Formation médicale continue (CME) - SPL CHUV

22 octobre 2026

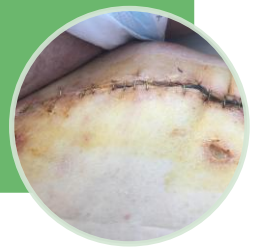
Prise en charge des plaies oncologiques complexes

Lucie Charbonneau
ICLS MSc, experte en soins de plaies et cicatrisation
Centre de Stomathérapie, Plaies et Cicatrisation

Orientation thérapeutique des soins des plaies

- Etat global de la personne et habitudes de vie offrant les conditions favorables à la prévention et la guérison d'une plaie
- ➢ Interventions pour prévenir la destruction des tissus et stimuler la cicatrisation jusqu'à fermeture et consolidation de la plaie

GUERISON



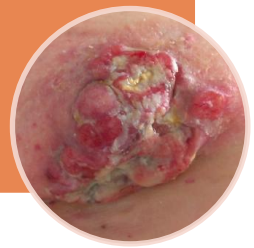
- Etat global et habitudes de vie non suffisamment connus pour assurer la prévention et la guérison d'une plaie
- ➢ Interventions pour préserver l'intégrité cutanée et éviter sa détérioration, sans viser l'absence d'apparition d'une plaie ou sa cicatrisation

MAINTIEN



- Etat global et habitudes de vie n'offrant pas de conditions favorables à la prévention et la guérison d'une plaie
- ➢ Interventions pour réduire les inconvénients d'une destruction des tissus inévitables afin de soulager et non pour cicatriser

PALLIATIF



Reeves & Chaplain. Cicatrisation, évaluation de la plaie et suivi systématique. Chapitre 6. Dans Reeves et Chaplain. (2023). Pratiques exemplaires en soins des plaies : de novice à expert : tome 1. Québec : Presses de l'Université Laval

Palliative wound care

"**person** and **family centred**,

holistic and **interdisciplinary care** of wounds that **may heal, or not**, or may be **too onerous to treat**;

including but not limited to **symptom control** and **management**,

for individuals who are often vulnerable and have impaired quality of life".

Contents lists available at ScienceDirect

Journal of Tissue Viability

journal homepage: www.elsevier.com/locate/jtv

Defining palliative wound care: A scoping review by European Association for Palliative Care wound care taskforce☆

Duygu Sezgin [a,b,*], Jemell Geraghty [c], Tanya Graham [c], Karin Blomberg [d], Karen Charnley [e], Sharon Dobbs [f], Aideen McElvaney [a], Sebastian Probst [b,g,h,i], Dimitri Beeckman [j,k], Patricia Grocott [c], Georgina Gethin [a,b]

[a] School of Nursing and Midwifery, University of Galway, Galway, Ireland
[b] Alliance for Research and Innovation in Wounds, University of Galway, Galway, Ireland
[c] Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London, London, United Kingdom
[d] School of Health Sciences, Faculty of Medicine and Health, Örebro University, Örebro, Sweden
[e] All Ireland Institute of Hospice and Palliative Care (AIIHPC), Dublin, Ireland
[f] Wellington Hospital HCA Healthcare, London, United Kingdom
[g] Geneva School of Health Science, HES-SO University of Applied Sciences and Arts, Geneva, Switzerland
[h] University Hospital Geneva, Switzerland
[i] Faculty of Medicine Nursing and Health Sciences, Monash University, Australia
[j] Skin Integrity Research Group (SKINT), University Centre for Nursing and Midwifery, Department of Public Health and Primary Care, Ghent University, Ghent, Belgium
[k] Swedish Centre for Skin and Wound Research (SCENTR), Nursing Science Unit, School of Health Sciences, Faculty of Medicine and Health, Örebro University, Sweden

Sezgin, D., Geraghty, J., Graham, T., Blomberg, K., Charnley, K., Dobbs, S., McElvaney, A., Probst, S., Beeckman, D., Grocott, P., & Gethin, G. (2023). Defining palliative wound care: A scoping review by European Association for Palliative Care wound care taskforce. Journal of tissue viability, S0965-206X(23)00090-6. Advance online publication. https://doi.org/10.1016/j.jtv.2023.07.002

L’objectif des soins de plaies palliatives

Les soins palliatifs des plaies se concentrent sur la **gestion des symptômes**, **le confort et la dignité**, mais **ne ciblent pas toujours la cicatrisation des plaies**, qui est l'objectif des soins généraux des plaies.

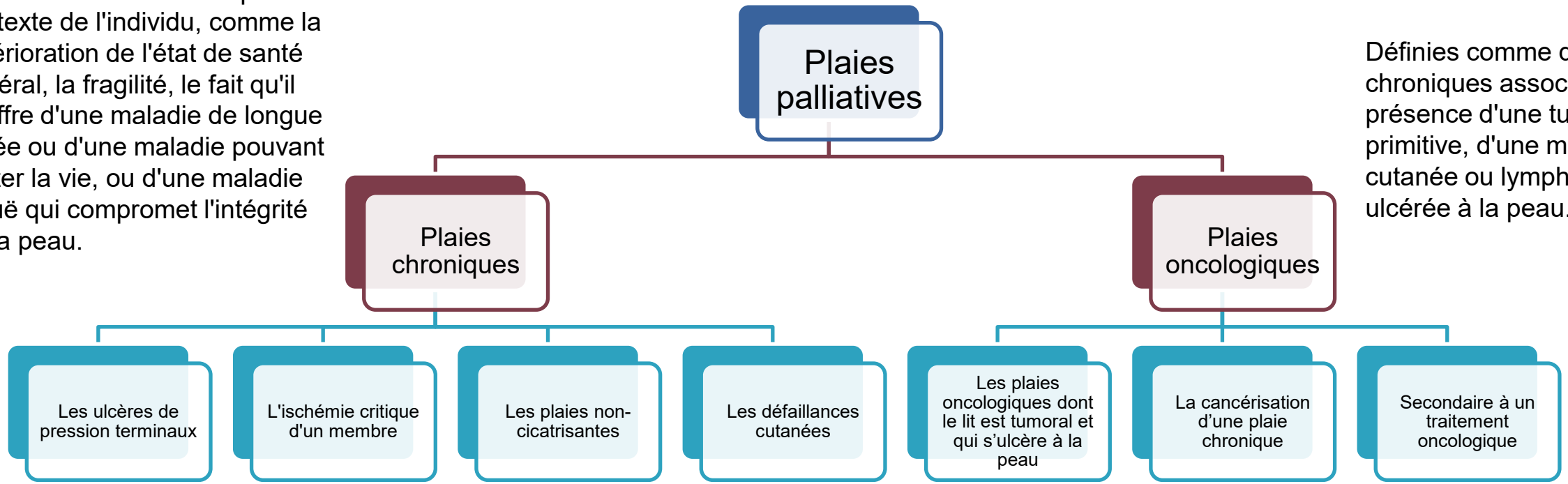
Les cliniciens doivent **répondre aux besoins de l'individu et de sa famille** en fournissant **des soins et un soutien** qui tiennent compte de la véritable signification de vivre et de mourir avec une plaie palliative.

Sezgin, D., Geraghty, J., Graham, T., Blomberg, K., Charnley, K., Dobbs, S., McElvaney, A., Probst, S., Beeckman, D., Grocott, P., & Gethin, G. (2023). Defining palliative wound care: A scoping review by European Association for Palliative Care wound care taskforce. Journal of tissue viability, S0965-206X(23)00090-6. Advance online publication. https://doi.org/10.1016/j.jtv.2023.07.002

Soins palliatifs des plaies / Soins de plaies palliatives /



Définies comme des plaies palliatives en tenant compte du contexte de l'individu, comme la détérioration de l'état de santé général, la fragilité, le fait qu'il souffre d'une maladie de longue durée ou d'une maladie pouvant limiter la vie, ou d'une maladie aiguë qui compromet l'intégrité de la peau.



Définies comme des plaies chroniques associée à la présence d'une tumeur primitive, d'une métastase cutanée ou lymphatique ulcérée à la peau.

Sezgin, D., Geraghty, J., Graham, T., Blomberg, K., Charnley, K., Dobbs, S., McElvaney, A., Probst, S., Beeckman, D., Grocott, P., & Gethin, G. (2023). Defining palliative wound care: A scoping review by European Association for Palliative Care wound care taskforce. Journal of tissue viability, S0965-206X(23)00090-6. Advance online publication. https://doi.org/10.1016/j.jtv.2023.07.002

Soins palliatifs des plaies / Soins de plaies palliatives /



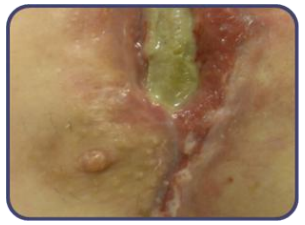
- Plaies palliatives
  - Plaies oncologiques
    - Les plaies oncologiques dont le lit est tumoral et qui s'ulcère à la peau
      - Cancer de la peau (basocellulaire,spinocellulaire, mélanome malin)
      - Formes cutanées de cancers non cutanés (lymphome cutané à cellules T, angiosarcome cutané, sarcome de Kaposi)
      - Une tumeur maligne primaire
    - La cancérisation d'une plaie chronique
      - Ulcère de Marjolin
    - Secondaire à un traitement oncologique
      - Plaies ouvertes dues à la radiothérapie







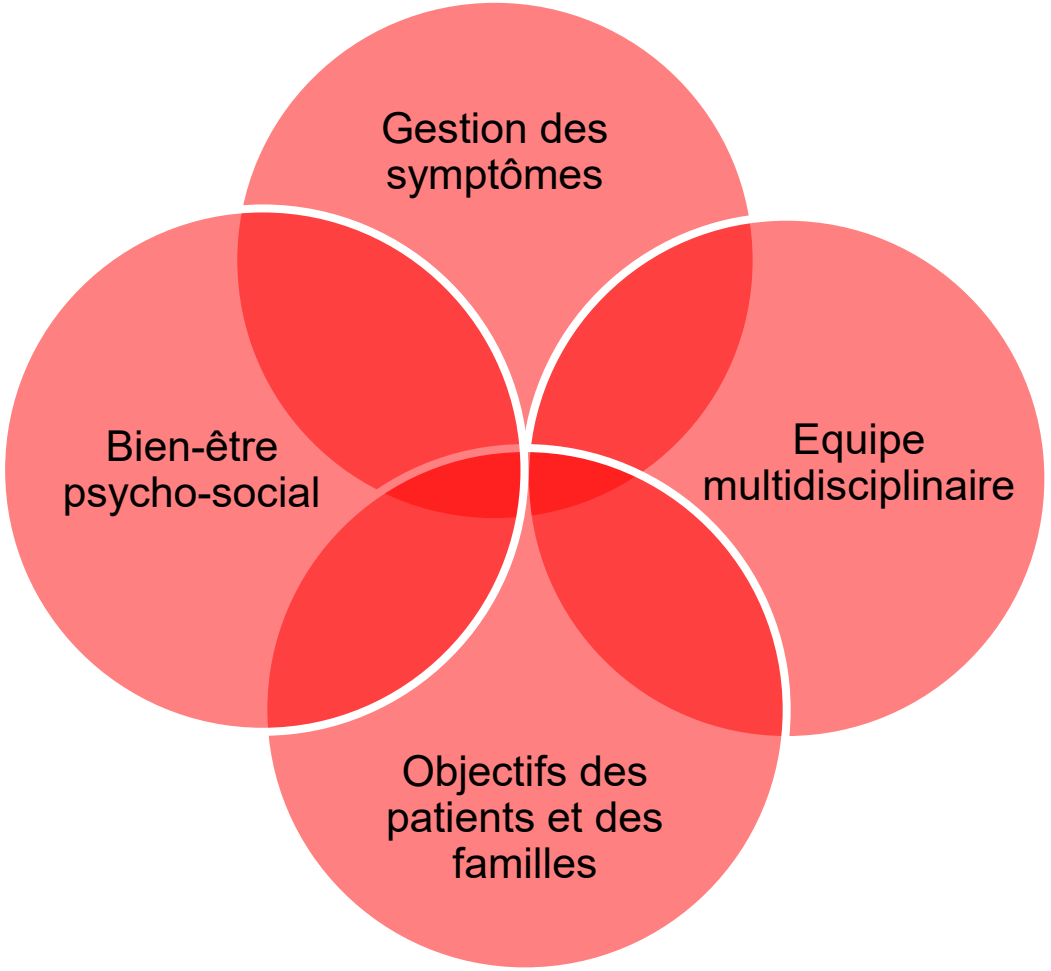




Fang, L., Simman, R., Workman, L., Ayoub, S., & Bratton, C. (2024). Malignant wound aetiology, diagnosis and management: a case series and literature review. *Journal of wound care*, *33*(2), 102–117. https://doi.org/10.12968/jowc.2024.33.2.102

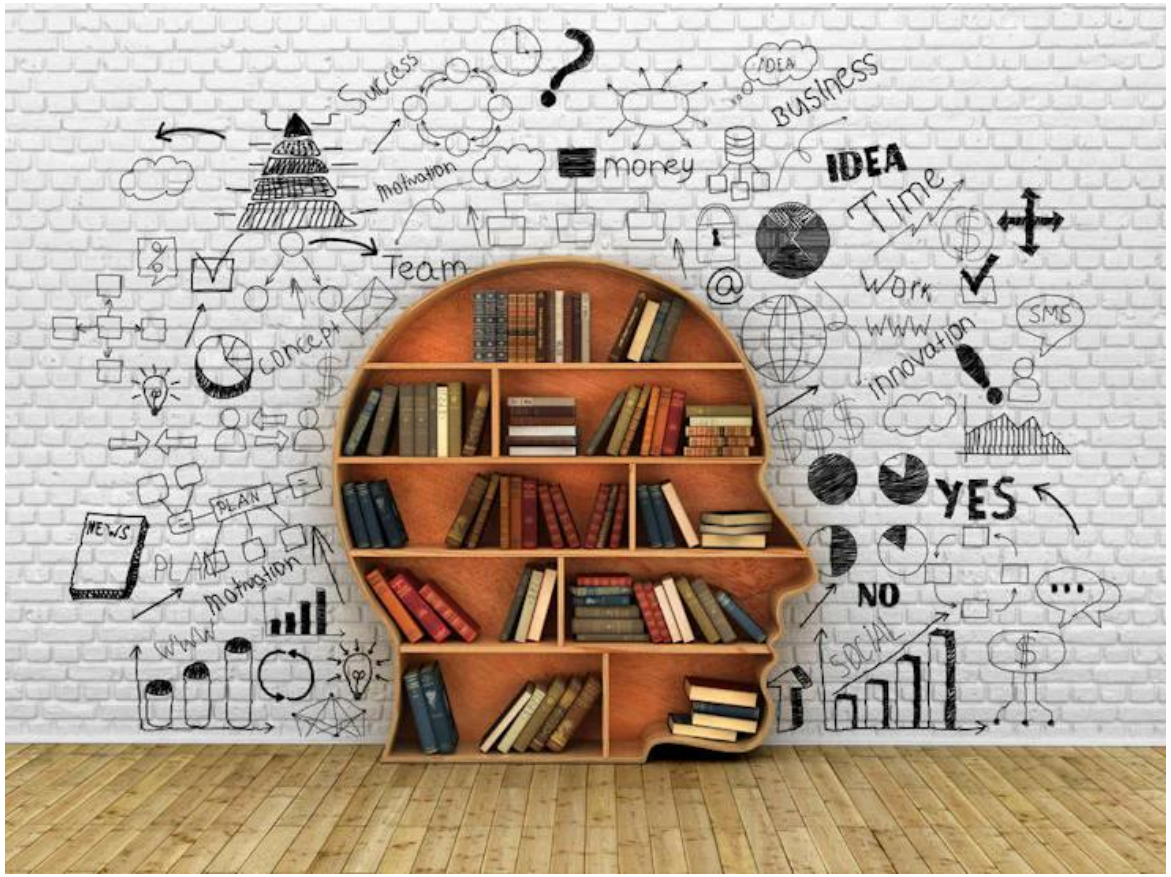
Sezgin, D., Geraghty, J., Graham, T., Blomberg, K., Charnley, K., Dobbs, S., McElvaney, A., Probst, S., Beeckman, D., Grocott, P., & Gethin, G. (2023). Defining palliative wound care: A scoping review by European Association for Palliative Care wound care taskforce. Journal of tissue viability, S0965-206X(23)00090-6. Advance online publication. https://doi.org/10.1016/j.jtv.2023.07.002

L’approche intégrée des soins palliatifs



Emmons, K. R., & Lachman, V. D. (2010). Palliative wound care: a concept analysis. *Journal of wound, ostomy, and continence nursing : official publication of The Wound, Ostomy and Continence Nurses Society*, *37*(6), 639–646. https://doi.org/10.1097/WON.0b013e3181f90a4a

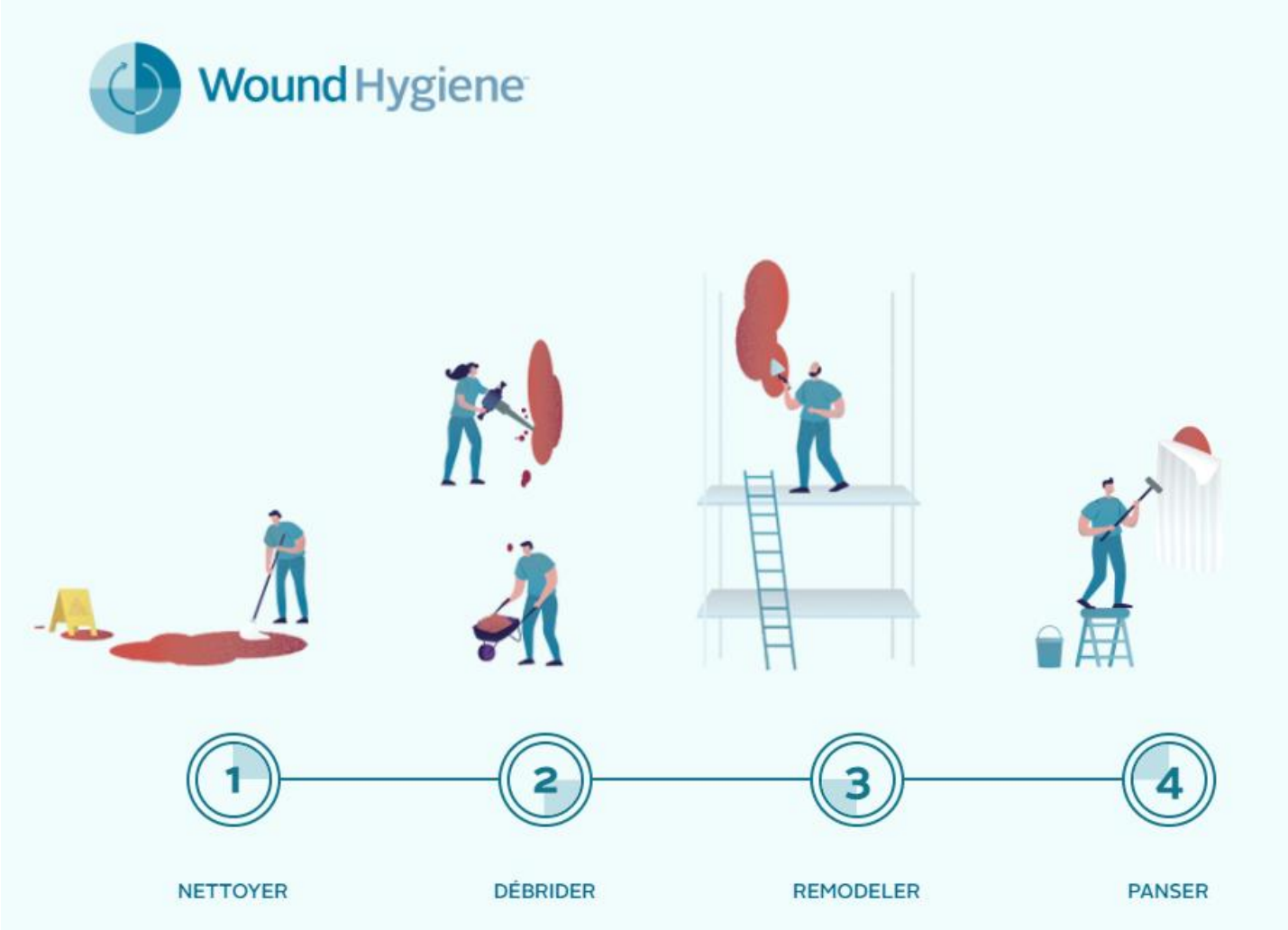
Nos connaissances sont importantes…



- ✓ Les phases de la cicatrisation
- ✓ La gestion de la douleur
- ✓ L'asepsie
- ✓ La microbiologie & la pharmacologie
- ✓ L'éthique
- ✓ La communication

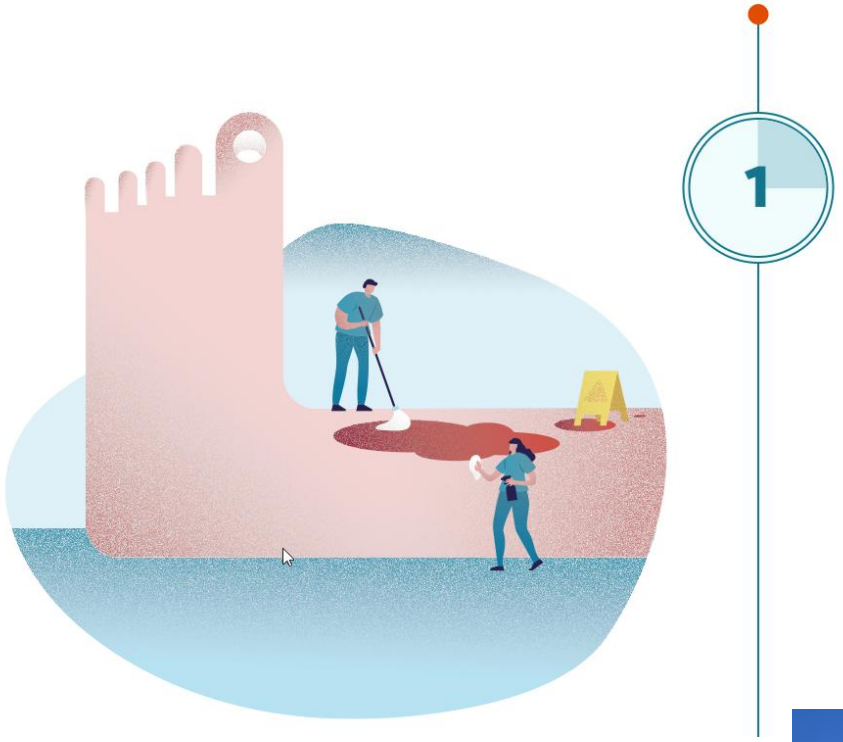
https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.appvizer.fr%2Fmagazine%2Fcollaboration%2Fkm%2Fgestion-des-connaissances&psig=AOvVaw3qFpKZs5Wt7twWbZQJYVjC&ust=1715675170402000&source=images&cd=vfe&opi=89978449&ved=0CBIQjRxqFwoTCIiAnK-aioYDFQAAAAAdAAAAABAE

L’hygiène des plaies



Murphy C, Atkin L, Swanson T, Tachi M, Tan YK, Vega de Ceniga M, Weir D, Wolcott R. International consensus document. Defying hard-to-heal wounds with an early antibiofilm intervention strategy: wound hygiene. J Wound Care 2020; 29(Suppl 3b):S1–28.

Nettoyer



1

ÉTAPE 1

Nettoyage de la peau et de la plaie

Nettoyer le lit de la plaie pour retirer les tissus dévitalisés, les débris et le biofilm. Nettoyer la peau périlésionnelle pour en retirer les peaux mortes et les callosités, et pour la décontaminer.

Méthodes de nettoyage

- Le nettoyage de la plaie optimise le potentiel de guérison et diminue le risque d'infection
- Les solutions de nettoyage des plaies couramment utilisées : le sérum physiologique, l'eau stérile, l'eau du robinet potable et des antiseptiques liquides







Débrider et Remodeler

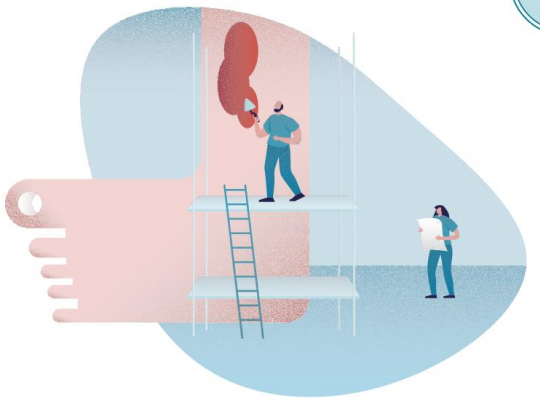
2

ÉTAPE 2

Débridement de la plaie

À chaque changement de pansement, retirer les tissus nécrotiques et squameux, les débris et le biofilm.





3

ÉTAPE 3

Remodelage des bords de la plaie

Retirer les tissus nécrotiques, croûteux ou en lambeaux des bords de la plaie susceptibles d'héberger un biofilm. S'assurer du prolongement des bords de la peau sur la plaie pour faciliter l'épithélialisation et la contraction de la plaie.

Méthodes de remodelage

Type de plaie?
Contre-indications?
Objectif de soins?

Panser

4

ÉTAPE 4

Application d’un pansement

Attaquer le biofilm résiduel tout en prévenant ou en retardant sa reformation en utilisant un pansement contenant des agents antibiofilm ou antimicrobiens.





- **75% des infirmières en oncologie en Suisse ne reçoivent pas de formation sur les plaies oncologiques.**
- **38% expriment des difficultés dans la réfection du pansement.**

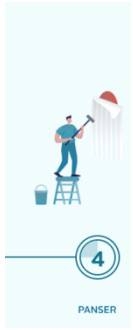
Probst, S., Arber, A., & Faithfull, S. (2009). Malignant fungating wounds: a survey of nurses' clinical practice in Switzerland. European journal of oncology nursing : the official journal of European Oncology Nursing Society, 13(4), 295–298. https://doi.org/10.1016/j.ejon.2009.03.008

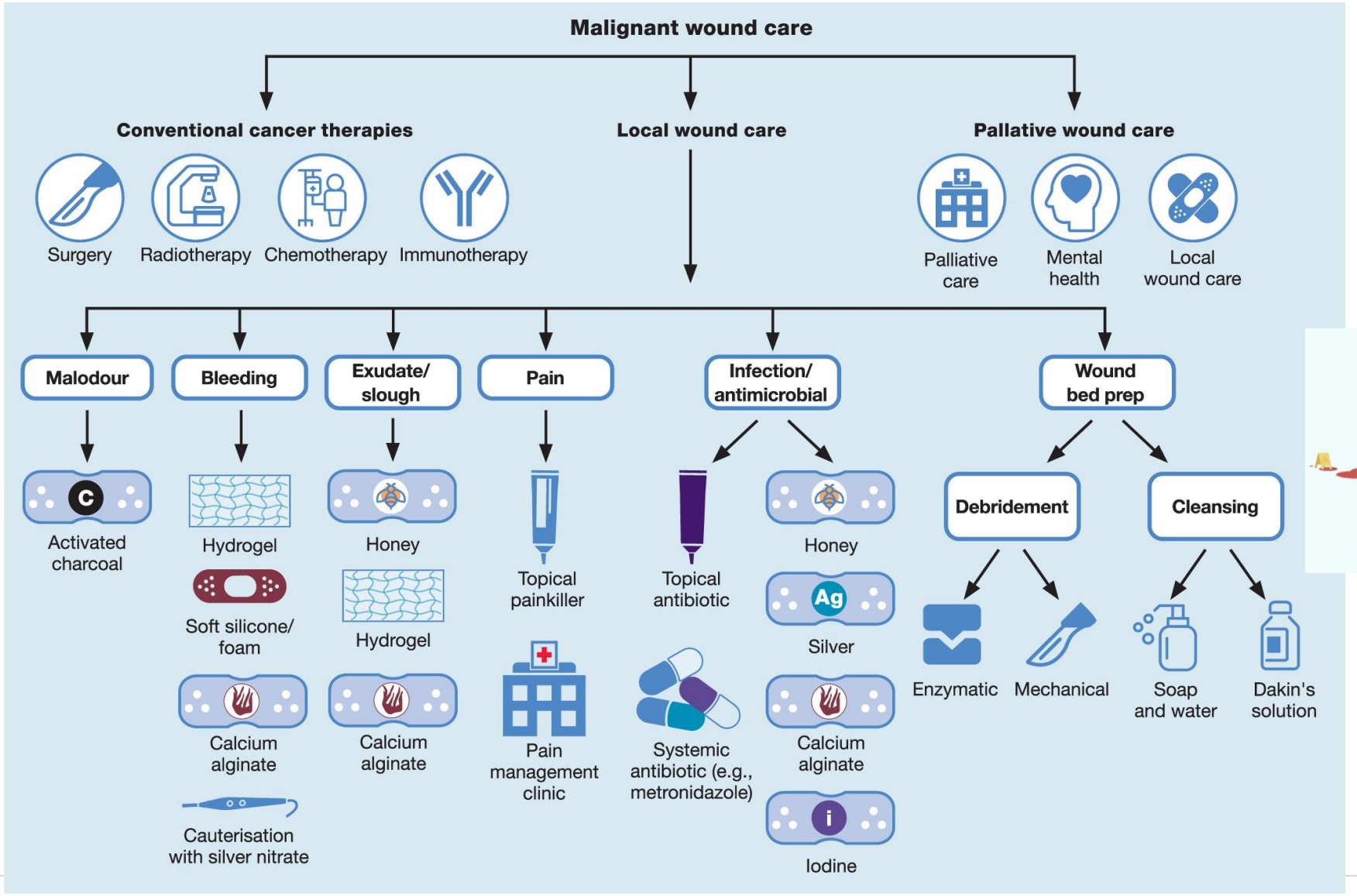
Plaies oncologiques

Établir un objectif clair en équipe

- Protocol de soins:
- Quel pansement ?
- Pourquoi?
- Fréquence de pansement?
- Coût/objectif?
- Nutrition?
- Douleur?

Prise en soins des plaies oncologiques







Fang, L., Simman, R., Workman, L., Ayoub, S., & Bratton, C. (2024). Malignant wound aetiology, diagnosis and management: a case series and literature review. *Journal of wound care*, *33*(2), 102–117. https://doi.org/10.12968/jowc.2024.33.2.102

La gestion des symptômes

1. Odeurs
2. Exsudats
3. Saignements & hémorragie
4. Douleurs



(Tirée de: Charbonneau,2019)

La gestion des symptômes

1. Odeurs

Une combinaison de différents facteurs:

- Présence de bactéries
- Exsudats en grande quantité
- Tissu peu vascularisé
- Tissus nécrosés



(Tirée de: Charbonneau,2016)

12 % du personnel de la santé n'évalue pas l'odeur

VAS : 0 à 10

Très forte – modérée – aucune odeur

Gethin, G., Grocott, P., Probst, S., & Clarke, E. (2014). Current practice in the management of wound odour: an international survey. *International journal of nursing studies*, *51*(6), 865–874. https://doi.org/10.1016/j.ijnurstu.2013.10.013

La gestion des symptômes

1. Odeurs

Systematic review

Which methods of assessment are currently used in wound assessment tools to assess wound odour? A scoping Review

Georgina Gethin*, PhD, MSc, RGN, Dip Anatomy, Dip Applied Physiology, FFNM RCSI. ORCID: 0000 0001 5859 8257[1,2,8,14]
Kimberly LeBlanc PhD, RN, NSWOC, WOCC©, FCAN. ORCID: 0000-0001-5003-686X[3,4,5,6,7]
John Ivory MSc, PhD Candidate. ORCID: 0000-0002-8445-4602[1,8]
Caroline McIntosh PhD, MSc, PG Cert, BSc, MRcoP, DAPMi Professor of Podiatric Medicine. ORCID: 0000-0003-1801-9554[8,9]
Damien Pastor MD, MSc. ORCID: 0000-0002-4377-06921[10]
Chloe Hobbs BSc, PhD Candidate. ORCID: 0009-0008-5087-5020[8,11]
Roisin Curran Jaffrezic, BMedSci, BSc Midwifery. ORCID: 0009-0004-9364-2121[12]
Jo Ann Glynn PG Dip, BSc Podiatric Medicine. ORCID: 0009-0002-0188-9625[12]
Enda Naughten MA (HC man.), Grad Dip (Pub Hlth Nurs), H Dip (Crit Care Nurs), BSc, PHN, RGN, PhD Candidate. ORCID: 0000-0002-8915-4115[1]
Barry McGrath PhD, MA. ORCID: 0000-0001-6995-7714[13]
Sebastian Probst DClin Prac, MNS, RN, Professor of Tissue Viability and Wound Care. ORCID 0000-0001-9603-1570[1,14,15, 16, 17]

- 5 méthodes validées pour évaluer l'odeur de plaie, bien qu'elles restent sous-représentées dans la pratique clinique et les outils de recherche.
- Les évaluations actuelles mesurent principalement l'intensité physique à travers des échelles d'évaluation numériques plutôt que de capturer les interférences ou la détresse sociale rapportées par les patients.

Table 1. Wound assessment tools incorporating odour assessment

Name of tool	Method of assessment	Size of scale if used
TELER (Treatment evaluation by Le Roux method)[33, 34, 37]	Rank order using clinical note taking [odour and odour impacts—patient derived]	3 clinical notes making items 6-point rating scale by clinician conversing with the patient
TSAW-W (Toronto Symptom Assessment System for Wounds[31]	Numeric, 0–10. 0 = no odour 10 = worst possible odour.	11-point scale
WoSSAC (Wound Symptoms self assessment chart) [38]	Visual analogue scale based on the question — what has the smell from your wound been like over the past week? Assesses the severity of the symptom and the level of interference of the symptom	10-point scale
National Wound Assessment Form[27]	Malodour listed as a sign of infection and being present or not. Also asks the question: Does patient report wound odour as a problem yes/no	No scale
Two variations of one tool: Malignant wound assessment tool – clinical (MWAT-C) & Malignant wound assessment tool- Research (MWAS-R)[40, 41]	MWAT-C Do you notice any odour from the wound (describe) ? a) Strong odour evident upon entering room (6–10 feet away from patient), dressing is intact. b) Moderate odour evident upon entering room (6–10 feet) and dressing is removed c) Slight odour evident at close proximity when dressing is removed. d) No odour evident even when at patient's bedside with dressing removed Clinicians descriptions MWAT-R asks: What is the cause of the odour with four response options: a) Sloughy necrotic tissue b) Foul exudate c) Infection d) Other (specify)	No scale

Table 2. Odour assessment tool intended user and validation

Tool	Intended patient or wound aetiology (Q2)	Can patients use this tool? (Q3)	Can clinicians use this tool? (Q3)	Is there evidence of the tool being validated? (Q4)	Are the results included in an overall wound score? (Q5)
TELER	All wounds	Yes, with clinician	Yes	Yes	No
TSAT-W	All wounds	Yes	Yes	Yes	No
WoSSAC	All wounds	Yes, with clinician	Yes, but based on patient responses	No	No
National Tool (NHS)	All wounds	No	Yes	No	No
MWAT	Malignant wounds	Yes, with clinician	Yes	Yes	No

Gethin, G., LeBlanc, K., Ivory, J., McIntosh, C., Pastor, D., Hobbs, C., Curran Jaffrezic, R., Glynn, J. A., Naughten, E., McGrath, B., & Probst, S. (2025). Which methods of assessment are currently used in wound assessment tools to assess wound odour? A scoping review. Journal of Wound Management, 26(3), 146–155. https://doi.org/10.35279/jowm2025.26.03.04

La gestion des symptômes

Odeurs – Au niveau local et systémique



Antiseptiques

Prontosan®

Octénisept®

Bétadine®



Métronidazole

(par voie systémique

ou

appliqué localement)



Pansement à base d'argent ou au miel





Pansement au charbon actif

(ou charbon et argent)



Gethin, G., Grocott, P., Probst, S., & Clarke, E. (2014). Current practice in the management of wound odour: an international survey. International journal of nursing studies, 51(6), 865–874. https://doi.org/10.1016/j.ijnurstu.2013.10.013

Probst S. (2015). Wounds with exudate and odour. British journal of nursing (Mark Allen Publishing), 24(6), S22. https://doi.org/10.12968/bjon.2015.24.Sup6.S22

Les pansements antimicrobiens

Famille	Lit de la plaie	Exsudat	Action	N° LiMA	
Argent actif *(Silvercel®, Aquacel®, Mepilex Ag®)*   	Nécrose Fibrine Granulation Infection	Choix du pansement secondaire en fonction de l'exsudat	➢ Activité antibactérienne à large spectre = plaie infectée ➢ Bactéricide / bactériostatique ➢ Effet fibrinolytique en fonction du pansement	Remboursement LiMA: 35.06.	Utilisation réservée aux plaies infectées ou présentant une colonisation critique Durée d'utilisation max. de 30 jours
Charbon *(Zorflex®, Actisorb® silver)*  	Nécrose Fibrine Granulation Infection	Choix du pansement secondaire en fonction de l'exsudat	➢ Assure une barrière antimicrobienne efficace contre la contamination bactérienne ➢ Absorption des odeurs 		Certains pansements sont associés avec l'argent *(Actisorb®)*

Les pansements antimicrobiens

Famille	Lit de la plaie	Exsudat	Action	N° LiMA	
Miel 	Nécrose Fibrine Granulation Infection	Choix du pansement secondaire en fonction de l'exsudat	➢ Antimicrobien, fongicide et virucide ➢ Induit un débridement autolytique rapide et efficace des plaies fibrineuses et nécrotiques ➢ Réduit les odeurs	Remboursement LiMA : 35.07.	!!! Miel de Manuka !!!
Acide hyaluronique + Sulfadiazine d'argent *(Ialugen® Plus)* 	Fibrine Granulation Infection	Choix du pansement secondaire en fonction de l'exsudat	➢ Principe actif (hyaluronate de sodium) accélère la cicatrisation ➢ Favorise la migration et la prolifération des cellules fibrinolytiques ➢ Associée à la sulfadiazine d'argent	Remboursement LaMAL pour la crème (médicament) PAS de remboursement LiMA pour le tulle avec argent	

Les pansements antimicrobiens

Famille	Lit de la plaie	Exsudat	Action	N° LiMA	
Solution de rinçage ou gels antimicrobiens *(Prontosan®, Microdacyn®, Octénidine®)*	Nécrose Fibrine Granulation Infection	Choix du pansement secondaire en fonction de l'exsudat	➢ Nettoyage efficace de plaies aiguës et chroniques ➢ Réduit la prolifération des germes ➢ Excellente tolérance des cellules et des tissus	Solution de rinçage: Remboursement LiMA : 99.12. Hydrogels antimicrobiens: Remboursement LiMA : 35.05.09b	
Métronidazole	Nécrose Fibrine Granulation Infection	Choix du pansement secondaire en fonction de l'exsudat	➢ Absorption des odeurs 		 Imprégner des compresses et laisser en place 30'



La gestion des symptômes

Odeurs – Environnement

- Huiles essentielles (masque l'odeur)
- Assainisseur d'air (Absorbe / masque)
- Litière pour chat (Absorbe)
- Mousse à raser (Absorbe)

Gethin, G., McIntosh, C., Probst, S. (2016). Complementary and Alternative Therapies for Management of Odor in Malignant Fungating Wounds: A Critical Review. Chronic Wound Care Management and Research, 3, 1-7.
Gethin, G., Grocott, P., Probst, S., & Clarke, E. (2014). Current practice in the management of wound odour: An international survey. Int J Nurs Stud, 51(6), 865–874.

La gestion des symptômes

2. Exsudats







Etiologie:	Problèmes:	
Perméabilité des vaisseaux capillaires anormale	Adhérence des pansements sur le tissu déshydraté	Poche de recueil pour stomie ou fistule
Sécrétion produite par la tumeur	Suintement de la plaie	Pansement super absorbant
Impact des enzymes bactériennes	Macération	Pansement avec polyacrylate
Processus inflammatoire		Mousse de polyuréthane
		Protection du bord de la plaie

Probst, S., Grocott, P. Graham, T. Gethin, G. (2015). Recommendation for the care of patients with malignant fungating wounds European Oncology Nursing Society (EONS), London
Probst S. (2015). Wounds with exudate and odour. British journal of nursing (Mark Allen Publishing), 24(6), S22. https://doi.org/10.12968/bjon.2015.24.Sup6.S22

Les pansements

Famille	Lit de la plaie	Exsudat	Action	N° LiMA	
Fibres gélifiantes *(Aquacel®)* 	Fibrine Granulation		➢ Composés de fibre de CMC ➢ Absorbent les exsudats de façon verticale ➢ Forment un gel cohésif grâce à l'échange ionique calcium/sodium	Remboursement LiMA : 35.05.07.	Existent avec des ions argent pour traiter les plaies infectées
Hyperabsorbants *(Zetuvit Plus, Convamax®)* 	Fibrine Granulation Epithélialisation		➢ Fort pouvoir d'absorption et de rétention de l'exsudat ➢ Composé de cellulose et de particules super-absorbantes ➢ Pansement primaire ou secondaire	Remboursement LiMA : 35.05.05.	



La gestion des symptômes

Saignements & hémorragie

liés à l'angiogenèse stimulée par des signaux chimiques produits par les cellules cancéreuses

- ✓ La fréquence des hémorragies était de 6 % chez les patients atteints de plaies oncologiques
- ✓ L'intensité des saignements spontanés: légère (3 %-8 %), à modérée (5 %-10 %) à intense (0 %-11%).
- ✓ L'intensité des saignements provoqués: légère (47%-60%), à modérée (12-24%), à intense (0%-6%).

134 Journal of Pain and Symptom Management Vol. 62 No. 1 July 2021

Brief Report

Frequency and Management of Hemorrhagic Malignant Wounds: A Retrospective, Single-Center, Observational Study

Marguerite Nicodème, NP, Sylvain Dureau, PharmD, Maxime Chéron, RN, Irène Kriegel, MD, Mélissandre Trenchand, eMaster, Pierre Bauër, PhD, and Isabelle Fromantin, RN, PhD
Research and Wound Care Unit (M.N., M.C., I.K., P.B., I.F), Institut Curie, Paris, France; Biostatistic Unit (S.D.), Institut Curie, Paris, France; Univ. Paris Est Créteil (P.B., I.F.), INSERM, IMRB, CEpiA; and Master (M.T.), Cergy Paris University, CY Tech, Cergy, France

Nicodème, M., Dureau, S., Chéron, M., Kriegel, I., Trenchand, M., Bauër, P., & Fromantin, I. (2021). Frequency and Management of Hemorrhagic Malignant Wounds: A Retrospective, Single-Center, Observational Study. Journal of pain and symptom management, 62(1), 134–140. https://doi.org/10.1016/j.jpainsymman.2020.11.031

La gestion des symptômes

3. Saignements & hémorragie



Vaisseau capilaire fragile



Protection inadéquate du tissu sensible aux traumatismes



Comorbidité et certains médicaments

Probst, S., Grocott, P. Graham, T. Gethin, G. (2015). Recommendation for the care of patients with malignant fungating wounds. European Oncology Nursing Society (EONS), London
Alexander S. (2009). Malignant fungating wounds: managing pain, bleeding and psychosocial issues. Journal of wound care, 18(10), 418–425. https://doi.org/10.12968/jowc.2009.18.10.44603

La gestion des symptômes

3. Saignements & hémorragie



L'acide tranexamique (Cyklokapron®)

Adrénaline topique

Protocole de sédation

Radiothérapie



Alginate de Calcium

Pansements non-adhérents (silicones)



Grande quantité de sang: Draps chirurgicaux

(impact psychologique)

Probst, S., Grocott, P. Graham, T. Gethin, G. (2015). Recommendation for the care of patients with malignant fungating wounds. European Oncology Nursing Society (EONS), London
Lo, S. F., Hayter, M., Hu, W. Y., Tai, C. Y., Hsu, M. Y., & Li, Y. F. (2012). Symptom burden and quality of life in patients with malignant fungating wounds. Journal of advanced nursing, 68(6), 1312–1321. https://doi.org/10.1111/j.1365-2648.2011.05839.x

La gestion des symptômes

3. Saignements & hémorragie - Recommandations

TABLE 11.7 Management of Bleeding.

Category	Example	Mechanism and Comments
Primary bleeding control	Direct pressure	• First-line method for controlling bleeding • Apply firm pressure for a few minutes up to 15 minutes; may need to repeat • If bleeding persists beyond 30 minutes, seek emergency care • Anticoagulants may prolong bleeding time
Passive dressings	Cotton gauze	• Negative surface charge activates platelets • Risk: may cause bleeding upon removal
	Oxidized cellulose/ oxidized regenerated cellulose	• Biodegradable, atraumatic material • Activate platelets and the intrinsic coagulation pathway via its acidic pH
Bioactive dressings	Thrombin and fibrinogen patches	• Form fibrin clots, highly effective for rapid haemostasis • Expensive, possible risk of immunogenic reactions
	Collagen and gelatin foam	• Activates factors XII and IX in the coagulation cascade • Affordable and effective for controlling moderate bleeding
	Alginate	• Converts into a gel in the presence of calcium, promoting clot formation • Risk: Can cause bleeding during dressing changes
	Chitosan	• Potent haemostatic agent, independent of clotting factors (ideal for patients with clotting disorders) • Forms cationic clusters that agglutinate RBCs to form a clot
Haemostatic dressings for severe bleeding	Kaolin-coated gauze	Highly effective, easy removal
	Smectite granules	Very effective, but difficult to remove from wounds
Bioabsorbable coagulants	Gelatin sponge, thrombin	• Promotes clot formation • Risk: Can cause embolization if used incorrectly

TABLE 11.7 Management of Bleeding—cont'd

Category	Example	Mechanism and Comments
Chemical and pharmacological agents	Silver nitrate	• Cauterizes tissue, forming a coagulum • Risk: Stinging, burning, may trigger inflammation
	Tranexamic acid	• Fibrinolysis inhibitor, used to prevent excessive bleeding • Used on gauze and applied with pressure for 10 minutes • Risk: Gastrointestinal side effects (nausea, vomiting)
	Alum solution/ sucralfate	• Acts as an astringent, promoting clot formation • May leave a residue on the wound
Vasoconstrictive agents	Adrenaline (epinephrine 1:1000)	• Used on gauze and applied with pressure for 10 minutes • Induces vasoconstriction, helping to reduce active bleeding

Équiper les patients/proche-aidants

- ✓ Fournir des pansements hémostatiques à domicile en prévision de saignements
- ✓ Sensibiliser aux signes nécessitant des soins d'urgence

Probst, S. & Binkanan, A. (2027). Cancer and Palliative Wound Care in Probst, S. (Ed) Wound Care Nursing – A Person Centred Approach, Elsevier, London



La gestion des symptômes

4. Douleurs

Etude transversale (22 patients)

77.3% souffrent de douleurs

Localisation la plus fréquentes : bords de la plaie

Contents lists available at ScienceDirect

European Journal of Oncology Nursing

journal homepage: www.elsevier.com/locate/ejon

The relationship between malignant wound status and pain in breast cancer patients

Nao Tamai [a], Yuko Mugita [a], Mari Ikeda [b], Hiromi Sanada [a, *]

[a] Department of Gerontological Nursing/Wound Care Management, Division of Health Sciences and Nursing, Graduate School of Medicine, The University of Tokyo, 113-0033, 7-3-1 Hongo, Bunkyo-ku, Tokyo, Japan
[b] Department of Nursing Administration and Advanced Clinical Nursing, Division of Health Sciences and Nursing, Graduate School of Medicine, The University of Tokyo, 113-0033, 7-3-1 Hongo, Bunkyo-ku, Tokyo, Japan

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ABSTRACT

Purpose: Skin metastasis is one of the most frequent metastases in breast cancer patients. Patients with malignant wounds experience numerous symptoms, including serious wound pain. However, the features of pain related to malignant wounds have not been investigated. Nurses can experience a dilemma when treating these patients due to a lack of knowledge of the pain. The aims of this study were to examine the quality and intensity of malignant wound pain and to determine the association between wound status and pain in the patients with malignant wounds.
Methods: Cross-sectional study was conducted. Participants were recruited from a breast centre based in a general hospital. We collected the patients' demographic and wound management data and assessed wound condition. Patients evaluated wound pain intensity and quality over the preceding week using the short-form McGill Pain Questionnaire (SF-MPQ). The association between SF-MPQ results, wound condition, and the time interval for wound care was evaluated using the Spearman's correlation coefficient. The protocol was approved by the Ethical Committee of the each facilities.
Results: The median age of the 22 enrolled patients was 61.5 years, and the median time after diagnosis of malignant wound was 15.5 months. Overall, 77.3% of patients complained of pain. Malignant wound pain significantly correlated with the degradation of wound edges, granulation tissue, and the time interval for wound care.
Conclusion: We consider that it is necessary to provide pain-control care focused on the wound edge and granulation tissue of malignant wounds through the assessment of malignant wound pain and condition.
© 2016 Published by Elsevier Ltd.

Tamai, N., Mugita, Y., Ikeda, M., & Sanada, H. (2016). The relationship between malignant wound status and pain in breast cancer patients. *European journal of oncology nursing : the official journal of European Oncology Nursing Society*, *24*, 8–12. https://doi.org/10.1016/j.ejon.2016.05.004



La gestion des symptômes

Douleurs

Problèmes

- Pression de la tumeur
- Exposition du derme
- Infections
- Inflammation
- Changement incorrect de pansements

TABLE 11.6 Recommendations for Pain Management.

Approach	Intervention	Nursing Considerations
Pre-dressing care	Administer pain relief before dressing changes	Ensures comfort and minimizes procedural pain
Topical treatments	Morphine gel, cannabis oil, lidocaine	Localized pain relief with minimal systemic effects
Systemic analgesia	NSAIDs, opioids, neuropathic agents	Adjust dosage based on pain severity and patient tolerance
Atraumatic dressings	Non-adherent and wound dressings moistened with saline	Prevents additional pain from dressing removal
Non-pharmacological	Relaxation, virtual reality, psychological support	Enhances overall patient well-being

Probst, S. & Binkanan, A. (2027). Cancer and Palliative Wound Care in Probst, S. (Ed) Wound Care Nursing – A Person Centred Approach, Elsevier, London



La gestion des symptômes

Douleurs

Pansements siliconés, non adhérents

- Empêchent l’arrachement de l'épithélium et de la couche cornée
- Diminue la douleur avant et pendant le changement de pansement



Produits pour le retrait des adhésifs







La gestion des symptômes

Choix de la fixation









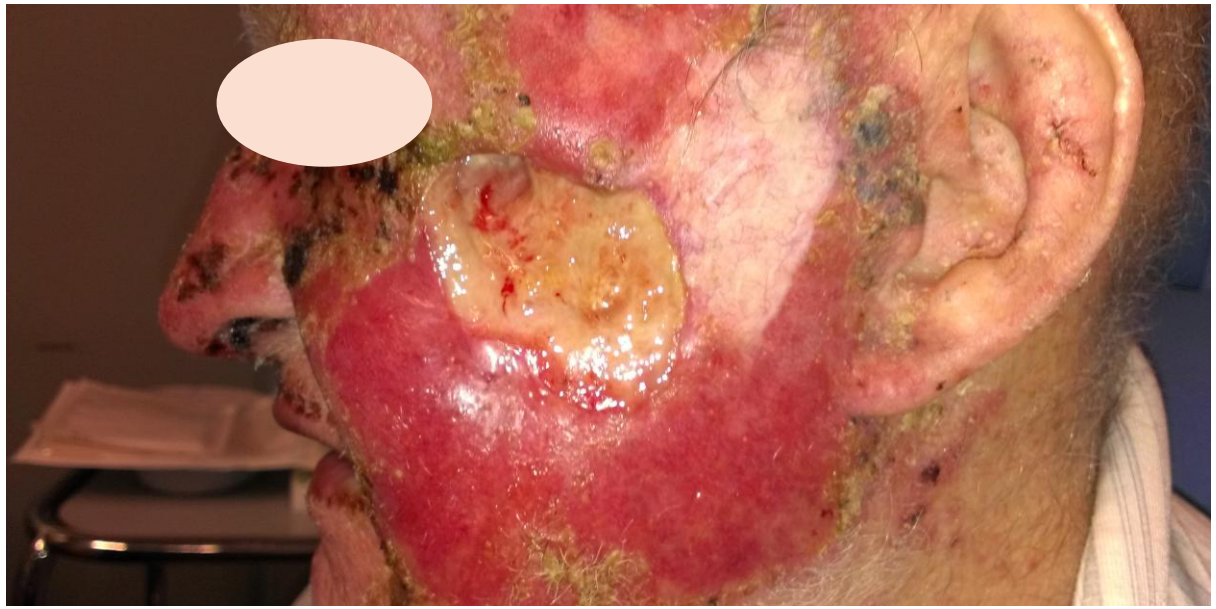








L’impact psychologique



(Tirée de: Charbonneau,2014)

Impact psychologique sur les patients et les proches-aidants – Perspectives des patients

Impact émotionnel de vivre avec une plaie palliative

- Perception de soi de l'odeur de la plaie: '*terrible', 'unpredictable coming any time', 'murdering the nose', 'unusual,' 'so bad,' 'terrible,' 'very smelly,' 'clawing,' 'sickly disgusting smell', 'rotten meat,' 'rotten flesh,' 'feeling nauseous,' 'urine', 'sourish', 'old cheesy smell', 'old camembert' or 'puss.*
- Me sentir embarrassé parce que les autres sentent leur plaie
- Un changement fréquent de pansement a été identifié par la plupart des participants comme la stratégie la plus efficace

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journal homepage: www.elsevier.com/locate/jtv

Resigning oneself to a life of wound-related odour – A thematic analysis of patient experiences

G. Gethin [a,b,c,*], L. Murphy [b,e], D. Sezgin [a,b], P.J. Carr [a,b,f], C. Mcintosh [b,g], S. Probst [b,c,d]

[a] School of Nursing and Midwifery, University of Galway, Galway, Ireland
[b] Alliance for Research and Innovation in Wounds, University of Galway, Galway, Ireland
[c] Geneva School of Health Science, HES-SO University of Applied Sciences and Arts, Western Switzerland, Switzerland
[d] School of Nursing, Monash University, Australia
[e] Department of Nursing and Midwifery, Health Research Institute, University of Limerick, Limerick, Ireland
[f] AVATAR Group Menzies Health Institute Queensland Griffith University, Australia
[g] Discipline of Podiatric Medicine, School of Health Science, University of Galway, Galway, Ireland

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ABSTRACT

Aims: To determine how patients with chronic wounds describe wound odour, identify what strategies they use to manage it and how effective these are.
Materials and methods: Using a qualitative descriptive approach, semi-structured interviews were conducted between July and August 2021 with seven patients living with an odorous chronic wound at home. Data were analysed using Braun and Clarke's thematic analysis framework.
Results: The results were organised into two main themes: 1) becoming resigned to living with wound-related odour 2) strategies used to manage wound-related odour. Participants were sad, embarrassed and felt isolated but became resigned to living with this odour and accepting of it as a consequence of having a wound. Frequent dressing changes, household cleaning along with the use of sprays were the most frequently used tactics to manage odour none of which were deemed to be very effective.
Conclusion: This study highlights the problem of odour management in clinical practice and how individuals develop strategies to overcome odour. Sadly, patients were resigned to living with wound odour and were accepting of it as part of daily life. This highlights the importance for healthcare professionals to recognise, assess for and ensure a better understanding of how people experience wound odour, the impact it can have on them personally. Frequent dressing changes can help manage wound odour from the patient's perspective.

Gethin, G., Murphy, L., Sezgin, D., Carr, P. J., Mcintosh, C., & Probst, S. (2023). Resigning oneself to a life of wound-related odour - A thematic analysis of patient experiences. Journal of tissue viability, S0965-206X(23)00092-X. Advance online publication. https://doi.org/10.1016/j.jtv.2023.07.004

Impact psychologique sur les patients et les proches-aidants – Perspectives des patients

Impact émotionnel de vivre avec une plaie palliative

- Des images vives pour caractériser la douleur chronique liée à la plaie.

Words like *“niggling”, “dart”, “needles”, “sting”, “sharp knives”, “twinge”, “pressure”, “pulling” or “burn”.*

- Le niveau de douleur a été décrit comme élevé et est lié à la façon dont le changement de pansement a été effectué.



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Patients ‘acceptance’ of chronic wound-associated pain – A qualitative descriptive study

Sebastian Probst [a,b,c,d,e,*], Géraldine Gschwind [a], Louise Murphy [d,f], Duygu Sezgin [d,e], Peter Carr [d,e], Caroline McIntosh [d,g], Georgina Gethin [a,c,d,e]

[a] Geneva School of Health Science, HES-SO University of Applied Sciences and Arts, Western Switzerland, Avenue Champel 47, 1206, Geneva, Switzerland
[b] University Hospital Geneva, Switzerland
[c] Faculty of Medicine Nursing and Health Sciences, Monash University, Australia
[d] Alliance for Research and Innovation in Wounds, University of Galway, Galway, Ireland
[e] School of Nursing and Midwifery, University of Galway, Ireland
[f] Department of Nursing and Midwifery, University of Limerick, Faculty of Education and Health Sciences, Limerick, Ireland
[g] School of Health Science, University of Galway, Ireland

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ABSTRACT

Chronic wound-associated pain negatively impacts the quality of life of individuals and their families. To date, little research exists that has explored collectively how individuals describe wound pain, strategies they use to manage pain, and the perceived effectiveness of such strategies. Therefore, qualitative, semi-structured interviews were carried out between June and August 2021 with 13 individuals to gain a deeper understand of the experience and impact of chronic wound-associated pain in this population. Data were analyzed following Braun and Clarke's approach for reflexive thematic analysis using MAXQdA®. Two themes and subthemes were identified. Theme 1 reflects participants' characterization of pain and how wound-associated pain affected their daily life and how they learned to accept it. Participants felt functionally impaired. In theme 2, participants described how they accepted to live with such a pain even though they received support to manage their chronic wound-associated pain, especially during the dressing-changes. Patients depended on their health care professionals and family support networks to cope with the pain. Coping with pain is exhausting contributing to poorer quality of life. Health care professionals should be aware of wound-associated pain during dressing changes. Patients recommended the need for further research on dressings and not drugs to manage pain.

Probst, S., Gschwind, G., Murphy, L., Sezgin, D., Carr, P., McIntosh, C., & Gethin, G. (2023). Patients 'acceptance' of chronic wound-associated pain - A qualitative descriptive study. Journal of tissue viability, S0965-206X(23)00067-0. Advance online publication. https://doi.org/10.1016/j.jtv.2023.06.002

Le fardeau du proche-aidant

- **Effort physique** : soulever, repositionner et gérer les tâches de soins des plaies.
- **Stress émotionnel** : inquiétude chronique, culpabilité et frustration.
- **Impact financier** : frais médicaux à charge, perte de revenus due aux responsabilités de soins.
- **Solutions** :
  - Des soins de répit pour apporter un soulagement.
  - Éducation et développement de compétences pour réduire l'anxiété liée à la prise en charge des plaies.
  - Thérapie émotionnelle et groupes de soutien entre pairs.



Support Care Cancer (2012) 20:3065–3070
DOI 10.1007/s00520-012-1430-y

ORIGINAL ARTICLE

Caring for a loved one with a malignant fungating wound

Sebastian Probst · Anne Arber · Andreas Trojan · Sara Faithfull

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© Springer-Verlag 2012

Abstract
Purpose Caring for a loved one with a malignant fungating wound is very challenging and causes extreme physical and psychological distress. The aim of this study was to explore the experiences of carers who care for a loved one with a fungating breast wound.
Method To explore the lived experiences of carers, a methodological framework using Heideggerian hermeneutic phenomenology and semi-structured interviews was used. Seven carers were interviewed from January until November 2009.
Results Having to deal with a situation of a loved one with a visible cancer was hard for all the carers. The visibility of the cancer was one of the most shocking aspects to deal with without help and advice from health care practitioners. For all of them, it was a major burden and they felt isolated.
Conclusion This study contributes to an understanding that the care of women and their carers needs strategies that are integrated in palliative wound care that takes a holistic and empathic approach that responds to patients' and carers' psychosocial and emotional needs and a practical need for information to help carers assist in managing the wound-related symptoms.

Keywords Malignant fungating wound · Palliative wound care · Carer · Caregiver · Family · Spouse

Probst, S., Arber, A., Trojan, A., & Faithfull, S. (2012). Caring for a loved one with a malignant fungating wound. Supportive Care in Cancer, 20(12), 3065–3070. https://doi.org/10.1007/s00520-012-1430-y

Quand référer ?

- Absence d'amélioration après 4-6 semaines de prise en soins adéquate
- Doute diagnostique
- Suspicion d'ischémie
- Plaie très douloureuse ou atypique
- Plaie du pied diabétique

Conclusion

- L’objectif du traitement est d’obtenir une **bonne qualité de vie** pour les **patients** et pour **les familles**
- Les **symptômes** (odeurs, exsudats, saignements spontanés/hémorragie et douleurs) doivent être traités avec des techniques basées sur les **recherches les plus récentes**
- L’**impact psychologique** ne peut pas être sous-estimé

Conclusion



- Symptômes
- Equipe
- **Interdisciplinarité**
- Accompagnement

Ressources au CHUV –
Centre de stomathérapie, plaies et cicatrisation



Consultations internes: 021 31 **42 498**

Consultations ambulatoires: 079 55 **60 583**

Mail: cellule.plaies@chuv.ch



Crédits

Auteurs	Lucie Charbonneau
Hôpital	CHUV
Adresse	Rue du Bugnon 46
Ville, Zip	1011 Lausanne
Pays	Suisse
Téléphone	+41 21 314 24 98
Email	cellule.plaies@chuv.ch lucie.charbonneau@chuv.ch