



*Managing Extensive Malignant Wounds  
in Homecare Setting*

# **A HOLISTIC TEAM APPROACH**

**By:**

Jacqueline Teo (Nurse Clinician),  
Dr Shuy Yao Jie (Medical Lead),  
Elizabeth Phung (Asst Nurse Clinician),  
Jamie Ng (Nurse Lead)

Vickycares  
Singapore

# LIST OF CONTENTS



**ABOUT ME**

**MALIGNANT WOUNDS**

**PALLIATIVE WOUND CARE**

**ENTEROCUTANEOUS FISTULA**

**CASE STUDY**

**HOMECARE MANAGEMENT**

**CONCLUSION**

**REFERENCES**

# introducing **ABOUT ME**

Team of care specialists offering medical and nursing care at home

- Inhouse 6 specialist nurses – oncology, palliative care, stoma/wound trained
- Inhouse palliative doctors
- 2 phlebotomists
- In collaboration with dieticians, physiotherapists, psychosocial counsellors, genetic counsellors, wellness and mindfulness coaches etc

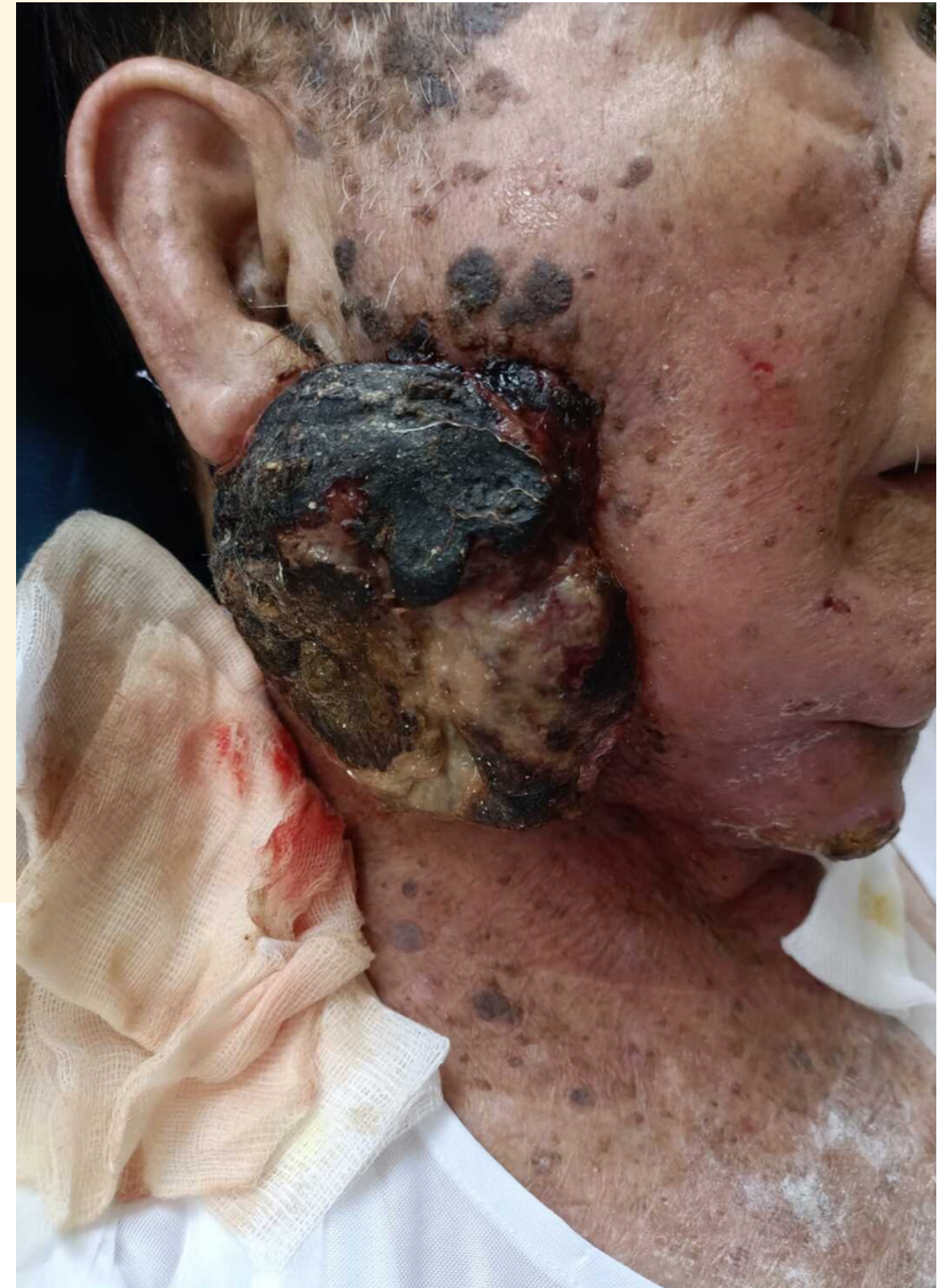


# MALIGNANT WOUNDS

result of the cancer cells in the skin and the surrounding environment that increase in number and eventually invade tissues and cause cell death

→ devastating impact on patient and family

- leakage
- pain
- malodor



# PALLIATIVE WOUND

- observable signs of skin changes and related ulceration have been documented in > 50% of patients within 2-6 weeks prior to death
- non-healable in view of poor health condition and demands of treatment may outweigh the potential benefits
- To address patient-centered concerns, clinicians must engage, empathize, educate, and enlist their patients in the overall plan of care

# PALLIATIVE WOUND CARE

- palliative care + effective wound management
- symptom management
- relief/prevention of pain
- psychological, spiritual and emotional support
- patient-centered care with patient and family goals at the forefront of all aspects of decision-making

AIM  $\neq$  COMPLETE HEALING

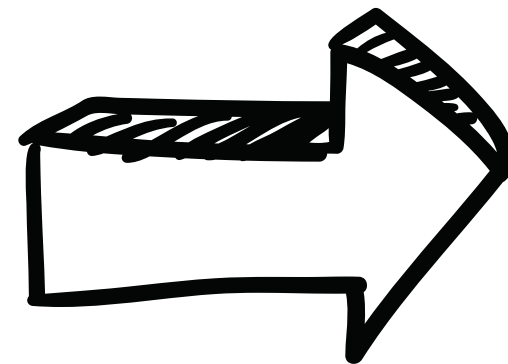
 symptomatic care and how to improve quality of life



# ENTEROCUTANEOUS FISTULA

Abnormal, epithelialised connection between two body structures

- skin protection
- drainage quantification
- drainage containment



prevent additional skin damage secondary to corrosive effluent surrounding the aperture

# ENTEROCUTANEOUS FISTULA

Abnormal, epithelialised connection between two body structures



- skin protection
- comfort and mobility
- drainage and odor containment
- accurate measurement of effluent
- cost



*case*  
**STUDY**

# PAST MEDICAL HISTORY

39 year old/ Female

aggressive recurrent SCC Cervix

- s/p ovary sparing radical hysterectomy in Oct 2018
- s/p RT and brachytherapy in Jan 2019
- s/p left groin dissection with resection of pelvic mass on Jul 2019
- started on both immunotherapy and chemotherapy with risk of vesico-rectovaginal fistula in view of a defect in the vagina vault on examination that has a inseparable mass with sigmoid colon
- diverting stoma created in Aug 2020

# PAST MEDICAL HISTORY

- admitted for left groin abscess in Nov 2020 with wound breakdown around the mesh
- surgery with mesh removal
- malignant wound on left groin
- suggest for best supportive care > patient refused



# PAST MEDICAL HISTORY

- on negative pressure wound therapy (NPWT) after more fistulas formed
- wound had been managed by surgical team
- NPWT output 1.5L/day > vesico-cutaneous fistula
- emergency clinic for dressing change once a week under sedation



# PAST MEDICAL HISTORY

- referred to Vickycares for wound change and management in Apr 2022
- too weak and ill to go emergency clinic for change anymore
- bones and organs exposed
- faecal and urinary material present



# Homecare MANAGEMENT

## Doctor:

- sedation and monitoring
- given IV Morphine and IV Midazolam

## Nurse:

- flushing and cleansing of wound
- suctioning



# Homecare MANAGEMENT

## WOCN:

- dress surrounding skin with hydrocolloid wafer and strip paste
- affix Coloplast Wound Manager
- gauze to cavity to absorb fecal effluent
- stoma at left anterior aspect covered with gauze as no output



# *Homecare* **MANAGEMENT**

- taught friend and helper on managing the effluent by changing the gauze
- pain management by palliative-trained homecare doctor
- unfortunately, patient passed away within a week



# CONCLUSION

- Malignant wounds can cause devastating impact to patient and family.
- Palliative wound care prioritises wound-related pain and symptom management.
- Enterocutaneous fistulas represent a challenging situation with respect to wound care and stoma therapy.
- Managing extensive malignant wounds in home setting can be challenging.
- With the involvement of the medical team and appropriate equipment available, such wounds can be managed, enabling patients to spend their last days at the comfort of their home

# REFERENCES

Hoedema, R.E., & Suryadevara, S. (2010). Enterostomal therapy and wound care of the enterocutaneous fistula patient. *Clinics in Colon Rectal Surgery*, 23(3): 161-168. doi: 10.1055/s-0030-1262983.

Kozell, K., & Martins, L. (2003). Managing the challenges of enterocutaneous. *Wound Care Canada*, 1(1): 10-14. available from: <https://www.woundscanada.ca/docman/public/wound-care-canada-magazine/2003-vol-1-no-1/210-wcc-2003-vol1n1-enterocutaneous-fistulas/file>

White, D., & Kondasinghe, S. (2022). Managing a malignant wound in palliative care. *Wound Practice & Research*, 30(3): 150-157. doi: <https://doi.org/10.33235/wpr.30.3.150-157>

Woo, K.Y., & Sibbald, R.G. (2010). Local wound care for malignant and palliative wounds. *Advances in Skin Wound Care*, 23(9):417-28. available from <https://nursing.ceconnection.com/ovidfiles/00129334-201009000-00009.pdf>

Young, T. (2017). Caring for patients with malignant and end-of-life wounds. *Wounds UK*, p20-28. adapted from: <file:///C:/Users/VKC-LT2/Downloads/caring-for-patients-with-malignant-and-end-of-life-wounds.pdf>