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Pain management in fungating wounds of the cervicofacial district: a new therapeutic scheme

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Categories: Pain Management

Keywords: fungating wounds, pain management

How to cite this abstract

Lombardo A, Stivala F, Fontana E, et al. (September 05, 2024) Pain management in fungating wounds of the cervicofacial district: a new therapeutic scheme. Cureus 16(9): e1333

Abstract

BACKGROUND

The extent of procedural pain related to the dressings of infiltrating, vegetating and ulcerative neoplastic wound of the cervical and facial district is generally severe and very often underestimated, with negative repercussions on the psychophysical well-being of the patient already severely compromised due to the natural history of the disease, for the alteration of body image and the precarious management of bad odor. The aim of this study is to update, through a multidisciplinary approach, the therapeutic scheme in use for the management of procedural pain in malignant fungating wound of the cervicofacial district.

METHOD

From October 2023 to January 2024, a multidisciplinary group composed of the anesthetist responsible for SC Palliative Care and Pain, ENT nurses expert in wound care and otolaryngologist, structured a new analgesic therapeutic scheme to be used during cancer wound dressings.

RESULTS

The multidisciplinary group updated the current therapeutic schemes by differentiating them in relation to the baseline pain and the presence or not of supportive therapy for the underlying oncological disease.

There are three algorithms created:

- The first relates to patients without any basic pain relief treatment and is divided in relation to the presence of superficial or deep lesions. It essentially involves the administration of lidocaine-based cream and, if pain NRS scale > 3 (Numerical rating Scale), in superficial lesions: Paracetamol 1 g or Tramadol 50 mg – 100 mg (based on body weight) in 100 ml saline solution 0,9% (intravenous administration). In deep or vegetating wounds: Fentanyl 100 mcg (sublingual administration)
- The second and third algorithms, however, are related to those patients who already have an analgesic therapy and the operators following the scheme are guided in the most appropriate therapeutic choices

CONCLUSIONS

The extent of procedural pain related to the dressings of neoplastic wound of the cervical and facial district is very often underestimated, with negative repercussions on the patient's psychophysical well-being.

The updated of the therapeutic schemes, in the form of algorithm, provide healthcare workers a guide to better guide themselves in the management of procedural pain and to manage the different clinical conditions of the patient. Furthermore, a personalized structured approach improves the quality of care and the patient's quality of life, already severely compromised by the natural history of the disease, the alteration of body image and the precarious management of bad odor.

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