

RAPID HEALING WITH FLAMINAL FORTE ASSOCIATED WITH IMPROVED QUALITY OF LIFE IN A SURGICAL WOUND.

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Introduction

Head and neck cancers can have devastating effects on the lives of patients; the treatment can be disfiguring and often makes normal speech and eating impossible.¹ There are over 30 specific head and neck cancer sites and the group as a whole accounts for over 8,000 cases and 2,700 deaths per year in England and Wales.¹

This case study assesses the treatment of a 71 year old male patient who experienced a breakdown of a surgical site on the right side of his neck under the chin. His previous medical history included squamous cell carcinoma to the left side of his tongue for which he had a radial forearm flap reconstruction in 2005. He was generally fit and well, active and mobile, a non-smoker and non-drinker.

In 2014 he was diagnosed with squamous cell carcinoma to his right lateral pharynx, stage T2 N0 M0 (tumour > 2 cm but < 4 cm, with no evidence of regional lymph node involvement or distant metastases).

He had surgery in January 2015 to perform a right neck dissection, pectoralis major flap and pharyngeal resection. In September 2015 there was breakdown of the surgical site with 100% necrosis. On 7th October surgical debridement of the necrosis was required under local anaesthetic in theatre.

The resultant wound consisted of a large cavity, exposed mandible, slough, and a bridge of skin in the centre. The wound was odorous and had moderate levels of exudate. It appeared to be critically colonised, although there were no systemic signs of infection. On presentation there had been no previous treatment.

Method

The aim of the treatment plan was to debride the slough, prevent osteomyelitis, and preserve the bridge of the skin. It was also important to improve the patient's quality of life as he was very depressed and was conscious about the size of the dressing and being unable to hide it due to its location. Therefore, the aim was to achieve wound closure as soon as possible.

On 12th October Flaminal Forte (Flen Health UK) was placed into the cavity and across the bridge of the skin as the primary dressing. Melolin (Smith and Nephew, UK) and Mepore (Molnlycke, Sweden) were used as secondary dressings. The wound was redressed every 3-4 days.

Flaminal was chosen as it had been used previously and had produced good results. It was biodegradable so could be used in a cavity wound, and was atraumatic for the patient. It was also antimicrobial so would reduce odour and prevent infection and potentially osteomyelitis.



23/10/2015



4/12/15



21/12/15



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Results

The slough was debrided and the wound was kept free of infection with no oral antibiotics needed from the time of debridement to healing. The patient felt happy with the treatment as they could see that at each visit the secondary dressing size reduced.

Whilst using the product the wound bed debrided and was then clean and granulating until healing. The length of treatment was from 12th October to 21st December when the aims of treatment were achieved. It was easy to apply and to fill the whole cavity with Flaminal and as there was no need to remove it this was good for patient comfort.

The patient was very happy with Flaminal in the wound as healing was much quicker than he expected. This was evident from his change in demeanour from being down and depressed at the beginning of treatment to becoming very cheerful and high spirited as the wound healed.

Discussion

The main benefit of the dressing was improvement in the quality of life for the patient. Treatment can have long-term adverse effects on the patient's subsequent quality of life and can undoubtedly be enhanced by optimum treatment and the provision of adequate support and rehabilitation services.¹

The clinical benefits in this case were that Flaminal kept the wound free of infection and preserved the bridge of healthy skin promoting wound healing in a very short time. Wound exudate and infection, or at least critical colonisation, have been reported as the most common wound management problems.²

The antimicrobial effectiveness of Flaminal has been extensively demonstrated using combinations of in vivo and in vitro experiments, allied to clinical evidence of wound healing effectiveness.²

Conclusion

This case study demonstrated the effectiveness of Flaminal Forte in assisting wound healing following breakdown of a surgical site on the neck. The case also demonstrates its ease of use, effectiveness of autolytic debridement and ability to control bioburden. The subsequent rapid healing had a noticeable effect on improving the patient's quality of life.

References
1) National Institute for Health and Clinical Excellence (NICE) (2004) Guidance on Cancer Services - Improving Outcomes in Head and Neck Cancers - The Manual.
2) White R (2014) The alginogel Flaminal: an overview of the evidence and use in clinical practice. Wounds UK 10(3): 22-25