



Service Priorities and Programmes
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The Science and Art of Managing a Complicated Huge Sacral Sore – Healing by Secondary Intention is a Mission of Possible!

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Introduction

Mr. X was a 54 year-old paraplegic gentleman. He had multiple medical co-morbidities such as diabetes mellitus, end stage renal failure. He was living alone and chair bound. In July 2015, he was admitted to hospital and found to have a badly infected sacral sore. It was a stage IV huge pressure sore of size 12 x 14 cm x 2 cm and undermining. It was wet and smelly. The wound base was mixed with necrotic and sloughy tissue. Multiple debridement was performed and a gluteal flap was done by orthopaedic surgeon with the aim of wound closure. However, there was persistent bloody oozing and multiple hematoma formed underneath the flap. The wound dehiscenced completely after 2 weeks. Luckily the muscle flap was still viable but could be lift up and in a L-shape of 14 cm x 14 cm from anus up to right buttock and then turned to right iliac crest. In view of his poor physical condition after multiple surgeries, it was decided to shift the treatment direction from primary closure to secondary closure.

Objectives

To enhance the wound healed by secondary intention.

Methodology

Orthopaedic wound nurse was referred and a specific nursing care plan was formulated for the patient. The holistic management regime included advance wound care regime, bowel control, pressure relieving, nutrition support, hygiene, and psychological support.

Result

After ten months of in-patient and one month of out-patient dedicated wound care, Mr. X's huge sacral sore was completely healed. He could return home and managed his daily living by himself. The disease journey of Mr. X not only served as a good teaching example for staff but also a valuable reward to both the patient and health care team.