

Postoperative Perineal Wound Care following Abdominoperineal Resection

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Fig 4



Fig 3

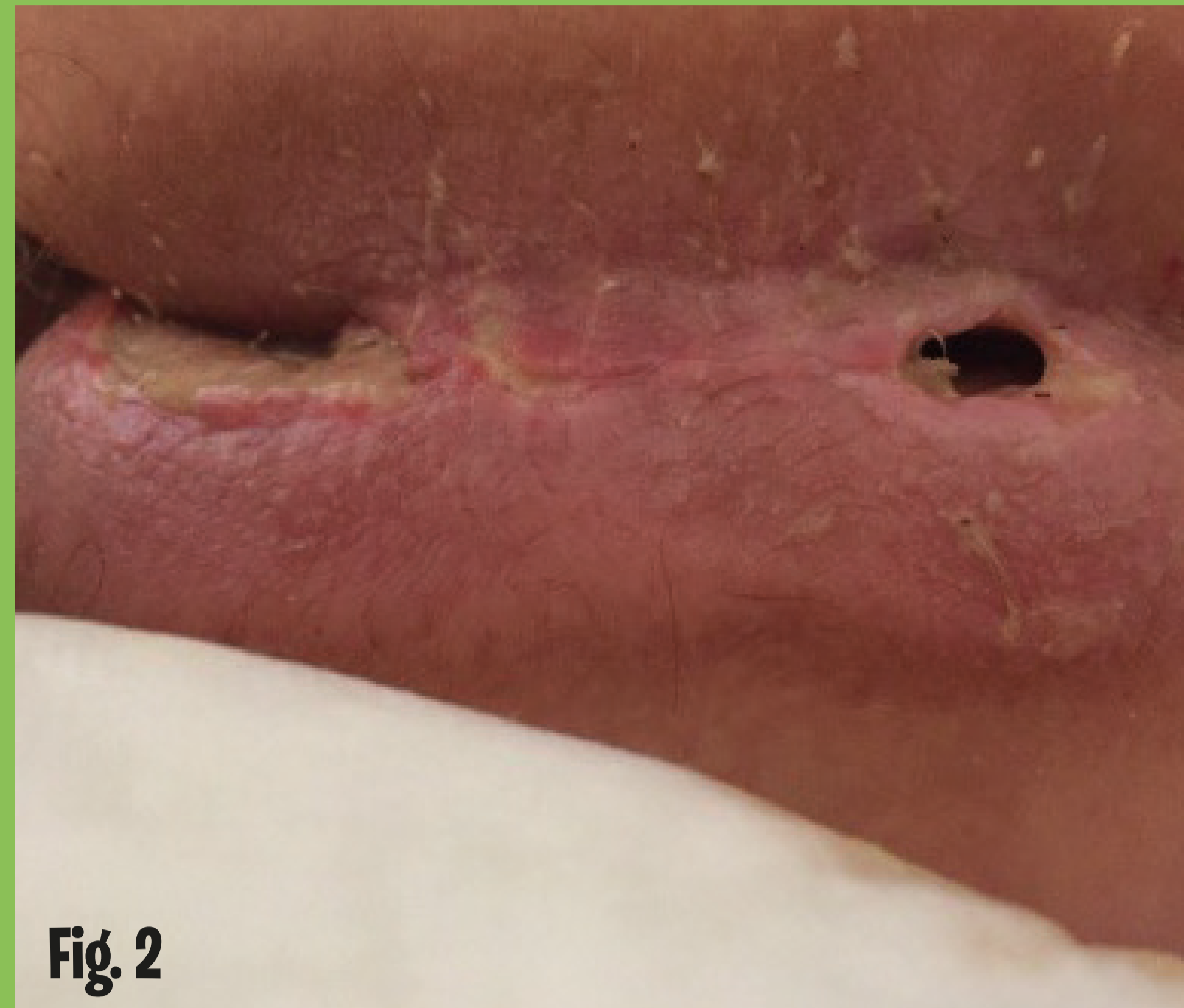


Fig 2



Fig 1

Introduction

Patients with low rectal cancer undergoing Abdominoperineal excision of the rectum are at high risk of perineal wound breakdown and/or infection (see Figs 1, 2, 3, 4). Perineal wounds take longer to heal than wounds that simply grow together as they must heal from the inside out. Perineal wounds can often take over a year to heal completely (see Fig 4).

Chadwick et al., 2006 found pre-operative radiotherapy is the major risk factor of perineal wound breakdown. However factors such as immunosuppression from adjuvant chemotherapy, compromised nutritional status, the surgeon's choice of closure and poor nursing care can also cause complications.

Patients report that nurses don't regularly observe their perineal wounds to assess for signs of breakdown or infection that can form below the healing tissues. Nurses lack knowledge of the operation procedure so neglect the perineal wound. In line with enhanced recovery guidelines they also sit patients for long periods but this causes pressure to the perineal area which restricts blood circulation and prevents wound healing. Furthermore there is often no discharge advice given to patients.

Perineal wound breakdown can have adverse consequences on the patients' quality of life, recovery and length of hospital admission.

Nurses should:

- Check Waterlow scores pre and post surgery and assess the need for an air mattress to prevent pressure in bed
- Encourage patients to change position regularly in bed, ideally turning side to side
- Ensure that patients use a Valley cushion when sitting out to alleviate pressure and perineal wound discomfort
- Ensure that patients sit no longer than 10-15 minutes when sitting out to prevent poor blood circulation which will inhibit wound healing

Most patients are on the Enhanced Recovery Programme. This protocol states that patients should be sitting out for 8 hrs a day from day 1. However, this is contraindicated for APER patients. Nurses should:

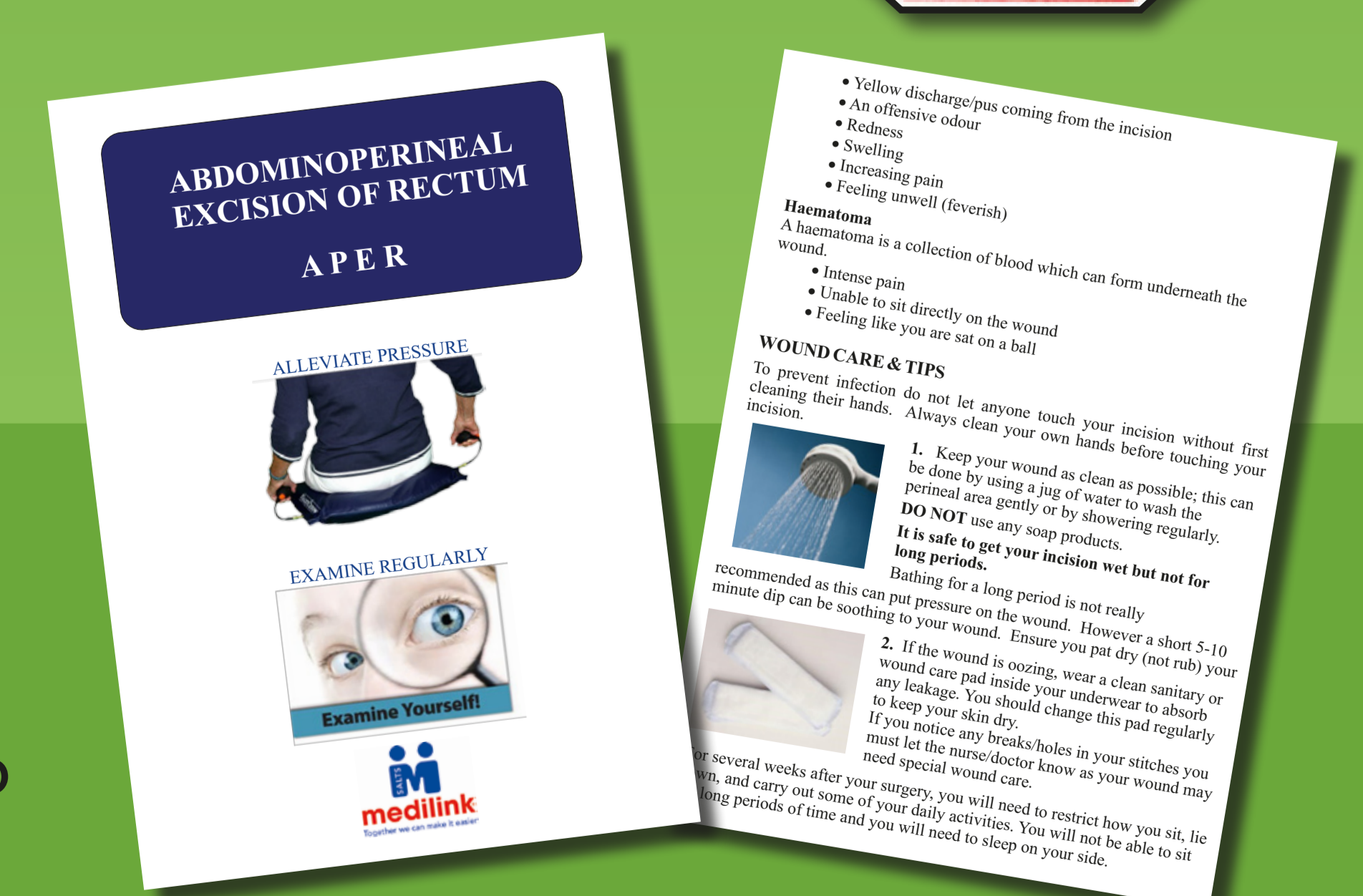
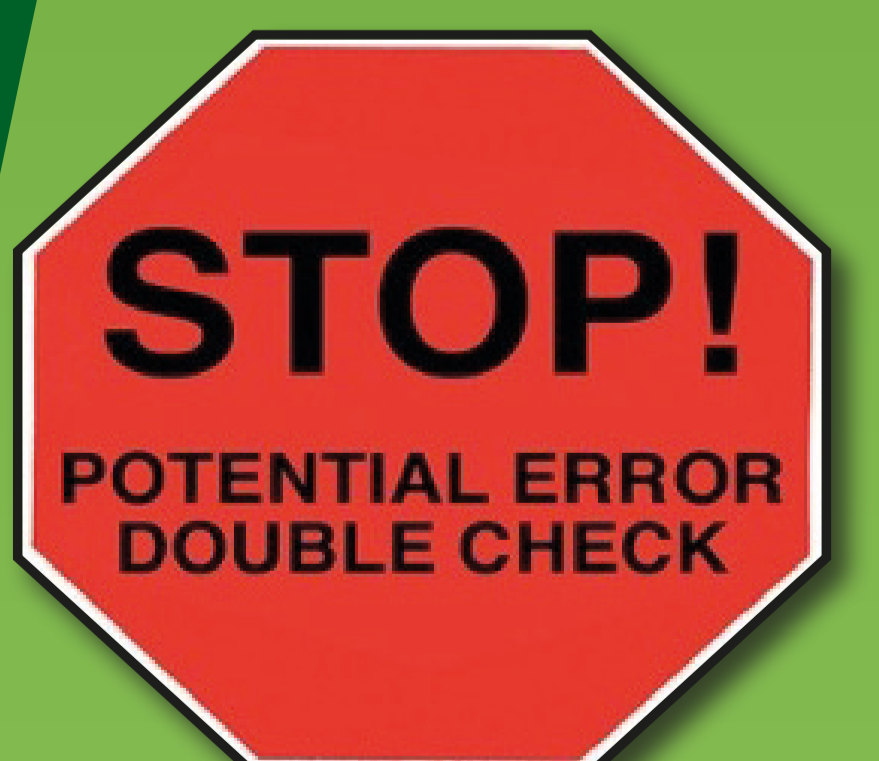
- Encourage the patient to change position i.e. stand, take a short walk, return to bed for short periods
- Examine the perineal wound at least 2-3 times in every 24 hr period, checking the wound suture line is intact
- Check for signs of haematoma
 - Pain
 - Redness, heat
 - Infected discharge
 - Deformation of the wound
- Promote good personal hygiene through encouraging the patient to shower and keep the wound clean (patting, rather than rubbing, the wound dry).

A

P

E

R



Conclusion

Nurses need educating on the depth of surgery and the post operative observations they are required to make with patients who have undergone Abdominoperineal excision of the rectum.

This is now included in my workforce development training for RGN's and HCA's, and I have produced a patient leaflet which nurses can give to patients to empower them in self care, and inform them on the do's and don'ts and what to look for.