

Recommended Practice: Simple dressing for malignant fungating wounds

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AIMS

1. To minimise odour associated with malignant fungating wounds (MFWs).
2. To promote wound healing by absorbing discharge.
3. To protect the wound from contamination or trauma.
4. To promote patient comfort.

KEY POINT

This is an aseptic procedure.

EQUIPMENT

Environment

- Solution to decontaminate work surface according to local practice guidelines.
- Appropriate method to dispose of contaminated used items.

Dressing equipment

- Sterile drapes
- Sterile forceps
- Sterile gauze / cotton balls
- Wound swabbing solution (e.g. potable tap water, normal saline, select according to local practice guidelines)
- Disposable gloves
- Contact dressing (select a dressing that comes in contact with the wound for protection according to local practice guidelines)
- Unused dry leaf green tea bags
- Absorbent dressing/padding
- Stretchable tube bandage or adhesive to secure tea bags
- Skin protection product (e.g. No Sting Barrier Wipe. Optional according to local resources)

For irrigation

- 10 mL syringe
- Wound irrigation solution (e.g. normal saline, select according to local practice guidelines. Nb: hydrogen

peroxide should not be used to irrigate wounds under pressure)

- Protective sheets

RECOMMENDED PRACTICE

Patient Preparation

Consider need for appropriate comfort measures and pain control. If analgesia is required, administer at least 20 minutes prior to procedure.

Procedure

1. Perform hand hygiene.
2. Decontaminate work surface.
3. Prepare a clean surface with sterile sheets or dressing pack and prepare equipment.
4. Perform hand hygiene.
5. Using disposable glove or forceps remove the old dressing and discard.

Swabbing technique

1. Working from the inside to the outside of the area and dealing with the cleaner parts first, swab the wound with wound swabbing solution until it is clean. Consider irrigating cavities or complex wounds (see below).
2. Dry area with a dry gauze swab. Do not use cotton wool as this can deposit strands that will stick to the cleaned area.

Assess the wound

Inspect the wound for signs of deterioration, infection and/or pain/discomfort.

Apply the dressing

1. Apply an appropriate contact dressing.
2. Apply unused dry leaf green tea bags^{1, 2} (these may be enclosed in a piece of gauze)¹
3. Cover with absorbent padding.¹
4. Apply stretchable tube bandage or adhesive tape to hold dressing and tea bags in place.^{1, 2}

5. Tea bags should be changed before wound exudates strikes through the absorbent padding.¹

Documentation

Document the findings in the patient progress notes. Report any concerns to the treating clinician's team promptly.

Irrigation technique

1. Fill a syringe with a large bore needle (18g or 19g) with wound irrigation solution.
2. Holding the syringe just above the wound's top edge, instil irrigation fluid into the wound slowly and continuously. Use enough force (4-15psi) to flush out debris.
3. Irrigate all portions of the wound. Do not force solution into the wound's pockets.
4. Continue irrigating until the solution draining from the wound bed is clear.

REFERENCES


1. Yian, L., Case study on the effectiveness of green tea bags as a secondary dressing to control malodour of fungating breast cancer wounds. Singapore Nursing Journal, 32(2):42-8. 2005 (Level 4)
2. Leng, N. and L. Yian, A case report of an innovative strategy using tea leaves in the management of malodorous wound. Singapore Nursing Journal, 29(3):16-8. 2002. (Level 4)

KEYWORDS

Wound care; low cost; traditional; green tea; odour; alternate (complementary) therapies; malignant fungating wounds (MFWs); aseptic non touch technique; Patient Information; Hand hygiene; Standard Precautions

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