MANAGEMENT OF A RHOMBOID CYST THROUGH A PATIENT-CENTRED HOLISTIC APPROACH

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A Patient-Centred Approach

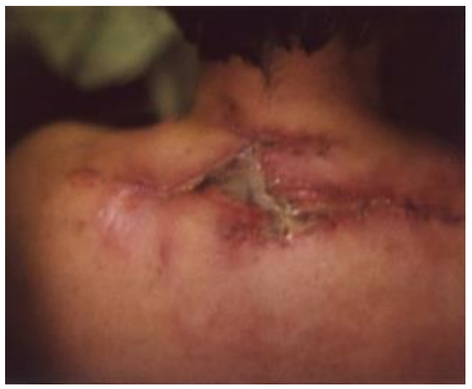
There is a great emphasis within the NHS of team work across 'professional and organisational boundaries' as well as placing the patient's needs first so that the NHS can deliver care to patients in a way which is sensitive to their needs and expectations.
Our approach to wound management is such that we combine the key principals of good wound management with the key elements of holistic patient care, thus ensuring the needs of the patient as well as the wound are met.

Case History

A 56 year old male patient was referred by GP via General Surgeon to the Department of Plastics and Reconstructive Surgery, RVI Newcastle with a large rhomboid cyst on the back of his neck. Following excision of the cyst, the wound was closed using the rhomboid flap method. Histology confirmed the cyst was a malignant adnexal tumour (pilomatrixoma).

Nine days post-surgery the wound was odourous and appeared clinically infected. A large area of sloughy, necrotic tissue was observed, with high levels of exudate and the surrounding tissue had evidence of non-viability *(Figure 1)*. Wound swabs confirmed the wound was MRSA positive.

Figure 1.



Wound Healing Considerations:

The Patient

- self-employed and primary concern was ability to continue to work during the treatment of the wound

The Wound

- size of the wound
- shape of the wound
- condition of the wound bed
- level of exudate
- bacterial load
- location of wound

Patient care was shared between the Community Nursing team and Department of Plastics and Reconstructive Surgery.

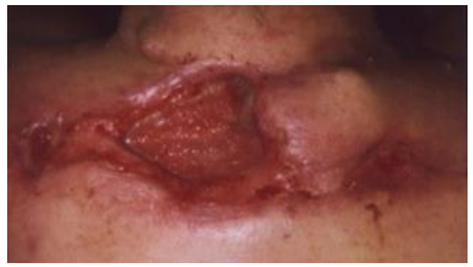
Dressings

There are many different types of antimicrobial wound care dressings available, many of which claim to have the features of the ideal antimicrobial dressing *(Table 1)*. A variety of dressings were used on the patient, including Mesitran, Aquacel Ag and Silvercell, with little success before the Community Nursing team applied Flaminal®, 35 days post-surgery *(Figure 2)*. Initially Flaminal® was applied only to the main wound with Aquacel Ag to more moist areas of the wound. Although under this new regimen MRSA persisted, treatment was eventually restricted to Flaminal® with Mesorb and Mefix being used as secondary dressings. Dressings were changed by the Community Nursing team who visited the patient daily.

Table 1.

Features of the ideal antimicrobial dressing[1]
Sustained antimicrobial activity
Provides a moist wound healing environment
Allows consistent delivery over the entire surface area of the wound
Allows monitoring of the wound with minimum interference
Manages exudates if problematic
Comfortable
Conformable
Provides an effective microbial barrier
Absorbs and retains bacteria
Avoids wound trauma on removal

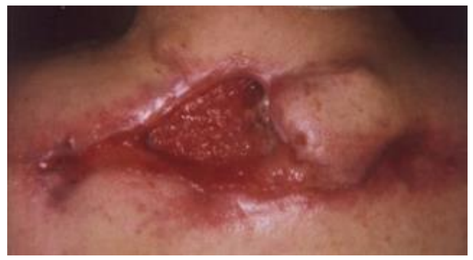
Figure 2.



Flaminal® Versus Skin Grafting – a Patient-Centred Approach

At this stage, the Department of Plastics and Reconstructive Surgery team was keen to graft the wound in order to facilitate closure. If skin grafting were successful wound healing may be achieved within as little as 4-6 weeks. However, due to the position of the wound, the patient would have been unable to drive, as pressure from the car seat may have interfered with graft healing. With the patient being self-employed, the financial implications of not working were significant.
Under the existing regimen the patient was able to continue his work uninterrupted. Already there was evidence of healing under the latest regimen *(Figure 3)*, and the Community Nursing team believed the wound and the patient would benefit most from continuing with this regimen.

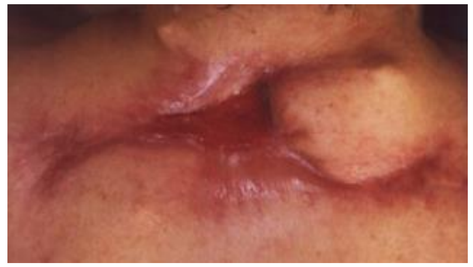
Figure 3.



Flaminal® Versus VAC Therapy – a Patient-Centred Approach

At the next review, 57 days post-surgery, the consultant discussed the possibility of the wound being managed with vacuum-assisted closure (V.A.C) therapy. However, the patient was unhappy with this option and sought
the opinion of the Community Nursing team. Under the Flaminal® regime he was able to continue working and the wound was healing *(Figure 4)*. The Community Nursing team believed the wound and the patient would benefit most from continuing with this regimen,
and with the agreement of the patient and the Department of Plastics and Reconstructive Surgery this regimen was continued.

Figure 5.



Conclusion

There is no reason to believe that this wound would not have healed under any regimen other than through the use Flaminal® as a wound care dressing. However, we aim to deliver care that is sensitive to the patient's needs and in this instance, having explored various options Flaminal® was considered the optimal treatment because it met the needs of the wound by managing exudate, facilitating healing and it met the needs of the patient by allowing him to continue working throughout the treatment.

References

1. Maillard J-Y, Denyer SP. Focus on silver. http://www worldwidewounds com/2006/may/Maillard/Focus-On-Silver html 2006;

Flen Health
advanced skin healing