

Managing Malignant Fungating Ulcerative and Nodular wounds

A malignant ulcer is a cavitating or proliferative primary or secondary cancer in the skin. A malignant wound is not likely to heal and usually unpleasant and difficult to manage.

- **Ulcerative—Crater like wounds**
- **Proliferative—Where nodular lesions develop**

Cleansing

- Gently irrigate the wound and surrounding skin with **saline** or **Prontosan® Irrigation Fluid**
- Unless there is excessive exudate or loose necrotic tissue that can be easily rinsed away, daily cleansing may not be necessary
- **Do not use cotton wool balls** as this may damage delicate tissue or cause pain

Active Bleeding

- Apply gentle pressure for **10-15 minutes** with a moist, non-adherent dressing
- Oral **Tranexamic acid** tablets promote blood clotting and could be considered under specialist advice
- **Alginate** dressings, such as **Kaltostat®**, can be used to stop small bleeding vessels but removed within **5-10 minutes** of bleeding stopping
- **Topical Adrenaline** is **NOT** recommended unless **under direct medical supervision** due to cell necrosis
- **Sucralfate paste**: Crush 2 x 1g tablets + 5mls water soluble gel (**OptiLube®**) = Make a paste and apply

Risk of Major and/or Catastrophic Bleed

- If a tumour is near to a major blood vessel please make a plan to manage a major haemorrhage to relieve anxiety and distress of the patient. **Consider emergency drugs, equipment, contact information** and appropriate information to all care providers and family for if this event were to arise.

Exudate

- Exudate should be managed appropriately to **reduce malodour**, patient distress and maintain skin integrity
- Consider the use of a **stoma bag** for wounds with small openings with high exudate levels

Odour

- The **most commonly** described symptom that causes distress to patients and family
- Odour is usually caused by the presence of **bacteria** and therefore a **topical antimicrobial** should be used to treat the odour

1. First Line Action

Manuka Honey Activon gel
Prontosan® Wound Gel + Kerlix gauze

2. Second Line Action

Metronidazole gel
Charcoal dressing

Manuka Honey Activon Gel	Gel application 25g (12)*	£1.85 each	ELZ069
Prontosan® Wound Gel	Gel tube 50g (1)	£12.01 each	ELZ542
Prontosan® Irrigation Fluid	Irrigation fluid 40mls (4)	£0.65 each	ELY424
Kerlix AMD Gauze**	Roll of gauze (100)	£1.39 each	ELZ152
**Available from Brighton and Sussex University Hospital Equipment Libraries			
Metronidazole gel	Anabact 0.75% w/w Gel Metronidazole available from pharmacy as 15 g = £4.47, 30 g = £7.89		
CarboFlex® Charcoal dressing	Dressing 10cm x 10cm (10)	£1.91 each	ELV022
	Dressing 15cm x 20cm (5)	£6.12 each	ELV020
	Dressing Oval Shape (5)	£3.24 each	ELV021

Pain

- Consider **short acting analgesia** along side long acting analgesia for dressing changes
- **Entonox** can be used in the short term in the acute hospital setting for dressing changes
- **Topical analgesia: Morphine + Intrasite Gel** = Apply as required. Topical analgesia does not usually work
- Referral to the **palliative care team** for advice if pain is unmanageable during dressing changes

For further advice please contact the Tissue Viability Team via email at bsuh.woundcare@nhs.net