

# HKCET Newsletter

## Hong Kong Council of Enterostomal Therapists

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### A CASE STUDY ON THE NURSING MANAGEMENT OF CANCEROUS WOUND

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Mr. Au Ting-man, a 61 year-old gentleman, was admitted to hospital with a painful discharging lower abdominal mass. A 10 cm mass was situated at the



suprapubic region with a 3 1/2 cm diameter fungating tumour growth at upper part of the mass. The fungating mass was a symbolic image of the male genital organ. Ting-man also complained of increased severity of haematuria, dysuria, frequency and urgency of urine, loss of appetite and loss of weight in the past six months.

#### Relevant Medical History and Investigations

Ting-man had an abdomino-perineal resection of the rectum performed for carcinoma of rectum in 1996 which later developed to have metastasis with lower abdominal mass and was inoperable. Palliative radiotherapy was given. However, in May 1998, flexible cystoscopy investigation showed tumour growth in bladder. Biopsy confirmed metastatic adenocarcinoma. Ting-man defaulted follow-up and refused further treatment.

#### Family and Social History

Ting-man had been a widower for 6 years. He lived with four children who were all working. He was a retired bus driver and received a small sum of pension monthly. He had been independent and performed stoma care himself. However, his social life diminished with the exacerbation of his condition.

#### On admission

Ting-man presented as a well groomed and fully ambulatory person. He expressed complete awareness of his own condition and prognosis, believed that nothing would help

and therefore, refused further active treatment. His main concern was to have a better management of the foul smelling and discharging fungating tumour. The frequent changing of the highly absorbent dressing pads placed over the tumour caused skin maceration and embarrassment. Appetite was also aggravated by the sight of the fungating tumour. His generalized body pain was relieved by oral Dologesic 2 - 3 times per day. When talking to him about his condition, he would always say "This mass is a nuisance, I am waiting to get on the airplane but there is no ticket available for me" (indicating his impending death).

#### Nursing Management

##### Goal Setting

*Nurses must be realistic when setting goals with terminally ill patient. It is necessary to inquire what the patient is able and/or willing to do and what the family members are expecting before helping them to choose the short and long term care setting. It must be stressed that wound healing is not the goal of care in this situation but to alleviate distress symptoms caused by the wound.*

Ting-man was reluctant to have anything to do with the fungating tumour. His children, could only be at home late in the evenings and weekends. One of his daughters offered to learn dressing the tumour if Ting-man desired to go home. Home support such as stoma care nursing service, community nursing service, palliative home care nursing service, voluntary ostomy support group and meals on wheels were discussed. However, Ting-man opted for hospice care.

In accordance with Ting-man's wishes, the foul smelling discharging tumour growth had been

managed with a one-piece flexible odourproof drainage bag. This was considered to be effective to contain the discharging fluid and to prevent maceration of the surrounding skin. Skin barrier paste was added to provide a secure seal of the drainage bag over the contour of the mass. Ting-man commented that the drainage bag helped to reduce wound odour and he could cope with the presence of odour only when emptying the bag. The drainage bag was changed once every three days.



#### ***Control Physical Symptoms***

Nurses must act accordingly to the physical symptoms the terminally ill patient presents. It is necessary to identify the physical symptoms of distress from the psychological symptoms of distress so that appropriate action can be carried out.

During his stay in the acute hospital, Ting-man required oral Dologesic 2 - 3 times per day for the pain. He expressed the pain came from the pressure of the growing mass on the suprapubic region and anticipated this would increase when the growth increased in size. His appetite improved slightly with the controlled odour and the concealed sight of tumour by the drainage bag.

#### ***Support Psychological Symptoms***

Nurses must be conscious of own attitude towards the unpredictable demands / needs of terminally ill patient. One needs to have a positive outlook towards life if one hopes to help a dying patient to maintain maximum dignity and self-esteem.

The progressively advancing disease reduced his social interactions and later complete isolation. Since his early retirement following operation, he lost contact with his colleagues and deliberately did not inform any of his relatives of his own condition. His children were the only visitors whilst he was in the hospital. Though one of his daughters was willing to dress the tumour growth for him, he was reluctant to add burden on her. The role changed from being a father to patient, from independent to dependent had devastating effect on his own dignity and self-esteem. He chose to have hospice care as he felt more secure with people around instead of being alone at home. He readily accepted to be visited by the hospital chaplain and voluntary workers.

Ting-man was transferred to hospice care where he died a few months later. He was assisted and empowered to make decisions of his own management plan. His wishes were respected by both the health care members and his family members. His dignity and self-esteem were reserved and as a result, his quality of life improved.

#### ***Discussion***

##### ***Wound Management***

One way to manage malodorous draining cancerous wound is to apply modern moist wound dressing materials. The gas produced by anaerobic

organisms infecting necrotic tissue are responsible for the compulsive malodorous smell. Charcoal-impregnated dressings absorb odour when placed in close contact with wound but are expensive (Collinson, 1993). Topical application of antibiotic Metronidazole can help to control wound odour but there is a risk of developing resistant organisms (Carville, 1995). Modern wound dressings such as calcium alginates debride necrotic tissue autolytically, this reduces the number of organisms on the wound and in turn helps to reduce odour. The other cost-effective way to manage excessive draining cancerous wound is to use drainage bag to isolate odour and collect drainage (Carville, 1995). It must be accepted that wound healing is not the goal of cancerous wound management. There is a risk for bleeding if dry eschar or necrotic tissue is removed as it acts as a protective barrier to the exposure of blood vessels.

### **Quality of Life**

With the availability of support from various health care disciplines and community services, there are increased choices for the terminally ill patient to decide on institutional or home care. Health care professionals are in danger of imposing authority or 'we know best' when assisting patient and family to make treatment or management decision. This brings additional psychological distress and burden to both patient and the family. To improve the quality of life of terminal patient is to reduce the physical and psychological symptoms of distresses.

### **Conclusion**

The challenge of nursing in the caring for a terminally ill patient with cancerous wound is far more than just the consideration of dressing a highly malodorous exuding bleeding non-healing wound. It demands sensitivity and caring attitude of the nurse in understanding the physical, psychological and spiritual needs of the patient and family. Care extends to helping the patient to achieve maximum satisfaction and to improve quality of life throughout the last walk of life.

### **References**

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### **Seminar Information**

#### **13th Biennial World Council of Enterostomal Therapists Congress**

Theme: Enterostomal Therapy - Into the 21st Century

Date: 2 to 6 July, 2000

Venue: The Westin Stamford and Westin Plaza, Singapore

For information, please contact congress secretariat:

E-mail: [fightcncr@pacific.net.sg](mailto:fightcncr@pacific.net.sg)

Internet address: [cancer.org.sg](http://cancer.org.sg)

#### **5th Annual Scientific Symposium of the Hong Kong Cancer Institute**

Date: 23 to 24 March, 2000

Venue: Royal Plaza Hotel, Kowloon, Hong Kong

For information, please contact congress secretariat:

Tel: 2632 2144

E-mail: [gigilui@cuhk.edu.hk](mailto:gigilui@cuhk.edu.hk)

#### **HKCET Stoma Care Course**

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