

Case Study: Management of a Chronic Surgical Wound Following Bilateral Mastectomy

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CASE PRESENTATION

- A 48-year-old female presented with a chronic surgical wound on the right breast post bilateral mastectomy.
- History was remarkable for malignant neoplasm of the left breast, for which she had undergone bilateral mastectomy and was undergoing chemotherapy.
- -Postoperatively, the surgical wound on the right breast dehisced.
- Mastectomy site had been present for 8 weeks at the time of referral.
- Patient initially managed the wound with a hydrocolloid dressing.
- Upon exam, the wound depth was 0.5cm with moderate serosanguinous drainage and scar tissue formation on the periwound skin.
- Initial treatment involved transitioning from a hydrocolloid dressing to an alginate dressing to fill the wound depth, followed by a silicone dressing.
- After 4 weeks, polyurethane foam was used as the primary dressing while continuing with the silicone dressing.
- Despite moderate improvement, the patient reported discomfort with the primary filler dressing, necessitating a dressing change to a proprietary silicone foam dressing* after 49 days.

CHALLENGES AND OUTCOMES

- One of the primary challenges encountered was maintaining the integrity of the adhesive due to the wound's anatomical location.
- To optimize healing and minimize dressing-related discomfort, the frequency of dressing changes was maintained at every third day.
- Over time, wound healing progressed satisfactorily, demonstrating the effectiveness.
- Patient reported improvement in quality of life due to waterproof feature.

CONCLUSION

- This case highlights the efficacy of a novel silicone foam dressing in managing chronic wounds.
- The dressing sufficiently addressed wound depth without the need for a primary filler, simplifying wound care and enhancing patient satisfaction.
- Furthermore, by eliminating the need for additional filler dressings, this approach may contribute to cost reduction in wound management.
- The findings suggest silicone foam dressings can be a valuable option for improving wound healing outcomes while enhancing patient comfort and adherence to treatment protocols.



Wound at presentation (11/20)



Wound at Week 2 (12/5)



Wound at Week 4; Silicone Foam Dressing Started (12/19)



Wound at Week 5 With Silicone Foam Dressing (12/26)



Wound at Week 7 With Silicone Foam Dressing (01/09/25)