Managing Hypergranulation Tissue

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Geriatric home health nurses care for a large number of elderly patients with gastrostomy tubes (G-tubes). The elderly patient who requires a G-tube typically has multiple medical problems and cannot obtain adequate nutrition. Nurses play a critical role in educating the patient and caregivers about G-tube site care and how to monitor for complications.

A frequent complication is the formation of hypergranulation tissue — ie, granulation tissue progressing beyond the surface of either the wound bed or the intact skin surrounding the wound. Hypergranulation tissue is most likely the body's response to the foreign tube. The G-tube causes irritation in the G-tube tract and inflames the epithelial tissue, preventing the skin from creating a snug fit around the tube. This inflamed epithelial tissue poses a number of problems: 1) the tissue is fragile and bleeds easily, concerning caregivers who often think the bleeding is coming from inside the patient's stomach; and 2) drainage from the tissue can cause skin irritation, excoriation, and skin breakdown, increasing the risk of infection in patients with already compromised health status. Hypergranulation tissue also prevents the migration of epithelial cells so the area will not heal.

Treatment options include the application of silver nitrate or a topical steroid ointment to the hypergranulated tissue. Resolving the cause is the first step in remedying hypergranulation tissue, and includes stabilizing the G-tube and applying an absorbent dressing to keep the skin clean and dry. For many patients, the G-tube will be the only way to obtain nutrition, so it is important to take a team approach and develop a care plan to continue ongoing support and G-tube management. ■

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Commentary from Ferris Mfg. Corp.

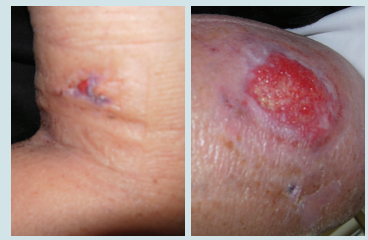
Excess moisture on the periwound skin and on the surface of the wound is one of the main causes of hypergranulation, so balancing the moisture is crucial in preventing and managing hypergranulation tissue.[1]

In a representative case study,[2] a 58-year-old woman with multiple wounds resulting from a motor vehicle accident developed hypergranulation tissue. Her treatment involved the use of silver sulfadiazine twice daily and nonstick pads. After 1 week, the patient experienced no change in wound size and was in constant pain. PolyMem® dressings were chosen because of their ability to absorb excess moisture, supporting rapid healing and helping decrease the spread of the inflammatory response into the surrounding tissues with accompanying reduction in edema and pain.

The PolyMem dressings were changed every 3 days; the family performed one of the changes each week. The wounds healed completely with no presence of hypergranulation tissue. The patient's persistent wound pain was reduced dramatically when the dressings were initiated and her dressing changes then were pain-free.

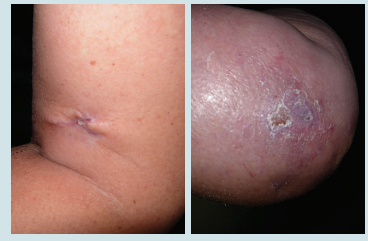
References

1. Crawley-Coha T. A practical guide for the management of pediatric gastrostomy tubes based on 14 years of experience. *J WOCN*. 2004;(31)4:193–200.
2. Harrison JE. Acute Traumatic Wounds: Polymeric Membrane Dressings to the Rescue. Poster presented at the 21st Annual Symposium on Advanced Wound Care. San Diego, CA. April 24–27, 2008.



August 29: Before PolyMem. Arm puncture wound (left) measured 1.5 cm x 2.7 cm x 0.2 cm. Abrasion (right) measured 5.5 cm x 8 cm.

After only 2 weeks of management with PolyMem, the wounds measured 0.6 cm x 0.4 cm and 3.3 cm x 3.0 cm, respectively.



September 12: Puncture wound closed at 3 weeks; abrasion closed at 4 weeks.

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