OVERGRANULATION PATHWAY

Grampian Guidance | NHS Grampian

PATIENT PRESENTATION

Patient presents with overgranulation.

Overgranulation is also known as hypergranulation and is defined as a 'spongy, friable mass of tissue' which is proud of the epithelium. The surface is typically moist and an ideal environment for bacterial colonization and bio-film formation. It may also bleed easily as it is highly vascularised.

YES

RED FLAG

Unusual presentation or suspicion malignancy?

YES →

REFER

Refer to the Dermatology or Plastics teams. Include clinical images and measurements.

NO

TUBE SITE?

Is the overgranulation around a gastrostomy/ jejunostomy site?

YES →

REFER

Refer to the NNNG Good Practice Guideline: Care of Gastrostomy Tubes and Exit Site Management in Adults and Children. .

1st line- Treat causative factors in line with NNNG Good Practice Guideline.

If overgranulation is significant, or initial management does not show improvement, refer directly to the Nutritional Nurse Specialist for consideration of silver nitrate or Argon Plasma Coagulation treatment- gram.nutritionnursingteam@nhs.scot

NO

STOMA SITE?

Is the overgranulation around a stoma site?

YES →

REFER

1st line- Treat causative factors:

- Ensure stoma bags correctly sized
- Appropriate stoma hygiene
- Apply barrier film to reduce irritation

If fails to progress refer to stoma team- gram.stomanurses@nhs.scot

NO

WOUND SITE?

Is the overgranulation over a wound?

YES

FIRST LINE

Treat any causative factors:

- Remove any allergens or foreign bodies (loose dressing fibres, hairs, old sutures etc). Consider if the dressing type is the cause and use alternative if required.
- Foam dressing should be applied firmly to flatten area of overgranulation. Ensure that it's non-occlusive to allow moisture to disperse.
- If the overgranulation fails to subside, consider second line.

SECOND LINE

- Consider infection and swab as per Ropper Ladder for Infection.
- Consider soaking and cleaning with Prontosan Wound Irrigation Solution and dress using Actilite (Honey) dressing, Aquacel Ag Plus Extra (Silver) or Cutimed Sorbact products if wound shows signs of clinical infection.
- Use this for 14 days, then review treatment regime. If the overgranulation fails to subside, consider third line.

THIRD LINE

- Consider prescribing a moderately potent topical corticosteroid such as Fludroxycortide (Haelan) tape or Trimovate cream, in line with the NHS Grampian Area Formulary.
- Apply directly to the overgranulation as per prescribing guidelines and use of appropriate fingertip units.
- Cover with foam dressing to encourage flattening of overgranulation.
- Apply steroid daily for up to 7 days and review. If the overgranulation fails to show signs of improvement, consider referral to Tissue Viability.

REFER

Refer to Tissue Viability including a completed e-clinic referral form and up to date consented, clinical images of the wound close up and from a wider aspect.

If in the Acute setting refer to gram.tissueviabilityacute@nhs.scot

If in the Community setting refer to gram.tissueviability@nhs.scot