

FLAMINAL® IN THE MANAGEMENT OF AN INFECTED SURGICAL WOUND

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Introduction

This case study describes the management of a dehiscent abdominal wound for Fred (pseudonym), an 80-year-old gentleman with a past medical history of prostate cancer in 2014 which was treated with External beam radiotherapy (EBRT). In March 2018 Fred was diagnosed with secondary bladder cancer for which he underwent a radical Cystectomy with the formation of an Ileal Conduit Ultra. This procedure involves removal of the entire bladder, the prostate, the seminal vesicles (sperm sacs) and pelvic lymph nodes with permanent diversion of urine to the abdominal skin using a separated piece of bowel as a stoma.

Two weeks post-surgery, Fred's wound dehiscence due to infection necessitating return to theatre for a laparotomy, drainage of a pelvic abscess and repair of the wound dehiscence; with tension bands applied to the wound. During the operation Fred had a cardiac arrest and was successfully resuscitated with subsequent transfer to critical care. This ruled out the possibility of any further surgery should the wound break down again. Unfortunately, due to a large haematoma, Fred's wound broke down two weeks later with the tissue viability service (TVS) being contacted for advice and support.

Method

On initial assessment by the TVS, the wound measured 17cms by 7cm at the widest part, was infected, with necrotic and sloughy tissue resulting in malodour; there was also undermining/tunnelling. Fred reported that the wound was extremely painful and understandably he was very low in mood.

The aims of wound management were to debride the wound, manage the infection as well as importantly reducing the malodour and pain for Fred. Flaminal® Forte (Flen Health) was applied as the primary dressing and covered with a silicone foam dressing, with dressing changes undertaken daily.

The tissue viability team were advised that if the wound failed to heal then palliative management would most likely pursue in the absence of any further viable surgical options.

Results

An improvement in the wound was seen within one week of treatment with Flaminal® Forte. Fred found the dressing regimen very comfortable with the pain and malodour reducing very quickly which consequently lifted his mood

Debridement of slough and necrotic tissue was evident and signs of infection had reduced. Fred's wound continued to reduce in size over the following weeks and he was able to mobilise again for the first time in a while.

Fred was then discharged into the community for ongoing care and the dressing regimen with Flaminal® was continued until his wound was fully healed.

Discussion

EBRT is often used in the management of prostate cancer and according to several studies has been identified as an independent risk factor for secondary primary bladder cancer. It is described as more aggressive and may be diagnosed later because some radiation oncologists believe that the haematuria that occurs after prostate EBRT is normal. Some patients treated for localized prostate cancer will subsequently develop invasive bladder cancer requiring surgical intervention.¹

Abdominal wound dehiscence (burst abdomen, fascial dehiscence) is a severe postoperative complication with mortality rates reported as high as 45%.² Prolonged hospital stays, high incidence of incisional hernia and subsequent reoperations underline the severity of this complication.

Flaminal® products are Enzyme Alginogels® containing an antimicrobial enzyme system capable of absorbing excess exudate (whilst remaining in a gelled state), promoting continuous debridement and controlling bioburden. Flaminal® has also demonstrated ability to reduce pain in acute and chronic wounds.³

Conclusion

This case study demonstrates Flaminal's ability to manage infection, aid autolytic debridement and reduce pain and malodour in complex wounds. Flaminal® was able to be used throughout the healing process, and prevented wound infection and thus the need for oral antibiotics. In this case, Flaminal's multiple modes of action also avoided the use of multiple wound care products.

Day 1



1 week



2 weeks



3 weeks



References

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2. Kulaylat MN, Dayton MT. Surgical complications. In: Townsend, ed. *Sabiston text book of surgery*. 19th edn. Philadelphia: Elsevier 2012:283-284.
3. Durante CM (2012) An open label non-comparative case series on the efficacy of an enzyme alginogel. *J Wound Care* 21 (1): 22-28