

15. Challenging wounds

15.1 Over-granulating wounds

Overgranulation is excessive granulation tissue, which stands proud of the rest of the skin. It poses a problem as it prevents epithelial cells from migrating across the wound surface. Suggested treatment in order of preference:

1. **Foam dressings** have been found to reduce the level of overgranulation but need to maintain contact with the wound surface. If not self adhesive they should be secured around the edges to prevent movement and to maintain contact without limiting the dressings evaporation qualities. They should not be occluded with a secondary dressing or tape.
2. **Mild Topical Corticosteroids** (1% hydrocortisone) have been used to reduce overgranulation but the evidence for this is limited. They should be applied daily for a maximum of 7 days and will require a secondary dressing. It should be noted by the practitioner that overgranulation is unlikely to be a licensed indication, even though 1% hydrocortisone is used widely.
3. **Silver nitrate sticks** – are not recommended as best practice and should only be considered when all other options have failed to reduce the overgranulation. They have a caustic effect and destroy overgranulation tissue efficiently but they also damage healthy tissue. Care must be taken with application. Therefore apply yellow soft paraffin type product around the wound edges to protect. Use should only be after full consultation with medical practitioner responsible for that aspect of the patient's care.

NB: Please refer to National Patient Safety Agency (NPSA) website regarding use of flammable products i.e. Yellow soft paraffin.

15.2 Fungating wounds:

Fungating wounds occur when a cancerous mass invades the epithelium thus ulcerating through to the body surface (Dealey 2000). The common symptoms of a fungating wound are malodour, copious exudate, pain, and bleeding. If surgical intervention is not appropriate or healing is an unlikely outcome, the treatment objective is palliative and the care should focus on symptom control. The objective of the dressing is not to promote a healing environment but to promote comfort and manage the symptoms efficiently. Metronidazole gel has antibiotic properties and is useful in the palliative treatment of malodorous, malignant wounds.

15.3 Burns

Burns are traumatic wounds caused by excessive heat or cold, which damages the tissue to varying degrees. When considering the management of burns, the extent of the injury must be defined as the treatment varies drastically. The treatment of minor burns is dependant on the condition of the wound bed and should be managed as any other wound.

Burns are susceptible to infection and often antimicrobials are used prophylactically. (Dealey 2000)

NB: Staff in Mid Yorkshire Hospitals Trust should refer to burn management pathway and policy for more details regarding management of thermal injuries.

15.4 Ischaemic/vascular wounds

The toes and sometimes the foot can be affected by so called “dry gangrene” in chronic arterial insufficiency. The tissues are black, shrivelled and dry. Whilst it is traditionally called gangrene there is in fact no infective process. The tissues are undergoing spontaneous breakdown and drying. It is a form of mummification. It is important that such areas, unlike other wounds, are kept dry. Introducing moisture carries the risk of infection. Ideally the area should be left exposed to the air. A non adherent dressing to separate toes is useful. If a dressing is required it should be light, dry and allowing the circulation of air.