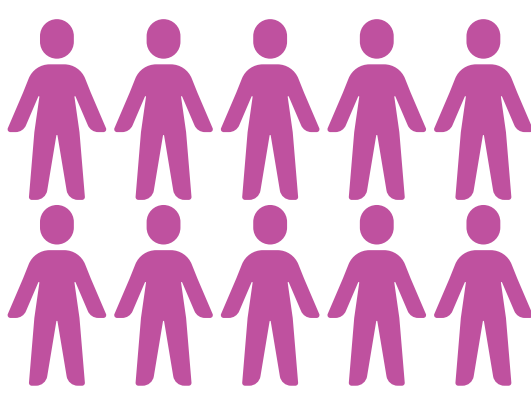
Method

Following hospital trust and appropriate patient protocols being completed, including patient consent and imagery, a ten patient case study series to assess the impact of a Bioactive Microfibre Gelling™ dressing (MaxioCel®) was performed over a four week period.

Patient recruitment was initially in the hospital trust and upon discharge the evaluation continued across the wider community.

The dressing claimed to be suitable across all four stages of the wound healing process which was significant in this patient group .

Wound types included fungating tumours in the neck (2) breast (2) sacral tumour(1) submandibular (1) groin(1) and three patients with Lymphomas (3).



10 Patient Evaluation



Oncology patients under The Christie NHS FT.

Results

This unique Bioactive Microfibre Gelling (BMG) dressing was able to lock in the absorbed wound fluid within the gelling matrix for a longer period compared to previous dressings in all ten patients.

By sequestering the excess exudate, any infected necrotic tissue and bacteria present was trapped within the microfibrils of the dressing. The risk of wound infection in this patient group was significantly reduced as a result.

The dressing also provided a barrier to bacteria whilst also providing antibiofilm properties.

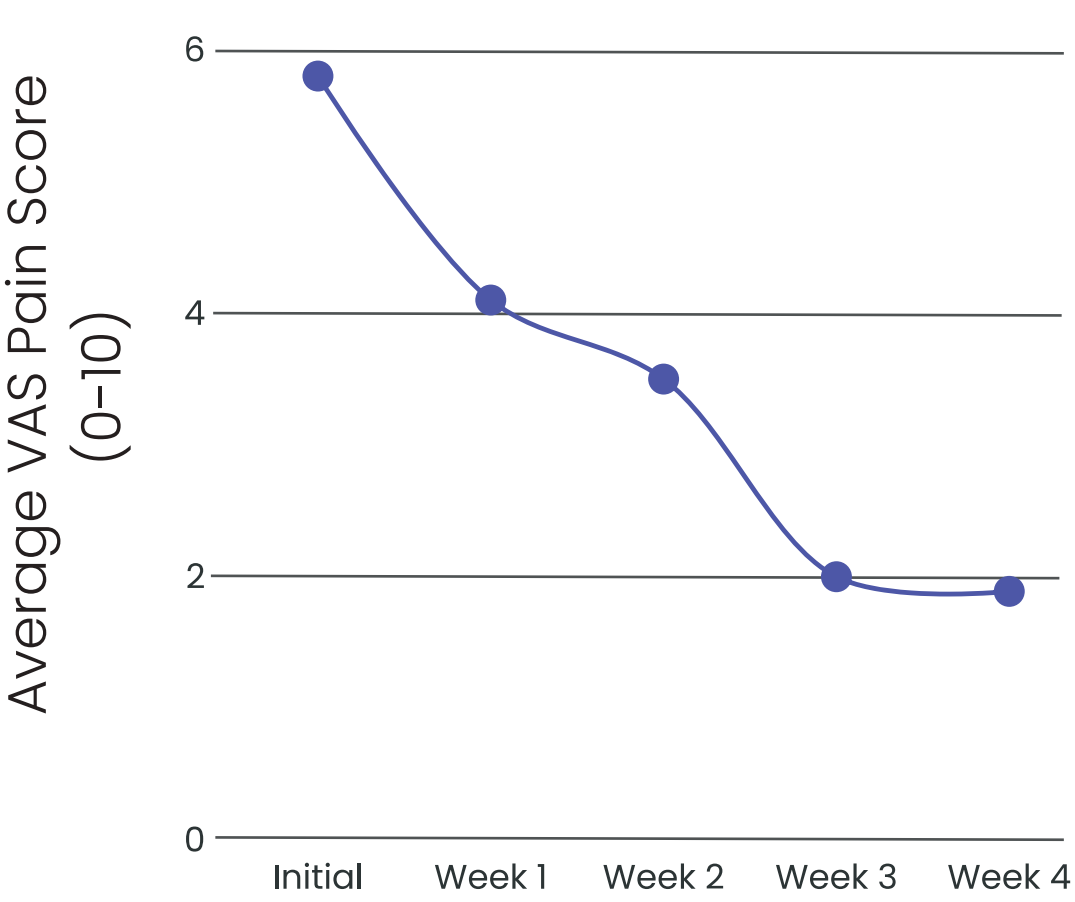
In seven patients speed of healing, reduction in odour and wound area reduction was evident, which in turn increased patient concordance.

Worthy of note 100% patients experienced a reduction in pain within the first few dressing changes.

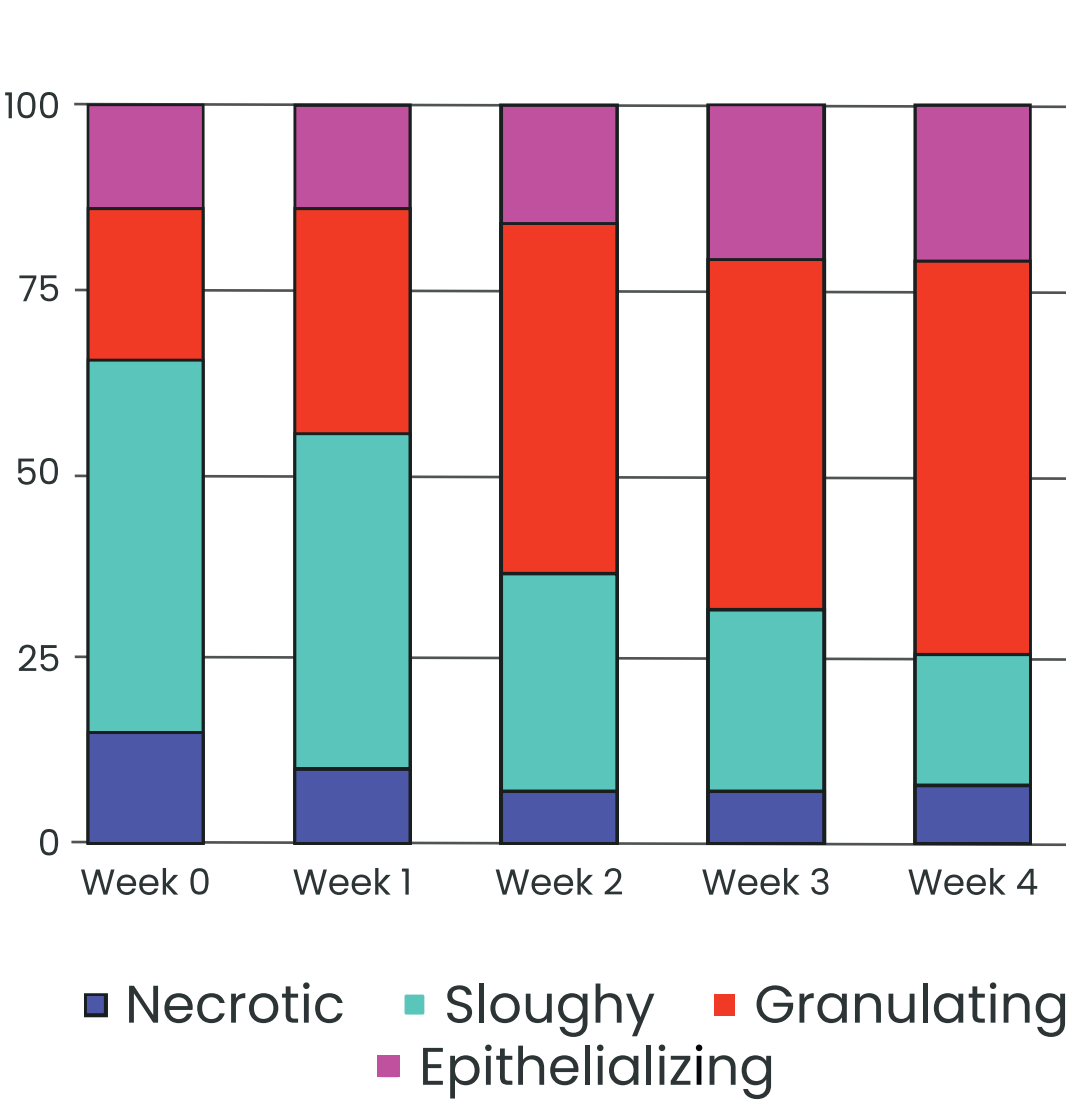
The dressing supported the end of life care for three patients in which management of both exudate odour and periwound skin was extremely important.

Results charts

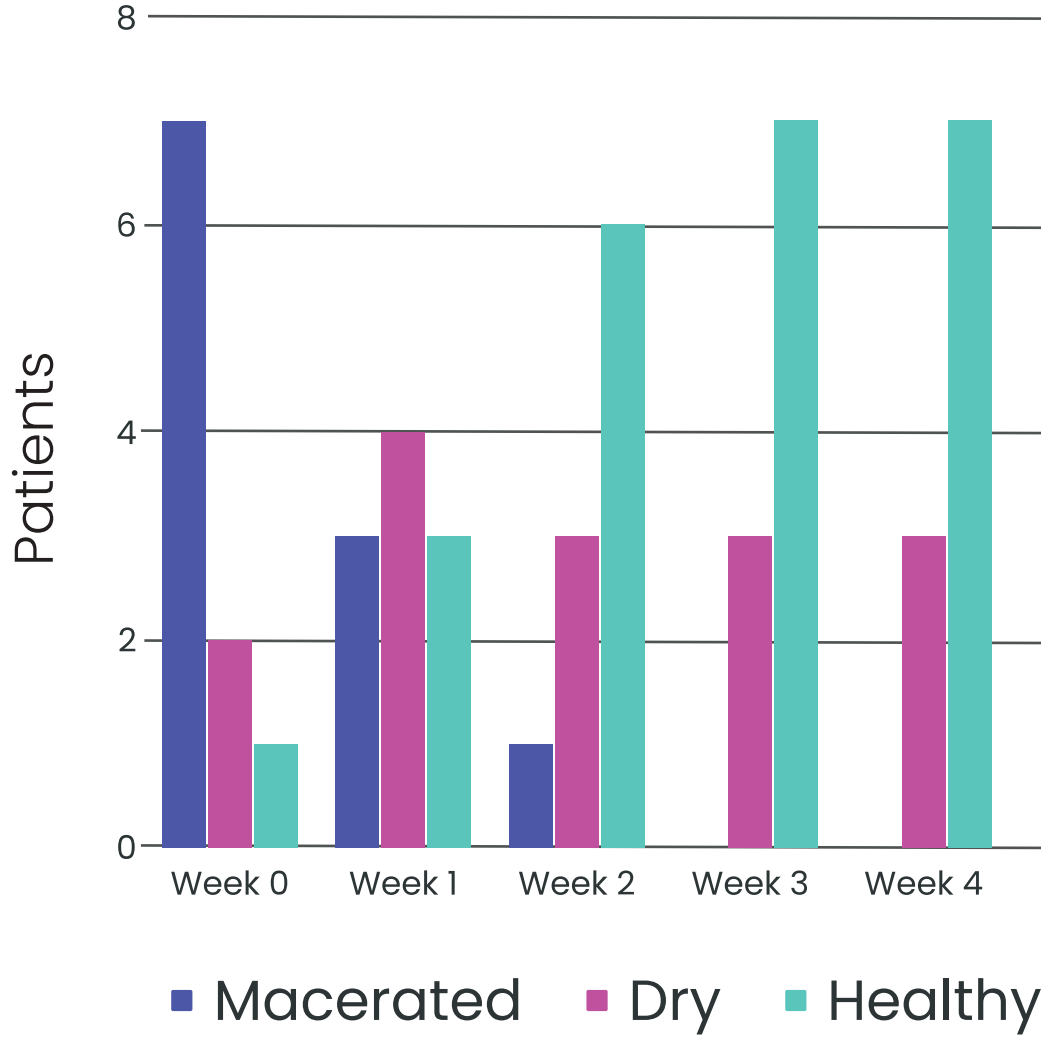
Pain Perception Score



Percentage tissue type



Periwound skin condition



Case Study 1

- 49 year old female with T Cell Lymphoma to left arm (5cm x 4.5cm) and satellite wound (3.5cm x 3.5cm).
- High levels exudate, painful, itchy excoriated periwound skin.
- Offensive odour causing embarrassment (working in office environment 4 days a week).
- VAS pain score 8-10.
- Several dressing tried with no success, patient's husband changing dressings at home 2-3 times per day.
- Within 4 days of use of MaxioCel, VAS score reduced to 2-5. Necrotic area autolytically debrided, slough softened, odour less apparent. Dressing change reduced from 2-3 times per day to daily, allowing supported self care.
- By conclusion of the evaluation (67 days) the wound was granulating, odour free, VAS score of 1-2, greatly improving patients quality of life.



"Since using the MaxioCel dressings I have seen a significant improvement in my affected tissue. The MaxioCel are so easy to take off, they don't stick to the skin / wound like previous dressings also since using I noticed they don't have a funny smell like others previously when had discharge from wound." - Patient comment

Case Study 2

- 60 year old male, with fungating nodule disease / squamous cell carcinoma to left side of neck. Wounds had been present for 2 months, and were deteriorating.
- Dressings change 2-3 times per day, offensive odour and exudate leaking constantly, leaving periwound skin excoriated.
- Within 5 days of use of MaxioCel, dressing changes reduced from 2-3 times per day to daily, then to alternate days. Both exudate and odour reducing.
- Within 14 days, patient reported no pain, and wound was bridging with granulation tissue.
- By conclusion of the evaluation (28 days) slough was 100% removed, allowing DN's to visualise depth of wound and clearly define wound management objectives. Patient requested to continue with dressings and evaluation. Observation continued - wound went on to heal with only a small sinus visible, no exudate and no odour reported.



"I was very impressed with MaxioCel. It reduced the size of my wound in my neck very quickly. The fact that it didn't stick to my skin when removing it was great." - Patient comment

Discussion

Malignant wounds have a myriad of unpleasant symptoms including odour, pain, bleeding and excessive exudate.

Healing is often not a therapeutic reality and symptom control is the priority often involving treatment regimens that sit outside of common wound care practice.

The individual with a malignant wound can suffer physical and social distress due to the unacceptable and offensive presence of the wound. Normality is turned on its head and they find themselves in a painful and undesirable situation. (Young 2017)

By being able to manage patient wound pain, promote wound progression across the healing continuum in majority of patient cases, together with end of life care this evaluation demonstrated an enhanced experience for all involved and increased all the patients quality of life.

Conclusion

The evaluation process has been a thought provoking experience for both patients and staff.

The impact that the introduction of MaxioCel has had in such a short period of time has been remarkable.

MaxioCel has been presented at a recent national virtual oncology conference in order to support other clinicians managing oncology wounds.

Further discussions with senior management and procurement are now underway, in the hope of including this advanced wound care dressing within the current trust formulary supported by a clinical pathway and future publications.

Scan here to be kept informed of future publications:

