

Samleskjema for søk (minus retningslinjene/ prosedyrene)

Metode				Resultater		
Nr/ artikkel/ årstall studiedesign	Utvalg/størrelse	Intervensjon	Kommentarer	Funn	Konklusjon	Relevans/overføringsverdi
Adderley UJ, Holt IG. Topical agents and dressings for fungating wounds.[Update of Cochrane Database Syst Rev. 2007;(2):CD003948; PMID: 17443534]. Cochrane Database of Systematic Reviews. 2014;5:CD003948.	Four trials involving 164 people were included	The effects of dressings and topical agents on quality of life, and symptoms that impact on quality of life, in people with fungating malignant wounds.	Metodisk solid.	There is weak evidence from one small trial that 6% miltefosine solution applied topically to people with superficial fungating breast lesions (smaller than 1cm) who have received either previous radiotherapy, surgery, hormonal therapy or chemotherapy for their breast cancer, may slow disease progression. There is also weak evidence to suggest that foam dressings containing silver may be effective in reducing malodour	There is insufficient evidence in this review to give a clear direction for practice with regard to improving quality of life or managing wound symptoms associated with fungating wounds.	Miltefosine er ikke tilgjengelig for salg i Norge. Referanse på bruk av sølvbandasjer.
Systematic review						
Alexander, S. (2009). "Malignant fungating wounds: epidemiology, aetiology, presentation and assessment." <i>Journal of Wound Care</i> 18(7): 273-274, 276-278, 280.	Fist article in a series	Examines the research literature on their aetiology and presentation, and suggests how they might be most effectively assessed	Beskriver søket etter litteratur. Ikke systematisk søk, men allikevel grundig i sin gjennomgang av ulike aspekter ved kreftsår	These wounds can be devastating for patients and challenging for practitioners		Kan brukes som referanse på utbredelse av kreftsår, årsaker og definisjon og klinisk vurdering av kreftsår og vurdering av lukt.
Litteraturgjennomgang						
Alexander, S. (2009). "Malignant fungating wounds: key symptoms and psychosocial." <i>Journal of Wound Care</i> 18(8): 325-329.	Som over	Som over	God oversikt over de vanligste problemene med kreftsår, og fokus på psykososial påvirkning. Lite konkret mtp prosedyre.	Lukt er symptomet som skaper mest stress.		Kan brukes som referanse på kreftsår, og evt psykososiale faktorer relatert til såret. Årsaker til smerter i såret.
Litteraturgjennomgang						
Alexander, S. (2009). "Malignant fungating wounds: managing malodour and exudate." <i>Journal of Wound Care</i> 18(9): 374-382.	Som over	Som over	Contemporary wound management practices are not always applicable to the non-healing status of malignant wounds. Instead, care must be multidisciplinary, holistic and truly individual to the needs of each patient and their family.	"Metronidazole, used either systemically or topically, appears to be the treatment of choice in reducing malodour." Også (svak) støtte til bruk av sølvbandasjer, det samme gjelder kull, men obs for at bandasjen da må dekke helt, og såret må ikke væske for mye - da blir kull inaktivt. Anbefaling for bruk av Cavilon for å forhindre maserasjon.		Kan brukes som referanse på metronidazol og bandasjevalg (hydrokolloid/ alginat/ skum/ silikon bandasjer) ved luktp problemer og væskende sår.
Litteraturgjennomgang						
Alexander, S. (2009). "Malignant fungating wounds: managing pain, bleeding and psychosocial issues." <i>Journal of Wound Care</i> 18(10): 418-425	Som over	Som over	Management of these non-healing wounds typically involves practices that diverge from those used in other settings. The final article of this four-part series explores the holistic approach required in dealing with the complex symptoms.	"Recommendations included a composition of 0.1% w/w (weight for weight) which would equal 1mg morphine to 1g hydrogel;28 or 20mg of diamorphine in 30g of hydrogel.29 Other authors discussed the use of a 2.75% topical lidocaine cream prepared by blending one 454g jar of zinc oxide cream with 35.44g of lidocaine 5% ointment.18 There have also been reports on the successful blending of diamorphine with metronidazole gel to alleviate infection, pain and malodour.26,30"		Oppsummering av studier på topikal smertelindring, kan brukes som referanse på det. Har også grundig gjennomgang av tiltak ved blødende sår.
Litteraturgjennomgang						

Alexander, S. J. (2010). "An intense and unforgettable experience: the lived experience of malignant wounds from the perspectives of patients, caregivers and nurses." <i>International Wound Journal</i> 7(6): 456-465 In-depth interviews	3 patients, 1 caregiver and nurses	The purpose of this study was to address gap in knowledge by investigating the lived experience of malignant wounds from the perspectives of those living it.	"Studien" er svært liten.	The data were analysed thematically within a hermeneutic phenomenological methodology to show four themes: (i) malodour; (ii) new mode of being-in-the-world; (iii) still room for hope and (iv) enduring memories	Although this study confirmed previous findings that malodour was one of the worst aspects of malignant wounds, it was significant that the other three themes occurred in the previously largely overlooked psychosocial domain.	Bringer ikke mye nytt, men støtter opp under at "malodour" er hovedproblem.
da Costa Santos, C. M., et al. (2010). "A systematic review of topical treatments to control the odor of malignant fungating wounds." <i>Journal of Pain and Symptom Management</i> 39(6): 1065-1076 Systematic review.	Fourteen sources of data were used, without restriction in terms of language, period, or study design. Studies that broached the topic of MFW odor were selected. These studies were analyzed in their entirety and were classified according to quality, levels of evidence, and grade of recommendation	The variety of interventions and of the methodological quality of the studies did not allow for meta-analysis	Eleven topical treatments were identified. <u>Topical metronidazole and Mesalt dressing yielded 2b level of evidence or B grade of recommendation. Activated carbon dressing and curcumin ointment yielded 2c level of evidence or B grade of recommendation.</u> C and D grades of recommendation were observed for seven topical treatments: topical arsenic trioxide, essential oils, green tea extract, hydropolymer dressings, antiseptic solutions, hydrogels, and debridement enzymes	111 studies identified, 325 (2.93%) made reference to the control of some symptoms of MFW by means of topical interventions: 12.4% related to odor, 16.8% to exudate, 17.8% to bleeding, 31.0% to pain, and 22.0% to MFW-related infection. Within the 59 studies that analyzed odor control, seven were clinical trials (35%), five were case series (25%), and eight (40%) were case studies	Of the 59 studies of odor, 20 fulfilled all the criteria for inclusion. Few studies of high quality were found, and the principal methodological flaws were the design of the studies, the sample size, and the absence of scales to measure odor. Grade B evidence for the treatment of MFW was found with topical metronidazole, Mesalt dressing, activated carbon dressing, and curcumin ointment.	Grundig metode og gjennomgang. Referanse på bruk av Metronidazol og kullbandasje. En del av de andre produktene er ikke tilgjengelige i Norge.
Gibson, S. and J. Green (2013). "Review of patients' experiences with fungating wounds and associated quality of life." <i>Journal of Wound Care</i> 22(5): 265-266, 268, 270-262, Review	To investigate the most appropriate and relevant evidence regarding the experiences of patients with fungating wounds		Using a systematic approach, a comprehensive literature search was conducted To investigate the evidence exploring the experiences of patients with fungating wounds and associated quality of life, and to subsequently provide recommendations to how these implications may be addressed in practice	Studies unveiled the enormity of the unrelenting, unique and devastating consequences that these wounds have on an individual's life and that every domain of their life is negatively affected Funnene understreker viktigheten av informasjon til pasientene om alle aspekter ved tilstanden. Viktig for håndtering av stress mm	These findings must galvanise nurses to become aware of the extent of the devastation experienced and aspects of life affected by these wounds	Kan brukes som referanse relatert til informasjon til pasient, samt hva pasientinformasjonen bør adressere.
Kalemikerakis, J., et al. (2012). "Comparison of foam dressings with silver versus foam dressings without silver in the care of malodorous malignant fungating wounds." <i>Journal of B.U.On.</i> 17(3): 560-564. RCT	The study included 26 patients with malodorous MFWs at home care. Thirteen patients formed the intervention group A (foam dressings with silver), and another 13 patients formed the control group B (foam dressings without silver).	To investigate the effectiveness of foam dressings with silver vs. foam dressings without silver to reduce malodorous and septic phenomena in malignant fungating wounds (MFWs).	The dressing changes were carried out according to the needs of the ulcer and depending on the exudates' level. The evaluation of the odor was 4 weeks after the start of the study. The patients' evaluation was excluded due to familiarization with the odor.	In group A 10/13 (76.9%) patients showed a significant reduction of the odor compared with 4/13 (30.8%) patients in group B (p = 0.049).	Microbial activity and septic phenomena in the ulcerated surface of MFWs are the causes of unpleasant odor. This study provided evidence that the antimicrobial property of silver dressings is very useful in the treatment of microbial activity and can reduce malodorous and septic phenomena.	Liten studie. Men kan vel brukes som referanse ifht sølvbandasjer og lukt.

Lund-Nielsen, B., et al. (2011). "The effect of honey-coated bandages compared with silver-coated bandages on treatment of malignant wounds-a randomized study." <u>Wound Repair and Regeneration</u> 19(6): 664-670. RT	Sixty-nine patients with MWs and advanced cancer, aged 47-90 (median 65.6), were included. Patients were randomly selected to enter either group A (honey-coated bandages) or group B (silver-coated bandages).	The aim was to determine the influence of honey-coated compared with silver-coated bandages on treatment of MWs. Parameters were the following: wound size, cleanliness, malodor, exudation, and wound pain	Digital photographs, visual analog scales (VAS), and wound morphology registration were used for measurement at baseline and following the 4-week intervention.	No statistically significant difference was noted between the groups with respect to wound size, degree of cleanliness, exudation, malodor, and wound pain. There was a median decrease in wound size of 15 cm ^{<sup>2</sup>} and 8 cm ^{<sup>2</sup>} in group A and B, respectively (p = 0.63). <u>Based on post-intervention pooled data from the groups, improvement was seen in 62% of the participants with respect to wound size and in 58% (n = 69) with respect to cleanliness. The VAS score for malodor (p = 0.007) and exudation (p < 0.0001) improved significantly post-intervention. Patients with reduced wound size had a median survival time of 387 days compared with 134 days in patients with no wound reduction (p = 0.003).</u> The use of honey-coated and silver-coated bandages improved the outcome of MWs.	No differences were found between the two regimens. Both types of bandages are recommended for use by patients with MWs containing tumor debris and necrosis.	Kan brukes som referanse på honningbandasje og sølvbandasje.
Lund-Nielsen, B., et al. (2005). "Qualitative and quantitative evaluation of a new regimen for malignant wounds in women with advanced breast cancer." <u>Journal of Wound Care</u> 14(2): 69-73. In depth - interviews	Twelve women with advanced breast cancer were consecutively selected for inclusion in a four-week intervention.	To investigate the experience of women with advanced breast cancer who have a malignant fungating wound and to test the benefits of a structured, evidence-based, management regimen, combined with psychosocial support. in dressing changes	The patients were interviewed and the condition of the wounds was recorded before and after the intervention.	RESULTS: Prior to the intervention, participants were anxious about seepage, bleeding and odour emanating from the wounds and were concerned these might be obvious to others. After the intervention, nine wounds (75%) showed an improvement, with increased granulation and epithelialisation and complete wound healing in one participant. Seepage was considerably reduced in 83% of cases and there was an average 75% reduction	CONCLUSION: A wound-care intervention built on evidence-based practice and psychosocial support resulted in an improvement in 75% of the wounds, and increased the women's sense of well-being, independence and security. The women's sense of well-being improved, as did their independence and self-confidence.	Tas med.
Maida, V., et al. (2009). "Symptoms associated with malignant wounds: a prospective case series." <u>Journal of Pain and Symptom Management</u> 37(2): 206-211.	Sixty-seven of 472 cancer patients from a prospective sequential case series of palliative medicine consultations demonstrated malignant wounds at the time of referral	Were studied to determine the most common symptoms and anatomic sites associated with malignant wounds. Data were collected from patients' own reports of up to three wound-related symptoms.		Overall, 67.7% of malignant wounds were associated with at least one of the following eight symptoms: pain, mass effect, esthetic distress, exudation, odor, pruritus, bleeding, and crusting; 21.9% of wounds were associated with two or more symptoms; and 11.5% of wounds were associated with three symptoms. The symptom point prevalence was 31.3% for pain, 23.9% for mass effect, 19.4% for esthetic distress, 17.9% for exudation, 11.9% for odor, 6% for pruritus, 6% for bleeding, and 1.5% for crusting. Breast cancer patients had the highest prevalence of malignant wounds (47.1%). The anterior chest wall and breast was the site of 31.2% of wounds. The perineum and genitalia presented with the highest ratio of symptoms per wound (2.2).	The results of this study reflect that malignant wounds are associated with a significant symptomatic burden, and reinforces the need for thorough clinical assessment and evaluation of symptoms. Further research is required to define the optimal methods of pain and symptom management for malignant wounds	Kan brukes som referanse på symptombyrde for pasientene, og oversikt over vanlige symptomer. Smerte var vanligste symptom, lukt kom lenger ned på listen. Sier ikke noe om hva som var mest plagsomt for pasientene. Tror ikke vi kan bruke den som referanse på prevalens, siden den bare er basert på en studie av det.

<p>Probst, S., et al. (2013). "Malignant fungating wounds – The meaning of living in an unbounded body." <u>European Journal of Oncology Nursing</u> 17(1): 38-45. Abstract:</p> <p>Interviews</p>	<p>Nine patients were interviewed from January until November 2009.</p>	<p>This study focuses on understanding the lived experiences of patients with a malignant fungating breast wound and their informal carers.</p>		<p>The results demonstrate that most of the patients and their informal carers were on their own while struggling with the erosion of their physical boundaries. The women report a lack of information and advice about how to manage the wound as well as the physical and social limitations imposed on them because of copious wound exudate, odour and bleeding. The women used many different methods and approaches to maintain the boundedness of the body.</p>	<p>This study contributes to understanding that losing control over the body meant for the women losing control over themselves and their lives. The unboundedness was demonstrated through the symptom experiences. Therefore the care of women needs strategies that are integrated in a palliative, holistic, empathic approach.</p>	<p>In particular skills for palliative wound care among medical and nursing staff need to be developed as the women and their carers report a lack of information and advice about how to manage the wound as well as the physical limitations and psychosocial consequences of struggling to maintain the boundedness of the body. Pasienter mangler informasjon og råd om håndtering av tilstanden/ såret. Referanse på behov for informasjon.</p>
<p>Taylor, C. (2011). "Malignant fungating wounds: a review of the patient and nurse experience." <u>British journal of community nursing</u>: S16-22.</p>			<p>Beskriver litteratursøket, men ikke særlig nøye på hvilke studier de inkluderte.</p>	<p>The literature has identified that the worst aspect for patients is the suffering caused by malodour and excessive exudate levels, and has also described how nurses struggle to manage these symptoms.</p>	<p>Understanding the patient experience and the difficulties nurses are faced with when they care for patients with a wound of this type can help to provide support and guide practice. The disfiguring and unpleasant nature of these wounds can leave nurses with lasting memories of the experience.</p>	<p>Outcomes must be patient-focused and decided in conjunction with health professionals, concentrating on what really matters to the patient.</p> <p>Bringer ikke noe nytt, men oversiktlig gjennomgang av tidligere studier.</p>
<p>Lund- Nielsen, B. (2013). "Kreftsår hos pasienter med avansert kreftsykdom". Omsorg. Nordisk tidskrift for palliativ medisin. Nr 1- 2013</p>	<p>69 pasienter</p>	<p>Sårbehandling med honning- eller sølvbandasjer i 4 uker inkludert strukturerte samtaler basert på kognitiv model og avspenningstrening</p>	<p>Ingen kontrollgruppe, ellers metodisk solid.</p>	<p>Ingen signifikant forskjell mellom de to gruppene. Sårstørrelsesreduksjon på 62 % og redusert nekrotisk vev hos 58%. Signifikant reduksjon av lukt eksudasjon, angst og depresjon ved begge behandlinger (ingen signifikant forskjeller mellom behandlingene)</p>		<p>Prosedyre følger ved, beskrivelse av behandling ved ulike typer sår. Kan brukes som referanse til honningbandasje.</p>