

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 coccygectomy 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 epithelium.

Conclusion: The silver Hydrofiber dressing together with the EDTA and benzethonium 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

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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 cloacal neoplasia. The patient was a young woman of 46 years old, she had an abdominoperineal resection and a coccygectomy surgery, hysteroannexectomy, 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 abundant exudate inside the cavity with slough and necrotic tissue (**Figure 2**).

Step 2: After the wound was treated with a dressing of sodium carboxymethylcellulose impregnated with ionic silver enhanced

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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 bed 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 treatment 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 bed with the evidence of an active tissue healing process (**Figure 5**).



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



Figure 4 Lesion covering by granulating tissue.



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.



A: Before



B: later

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

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