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Community and Mental Health Services

COMMUNITY SERVICES DIVISION CLINICAL POLICY DOCUMENT

MANAGEMENT OF HYPER GRANULATING WOUNDS

Policy Number:	**66**
Scope of this Document:	**All clinicians involved in the management of patients with Hyper Granulating wounds within Community Services Division**
Recommending Committee:	**Clinical Policies & Procedures Group**
Approving Committee:	**Clinical Policies & Procedures Group**
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Lead Author(s):	**Skin Care Service**

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Version 4

Striving for perfect care and a just culture

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Further information about this document:

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To be read in conjunction with	
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Version 3	Ratified by Clinical Standards Group	Jan-18
Version 4	Transferred to Mersey Care NHS Foundation Trust Template, with reference to Liverpool Community Health NHS Trust replaced with Mersey Care name and branding	6 Jun-19

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

Purpose of the Guideline

This guideline has been developed to provide evidence-based guidance on the management of hyper granulating wounds. It aims to improve clinical practice and reduce variations in standards of care within the primary and intermediate care setting.

Scope of the Guideline

This guideline applies to all registered health professionals / clinicians employed by Mersey Care NHS Trust (MCFT), who are involved in the management of patients with Hypergranulating wounds.

Definitions:

Proliferation: the formation of granulation tissue.

Maturation: this is the remodelling and strengthening of the wound.

Epithelial tissue: final stage of wound healing.

Occlusive: air tight and water tight environment.

Management of Hypergranulating Wounds

Introduction:

Hypergranulation also known as over granulation is an excess of granulation tissue beyond the amount required to replace the tissue deficit incurred as a result of skin injury or wounding (Tortora and Grabowski, 2000). It is one of the most common complications that can cause a delay in wound healing during secondary intention. (Lloyd-Jones, 2014). This tissue, known as hypergranulation tissue, can impede healing in several ways. It may prevent the migration of epithelial cells across the wound surface i.e. these cells do not travel vertically, and increase the risk of infection i.e. the longer the wound is open the higher the risk of infection (Nelsen, 1999), particularly if the exuberant tissue is moist and highly vascular, as is often the case. It has also been suggested that hyper granulation tissue may increase the risk of scar formation by forcing the wound edges further apart (Dunford, 1999).

The point when hypergranulation tissue replaces normal healthy granulation tissue has not been clearly defined but once epithelialisation stops the healing process is halted (Garten, 2015). This is because epithelial tissue is unable to migrate across the surface of the wound.

Assessment:

Hypergranulation tissue presents as darkened, discoloured tissue, sometimes shiny in appearance which may bleed easily. It grows beyond the top of the wound surface and can have a 'cauliflower like' appearance (Johnson, 2007).

Management:

There are numerous treatments and products that can be used in the management of hypergranulation, such as antimicrobials, hydrocolloids, foams and steroids. Although there is a limited evidence base or consensus to support the most appropriate form of management.

The common causes of hypergranulation may include excess moisture, critical colonisation or true wound infection, excessive inflammation, presence of foreign material, and prolonged physical irritation or friction / movement at the wound interface. There is some suggestion that even the over efficiency of modern dressings may have effect on hypergranulation. The patient may also complain of more pain in the wound than usual (Lloyd-Jones, 2006).

Prior to altering dressing regime or any treatment, the possible cause of hypergranulation needs to be looked at i.e. is an infection present? Is there increase in exudate or irritation? Hypergranulation has a high risk of infection due to the cells not moving vertically which can delay healing (EWMA, 2006)

(See Assessment & Management pages 9-13).

Duties and Responsibilities

As an employee of MCFT you will be expected to act all times in such a manner as to safeguard and promote the interests of patients and clients. To practice competently you must process the skills and abilities required for safe and effective practice. You must acknowledge the limits of your personal competence and only undertake practice and accept responsibilities for those activities for which you are suitably skilled and experienced (Nursing and Midwifery Council, 2015).

This policy links in with wound assessment training provided by Skin Care Service for all clinical practitioners who will deliver wound care management and treatment.

Monitoring Tool

Audit of this guideline will be undertaken as per MCFT forward audit plan for individual localities and services, using the wound assessment audit tool, by Skin Care Service 12 months following implementation.

Development of the Guideline, Contributions and Peer Review

There is limited literature available regarding treatment and success rates, making evidence based treatment difficult and leading to a lack of overall consensus, broad principles for care should be considered (Wound Care Alliance, 2013).

This guideline should be used in conjunction with the following MCFT Clinical Guidelines and Policies:

- Wound Assessment 2016 (amended 2017)
- Infection Prevention and Control Manual 2017
- Assessment & Management of Infected Wounds 2017

All can be accessed via:

http://www.liverpoolch.nhs.uk/policies-and-procedures/clinical-policies.htm

Equality Analysis

This has been undertaken and the evidence has been retained by the authors and the Equality and Diversity Lead of MCFT.

Dissemination and Implementation

Once approved, this guideline will be added to the Clinical Policies database and communicated via MCFT Weekly Bulletin. Training is also available as part of Wound Assessment Training accessed via MCFT Learning and Development Bureau and delivered by the Skin Care Service.

Evidence Base

The evidence to support this guideline is identified by letter:

A: Evidence obtained from systematic reviews and/or randomised control trials.

B: Evidence from multiple unacceptable studies or a single acceptable study (Weak or inconsistent evidence).

C: Evidence which includes published and/or published studies and expert opinion (Limited Scientific evidence).

Assessment:

Action:	Rationale	Supporting Evidence
Examine the wound bed carefully for any foreign bodies or irritants.	It is sometimes possible to see and remove dressing fibres, foreign bodies and other potential irritants that may be causing hypergranulation.	Johnson, 2007 **C**
Assess the wound using trust wound assessment documentation.	To provide baseline information and will assist in the evaluation of the effectiveness of the treatment regime.	Documentation Emis **C**

	It is important to ensure that the hypergranulation tissue is not as a result of a foreign body such as a suture for example, or a carcinoma which can also present as a raised mass within the wound bed. If there is any doubt a referral to the skin care service should be made.	

Management of the wound:

Action	Rationale	Supporting Evidence
If an occlusive dressing is being used to dress the wound, discontinue its use and change to a non-occlusive dressing.	Hyper granulation tissue can be more prevalent in wounds treated with an occlusive dressing. This is due to high levels of moisture in the wound being trapped in the occlusive dressing. Simply by changing the primary dressing from occlusive to non-occlusive may be enough to resolve hypergranulation.	Lloyd-Jones, 2006. Dealey, 2007. Carter, 2003. **C**
Use a silver or iodine impregnated dressing under a secondary dressing.	If the hypergranulation is thought to be caused by critical colonisation then the use of an anti-microbial will lower the bacterial load causing a reduction in granulation tissue allowing the wound to epithelialise. Always complete a wound swab to rule out infection or to see if antibiotics are required and which antibiotics the infection is sensitive too.	Lloyd-Jones, 2006. **C**
fludroxycortide Tape (Formally Haelan Tape)	Is a flexible, transparent, plastic surgical tape. It is moderately potent impregnated tape with	Oldfield, 2007. Typharm, 2017. **C**

	fludroxycortide (4 micrograms per square centimetre). It is cut to size of wound/hypergranulation area and applied directly onto site with small border surrounding. It's left in place for 12/24hours and changed daily. Please note that as it is still a steroid, so use should be limited to a week. Always contact Skin Care Service for advice or assessment if unsure regarding use. Should only be used once all other treatments have been exhausted.	
A topical application of a Corticosteroid may be applied once daily for 5 days, this must be used sparingly * (If under consultant i.e. Trimovate, Terra Cortrill).	If there is no improvement in the wound bed and hypergranulation is still present a GP, non-medical prescriber (V300) or hospital Doctor may prescribe a corticosteroid. It is important to ascertain how many applications the course is for and how many have been given already if discharged from hospital with this course of treatment. The patient must have a clear rationale for using topical corticosteroids as some are unlicensed for this use (Trimovate and Terra Cortrill). Therefore clear instructions for its use, dosage and length of time need to be stipulated. Unlicensed corticosteroids can still be used in the community as long as they are still under the care of the consultant who started	Cooper, 2007. **C**

	it. If initiated by GP there must be a clear care plan recording dosage, application and length of use. Always observe wound bed and surrounding tissue. Measure length, height and width of wound and document on wound evaluation tool. To monitor for any changes in the wound bed. As corticosteroids can contain potential allergens that can cause further skin problems and therefore alter wound quality.	

Silver Nitrate 0.25% should not be applied in the form of a stick or pencil to 'burn away' the protruding tissue. This can have a systemic side effect with prolonged use, hypokalaemia, hypocalcaemia and hyponatraemia (Dealey, 2007). It can also induce other inflammatory reactions and produce black staining which may hinder accurate wound assessment (McGrath and Schofield, 1990). Because of these factors Silver Nitrate would not be recommended for use.

Peg site management:

Action	Rationale	Supporting Evidence:
	Prolonged irritation / friction / movement at the wound interface from supra pubic catheters or gastrostomy tubes may cause hypergranulation. It may be necessary to tape or ensure an external fixator is positioned in accordance with manufacturer's guidance to minimise this movement.	National Nurses Nutrition Group, 2013. Lyon & Smith, 2001. **C**

Malignancy

Malignant tissue can sometimes resemble hyper granulation tissue. The tissue can be present for many months or even years and may even have a cauliflower appearance. It does not respond to any treatment for hyper granulation.

Action	Rationale	Supporting evidence
Examine any suspected cases carefully and look for the above signs which could indicate a malignancy requiring an urgent referral (via GP) to dermatology for further investigation.	To rule out malignancy to ensure optimal care	Vuolo, J. (2010) **C**

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