

## [OP032] PALLIATIVE WOUND CARE - WHEN HEALING IS NOT THE AIM

Patricia Grocott<sup>1</sup>, London, United Kingdom

<sup>1</sup>*King's College London; Florence Nightingale Faculty of Nursing and Midwifery*

Wednesday, May 13, 2015

Key Session: Palliative wound care – Evidence-based practice for managing challenging skin lesions

**Aim:** To present two related research projects on the design and development of medical devices to support patients with palliative wound care needs: Woundcare for Epidermolysis Bullosa (WEB Project) and Generation and evaluation of hand therapy devices for Epidermolysis (GLOVE Project).

**Method:** These include co-design and a model of user engagement in medical device design and development. An n-of-1 design is used to test the performance of the novel devices developed. Clinical outcomes (TELER patient recorded outcomes) are measured at the individual and group level. Qualitative data explain the quantitative findings.

**Discussion:** WEB is a collaboration between patients with EB, clinicians, clinical academics, a clothing designer, and industry. At the patients' request WEB developed dressing retention garments (Skinnies WEB™) as alternatives to bandages. The patients and clinicians observed the Skinnies gloves aided post-operative recovery from surgery to release finger webbing. Two more devices have been requested to manage wounds and delay contractures, together with a Hand therapy-online system to enable the charting of hand deformities, clinical outcomes and costs from birth. These requests led to the GLOVE project.

**Conclusion:** Patients with palliative wound care needs experience considerable suffering as a result of their intractable underlying conditions and skin that breaks down repeatedly. The WEB project demonstrated that by co-designing wound care devices with the user group (patients, carers, clinicians) palliative wound care needs could be met including comfort and a sense of well-being. The co-design approach is being replicated in the GLOVE project.

## [OP033] THE PSYCHOLOGICAL IMPACT OF MALIGNANT WOUNDS

Betina Lund-Nielsen<sup>1</sup>, Copenhagen, Denmark

<sup>1</sup>*Copenhagen University Hospital; Department of Oncology*

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Key Session: Palliative wound care – Evidence-based practice for managing challenging skin lesions

In the literature, it is disclosed that 5 to 10% of all cancer patients develop malignant wounds, where an underlying tumour infiltrates skin and tissue resulting in seeping, smelly, bleeding and painful wounds that negatively can affect the patients' psychosocial situation, daily life and quality of life.

Palliative care is the only realistic goal where a multidisciplinary team collaborates – also with the patient and the family – to prevent and treat odour, exudation, pain, etc. by trying to reduce the experience of social isolation, affected body image, sexuality, anxiety and depression so everyday life can be maintained, and the patient can achieve a feeling of well-being in their often short remaining life.

Cooperation with primary health care via telemedicine can create the best conditions for continuity and consistency for wound management, whereby a sense of security can be achieved for the patient.

A holistic approach is essential where optimal debridement and moist wound healing principles can improve condition of the wound morphology, and a psychosocial intervention can strengthen the patient's resources and enhance the patient's experience of well-being.

## [OP034] DRESSINGS AND TOPICAL TREATMENTS FOR MALIGNANT WOUNDS

Una Adderly<sup>1</sup>, Leeds, United Kingdom

<sup>1</sup>*University of Leeds; School of Health and Social Care*

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Key Session: Palliative wound care – Evidence-based practice for managing challenging skin lesions

**Background:** Malignant wounds can arise from primary, secondary or recurrent malignant disease. A few patients may heal following surgical excision but treatment is usually palliative with the aim of improving quality of life through the selection of appropriate dressings and topical agents to alleviate pain, malodour, copious exudate and the risk of haemorrhage.

**Aim:** To review the evidence of the effects of dressings and topical agents on quality of life, and symptoms that impact on quality of life, in people with fungating malignant wounds.

**Methods:** This Cochrane systematic review searched for randomised controlled trials (RCTs) or, in their absence, controlled clinical trials (CCTs) with a concurrent control group. Data extraction and risk of bias assessment was undertaken by one review author and checked for accuracy by a second.

**Results:** Four trials (involving 164 people) met the inclusion criteria. One trial compared 6% miltefosine solution with placebo and found that miltefosine delayed tumour progression. A second trial compared topical metronidazole with placebo, but the results were not statistically significant. A third trial compared the effect of foam dressings containing silver to foam dressings without silver and found that decreased malodour in the foam with silver group. The fourth trial compared the effect of manuka honey-coated dressings with nanocrystalline silver-coated dressings and found no statistically significant difference with regard to exudate, malodour and wound pain. All trials had methodological limitations.

**Conclusions:** This review found insufficient evidence to give a clear direction for practice. More research is needed.

**[OP035] EUROPEAN GUIDELINE ON PALLIATIVE WOUND CARE– CURRENT RESEARCH ON HOW TO DELIVER PALLIATIVE WOUND CARE**

Sebastian Probst<sup>1</sup>, Zurich, Switzerland

<sup>1</sup>*Zurich University of Applied Sciences; Institute of Nursing*

Wednesday, May 13, 2015

Key Session: Palliative wound care – Evidence-based practice for managing challenging skin lesions

Managing patients with palliative wounds presents physical and emotional challenges to the patient and their informal caregivers. The wound may be associated with the wound-related symptoms like odour, exudate, pain, bleeding or itching. Moreover, these patients are vulnerable to tissue breakdown. To enhance quality of life, health care professionals also need to recognize that palliative wounds may adversely affect body image and self-esteem. The aim of this presentation is to present the current research to support best practice among health care professionals who manage such wounds, based on current literature and experiences.

