The importance of patient centred care in the management of an infected orbital cavity following exenteration and radiotherapy for basal cell carcinoma

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Summary

This case study describes management of an infected orbital cavity in a 64-year-old gentleman following exenteration and radiotherapy for basal cell carcinoma. Selecting a dressing regime that facilitated comfort and ultimately healing was a major challenge.

Introduction

This case study describes the journey of Mr G, a 64-year-old gentleman, who presented to his doctor in June 2011 with fungating lesions to his right eye, left supraorbital and periorbital areas. Due to late presentation, Mr G, with no significant past medical history, had a very large infiltrating supraorbital basal cell carcinoma (BCC). He was admitted to hospital in August 2011 for radical surgery: left frontal craniotomy with cranio facial resection; concurrent in April 2012, Mr G was given adjuvant radiotherapy, which caused breakdown of the flap and predisposed him to subsequent brain injury. As the wound continued to deteriorate he was admitted to hospital in May 2012 for wound management and intravenous antibiotics. The current dressing regimen of betadine-soaked gauze pads held in place with adhesive tape was discontinued, as this was believed to be exacerbating his problems.

Wound features

On assessment, dura over the front lobe of the brain could be visualised at the brow line; this was pulsating with only a very thin membrane of granulation coverage. Mr G had developed increasing confusion and agitation related to significant oedema of the left side of his brain which resulted in a midline shift. The multi-disciplinary approach to management ensured that these symptoms were addressed; he was prescribed dexamethasone to reduce the swelling and tumour mass and prescribed antibiotics.

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Treatment plan

The aim of treatment was to debride devitalised tissue and manage the bacterial burden in the wound (Figure 2). Dressing regime consisted of:

- Hydrofibre dressing
- Flamingo® Forte
- Silicone adhesive secondary dressing

Daily dressing changes were recommended due to the volume of exudate produced.

Discussion

Incidence of BCC is increasing by 10% year on year worldwide, suggesting that prevalence of this tumour will soon equal that of all other cancers combined.1 BCC which accounts for 75% of all non-melanoma skin cancers (NMSCs) is usually easily treated.2 However, treatment is complicated if the BCC have been neglected for a very long time or are in awkward places such as near the eye, nose or ear.

A treatment plan was devised that would treat the wound and be acceptable to the patient. It was vital that time was taken to talk to Mr G and to constantly reassure him. He was provided with information and explanations enabling him to allow wound management to take place without becoming agitated or distressed. The patient responded well to care from a dedicated nurse who had the full support of the multidisciplinary team.

Conclusion

Debridement and reduction in the bioburden of the wound were facilitated by Flamingo® Forte in the management of this complex and challenging patient and wound. This multi-faceted approach to wound management provided the best possible outcomes for this patient and his wound. His association to a dedicated nurse and to his wound care ensured that treatment had continuity, was patient-centred and promoted patient choice.

References


2. Naylor M. The Epidemic of Nonmelanoma Skin Cancer: Prevention, Diagnosis, and Treatment. 27-5-2004