

INTERDISCIPLINARY TREATMENT OF A FEMALE PATIENT WITH AN ONCOLOGY WOUND USING AN ENZYME ALGINOGEL®

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Introduction

Within the range of complex wounds, tumour wounds require intense interdisciplinary treatment. These oncological wounds require a treatment approach which is not only realistic but demonstrates profound compassion. All these treatments are aimed, first of all, at the patient's comfort, at the respect for the patient's body and person rather than the healing of the wound as the progress of a tumour wound depends on the response to systemic treatments.

Close collaboration between the oncologist, nurse, psychologist and radiotherapist is a logical requirement.

AIM OF THE APPROACH IN TERMS OF NURSING CARE

The nursing approach for this type of wound is completely different from the treatment of a patient with an acute or chronic wound.

The risks of haemorrhage and infection, as well as pain management are parameters which cannot be ignored. Additionally, the notion of disfigurement also exists. The cancerous pathology manifests itself on the body and represents a major deviation as one patient can in no way be compared to another. This wound tells the individual that he or she is vulnerable at all times.

As carers we are the real points of interaction between the patient and his or her wound. In addition to attacking the patient's body, the oncological wound causes anxiety. We must be careful about the image we are sending back to patients, so that they feel able to look at their own bodies. The importance of a relationship of confidence between the various parties involved forms the basis for a treatment focused on the patient.

Treatment

Mrs F., aged 52, married, mother. The patient underwent a right mastectomy. She has been receiving treatment since December 2003 following a locoregional recurrence. To date, Mrs F. has received various chemotherapy treatments for progression of the initial disease and metastases.

Conclusion

Use of the enzyme alginogel *, depending on the exudates, allowed the risks of infection and haemorrhage to be managed.

This treatment protocol allowed the patient to have respect for herself and for her image.



Analysis of the wound on 21/08/2009

T = Fibrinous coating, covering almost all of the tumour wound, permeation nodule, major risk of haemorrhage.

I = Critical colonisation of the wound, no increased odour

M = Exudative wound

E = Ragged, raised edges, anarchic proliferation of cancerous cells at the periphery.

Chemotherapy during this period: Taxol® - Gemcitabine®

Local treatment: daily shower, enzyme alginogel* covered by tulle gras, dressing with an absorbent covering, held in place by a bandage.



Analysis of the wound on 23/11/2009

T = Disappearance of the fibrinous coating

I = Colonised wound

M = Exudates under control, wound dry in places

E = Edges flat except in the upper quadrant, epidermis in place under the left breast.

Chemotherapy unchanged

Local treatment: daily shower, enzyme alginogel* covered with tulle gras, non-stick compresses and held in place by a bandage.

* Enzyme Alginogel = Flaminal® Hydro and Flaminal® Forte