



# Individual patient's decision making to wound management in buccal carcinoma.

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## Background

Buccal carcinoma is known to grow more rapidly and penetrate with a higher rate than oral carcinoma at other sites. (Kim & Myoung, 2017) The most symptoms of malignant wound are excessive exudates, unpleasant odor, infection, easily bleeding, pain and unsightly appearances which affect both physically and emotionally for patient and family. The management of malignant wound is difficult because over all goal of nursing care is not only to reduce suffering from symptoms but also to find the proper wound management for each patient, which depends on the individual's decision making.

## Case report

A 67-year-old Thai female was diagnosed with buccal carcinoma. She presented with malignant wound and was received 3 cycles of chemotherapy. The malignant wound has complexity because it affected half of the right face and penetrated through oral cavity, excessive serosanguinous exudates combined with saliva, malodor, easily bleeding and severe pain. Before admission to hospital, she changed gauze dressing more than 3 times/day. She feels distress and low self-esteem.



Figure 1: Buccal carcinoma wound.



Figure 2: Excessive serosanguinous exudates combined with saliva.

## Intervention procedures

The goal of management was to relieve suffering from malignant wound by reducing exudates, odor, pain, bleeding, preventing infection, promoting patient is comfort, confidence and optimizing quality of life.

Firstly, provide information about the options for wound management. For example, pouching with colostomy bag or another option is using advanced wound dressing for controlling odor and excessive exudates. Patient preferred to use advanced wound dressing because pouching affected body image.

## Reference

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The management of buccal carcinoma wound was achieved by; (Figure 3)

1. Non-forceful irrigation wound with normal saline solution for reducing the risk for bleeding.
2. Used metronidazole tablets in normal saline solution and creating 1% solution (10 mg/cc). This can be used as a wound irrigate, gauze can be saturated with the solution and packed into wound 10-15 minute for reducing malodor. (Seaman, 2006)
3. Protected peri-wound skin from exudates by skin barrier film.
4. Used primary dressing with hydrofiber plus Ag then secondary dressing with gauze dressing for managing exudate and preventing infection. (Probst, Grocott, Graham, & Gethin, 2015)
5. Sealed edges of gauze dressing with soft adhesive tape.



Figure 3: Intervention procedures.

## Results

About 3 months after starting chemotherapy and wound management, the size of wound, malodor, excessive exudates and severe pain were reduced. (Figure 4)



Figure 4: Progress in buccal carcinoma wound healing.

## Conclusion

The management of malignant wound are control disease by chemotherapy and proper wound management which depending on individual person and patient's decision lead to patient's comfort and confidence including optimizing quality of life.