Nursing Management of a Deep Wound in the Sacral Site

Abstract

Aim: Case report of a deep wound in the sacral site, (anterior-posterior perineal), caused by Cloacal neoplasia, with an urinary fistula. The objective was avoid critical colonizations and systemic infections after an abdominal resection and coccyectomy surgery.

Method: At first we used a iodoform gauze. In a second moment we treated the wound with a dressing of sodium carboxymethylcellulose impregnated with ionic silver enhanced by ethylenediaminetetra-acetic acid di sodium salt and benzethonium chloride.

Result: There were no exudate and bacterial colonization, and also no infection. The sacral stump has been covered by epitelium.

Conclusion: The silver Hydrofiber dressing together with the EDTA and benzethodium has been decisive. We can’t use negative pressure therapy. In 8 months of the treatment the wound has been reduced.

Keywords: Nursing care; Wound care; Urinary fistula; Granulation; Advanced medication; Vac therapy

Introduction

The clinical case report management of a deep sacral wound crater (anterio-posterior perineal), 26 cm length and 20 cm depth, in a woman experiencing a cloaca neoplasia. The patient was a young woman of 46 years old, she had an abdominoperineal resection and a coccyectomy surgery, hysteroannesectomy, permanent endcolostomy, urinary fistula (Figure 1).

Objectives

A urinary fistula became a complication in the wound management. The first objective of the treatment was to avoid critical colonizations and systemic infections.

Methods

Step 1: In the first week the wound was packed on a daily base filling the cavity with a iodoform gauze. The wound appeared with an aboundant exudate inside the cavity with slaugh and necrotic tissue (Figure 2).

Step 2: After the wound was treated with a dressing of sodium carboxymethylcellulose impregnated with ionic silver enhanced by ethylenediaminetetra-acetic acid di-sodium salt and benzethonium chloride.

For 18 days the dressing has been changed on a daily base (Figure 3).

Results

The dressing allowed the management of the exudates and bacterial colonization; clinical signs of localized or systemic infection has never been reported in the wound despite the presence of bacteria (Escherichia coli) and the urinary fistula [1-5]. In 8 months the wound reduced his dimension (8 cm length; 3 cm width; 6 cm depth); the wound bad has been maintained clean and the sacral stump was covered by granulating tissue (Figure 4).

Conclusion

At first the urinary fistula didn’t allow the treatement with negative pressure therapy. The decision of treating the wound with advanced wound dressing has been a success. In 8 months the wound reduced his dimension without any infections of the wound bad with the evidence of an active tissue healing process (Figure 5).

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Figure 1  Deep wound in the sacral side with a urinary fistula.

Figure 2  Wound treated with iodoform gauze.

Figure 3  Wound treated with sodium carboxymethylcellulose impregnated with ionic silver enhanced by ethylenediaminetetra-acetic acid di-sodium salt and benzethonium chloride.

Figure 4  Lesion covering by granulating tissue.

Figure 5A  A- Deep wound at time 0. B- Deep wound after advanced medication.
References


