

Management of Groin Abscess with Flaminal® Forte and KerraMax® Care

Maggie Pugh & Debbie Woodfine

Primary Case Nurses. Gloucestershire Care Services NHS Trust, The Vaughan Centre, 159 Southgate Street, Gloucester. Maggie.pugh@glos-care.nhs.uk, Debbie.woodfine@glos-care.nhs.uk

Introduction

There were an estimated 87,302 people who injected drugs in the United Kingdom in 2012.¹ Around one-third of these reported an injection-related abscess, sore or open wound within a one-year period² which were associated with increased health implications such as bacteraemia, septicaemia, amputation and skin breakdown. Abscesses and chronic wounds, as well as prolonged leg ulceration, are common. People who inject drugs may demonstrate chaotic lifestyles, which can inhibit access to mainstream healthcare provision.³

This case study describes post-operative management of a 35-year-old male who presented to the emergency department with a deep vein thrombosis (DVT) and right groin abscess. This developed into necrotising fasciitis, requiring surgery and extensive wound debridement followed by skin graft surgery. He had a 14-year history of intravenous drug use and had been injecting into his groin. The man had been homeless until recently, was unemployed with a history of depression, DVTs and abscesses. Patient consent was obtained for the study which was conducted in line with the Trust's 'Working with Industry' Policy.

Method

On discharge from hospital, the groin area had been extensively debrided and was red and sloughy with high levels of exudate, but no infection. The size of the wound was not measured, however a sinus by the scrotal area was approximately 2cm deep. The treatment plan was to promote healing of the abscess (*secondary intention*), wound and skin graft, whilst preventing infection. Initially, the wound was treated daily with paraffin gauze and absorbent cellulose dressing to absorb significant amounts of exudate. The sinus near the scrotal area was carefully packed with paraffin gauze. The surrounding skin was red and painful and so 50:50 ointment was applied.

On day 12 following discharge Flaminal Forte (*Crawford Healthcare*), an enzyme alginogel, was introduced into the sinus under a non-adherent silicone dressing (*Figure 1*) and also to a further crevice in the posterior of the wound. Using Flaminal Forte reduced the dressing time. Application using syringes was swift and virtually pain-free for the patient.

Results

The wound was re-dressed 5 days later and the patient started to apply Flaminal Forte to the wound independently. The wound continued to heal well (*Figure 2*) and a non-adherent dressing and KerraMax Care (*Crawford Healthcare*) were added as secondary dressings, secured with a non-woven fabric tape. The patient was very aware of malodour so managing the exudate and bioburden with Flaminal Forte and KerraMax Care helped to control this.

Five weeks after discharge the patient was managing to apply more dressings independently. After 7 weeks no Flaminal Forte was required in the sinus, but a small amount was applied to the crevice. Five days later the patient no longer needed the dressings and no further input was required from the nursing team.

The introduction of Flaminal Forte combined with KerraMax Care was acceptable to the patient since there was a reduction in pain at dressing change and a reduction in exudate levels. It also resulted in reduced dressing changes meaning less disruption for the patient and less disturbance to the wound bed and was cost effective as no additional medication was required for the pain or infection in the wound. As the dressings were easy to apply the patient could dress the wounds himself.

Discussion

This dressing plan was empowering to the patient, and was a cost effective use of nursing time, demonstrating effective working between our team and a commercial



Figure 1: Day 12 following discharge Flaminal Forte used on the wound



Figure 2: Wound progression. Patient started to apply Flaminal to the wound independently

company, Crawford Healthcare. The patient managed his wound safely, easily and comfortably; reducing appointments and improving treatment concordance. Nursing consultation time was reduced, due to simplicity of topical application and confidence in the products (*both currently on our Countywide Formulary*) as excess Flaminal Forte merely oozed from the sinus, did not harm surrounding tissues and is biodegradable. Staff concerns about non-concordance with appointments (*e.g. gauze left in-situ for longer than necessary*) were reduced as Flaminal Forte merely required 'topping up'.

The case study highlights innovative working between NHS staff and a commercial company, a development which can improve patient experience and care, reduce unnecessary consultations, promote effective self-care and optimise cost-effectiveness.⁴ Clinical support from Crawford Healthcare Company Representative revealed an improved way of treating abscesses, benefitting this patient.

Conclusion

The patient's dressing plan using Flaminal Forte and KerraMax Care successfully managed the complexities of his wound, absorbing exudate, reducing pain on dressing, malodour and wound bioburden. Moreover, the plan encouraged patient concordance, reduced nursing consultation time and subsequently altered treatment plans for our patients with abscesses.

References

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