

The Role of the Specialist Nurse in Managing Wound Dehiscence After Oncological Breast Surgery

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INTRODUCTION:

Wound dehiscence, the partial or complete separation of a surgical wound, is a significant complication following oncological breast surgery, often leading to delayed recovery, increased risk of infection, and diminished quality of life for patients. Effective management of wound dehiscence requires a multidisciplinary approach, where the role of the specialist nurse is paramount. These healthcare professionals are at the forefront of assessing, managing, and preventing complications related to surgical wounds. In the context of breast cancer surgery, specialist nurses are not only responsible for ensuring optimal wound care but also for providing psychological support to patients navigating the emotional and physical challenges associated with recovery. This study explores the critical role of the specialist nurse in managing wound dehiscence following oncological breast surgery, highlighting the interventions, skills, and knowledge necessary to minimize complications and promote healing. By emphasizing the nurse's expertise in wound management, the study aims to contribute to the development of best practices that enhance patient outcomes and support the holistic care of individuals post-surgery.

OBJECTIVE

The aim of this study is to investigate and highlight the crucial role of the specialist nurse in the prevention, early identification, and management of wound dehiscence in patients undergoing oncological breast surgery, with the goal of optimizing clinical outcomes and promoting safe and accelerated recovery.

METHODS: It is a descriptive and explanatory study in the form of an experience report. Performed in home care in São Paulo- Brazil. A 43-year-old patient with a history of bariatric surgery. Diagnosed with right breast cancer in January/2025. After surgery, the patient evolved with occlusive bandages for 7 days, accompanied by intense pain at the site. After this period, the bandages were removed and partial ischemia of the breast, and necrosis were observed. Use of rifampicin.

CONCLUSION

Conclusion : During the treatment, autolytic action could be observed, due to the use with solution with cleaning solution with agents based on sodium chloret and sodium hypochlorite, matrix with colloid lipid technology , being essential a decrease in devitalized tissue associated with its antimicrobial power. He emphasized the importance of technology for assertive protocols in patients undergoing cancer treatment.

Clinical implications: Lack of interdisciplinary follow-up during the healing process. Impacts planning for a better clinic outcome, providing a delay for radiation therapy.

I have no conflict of interest.

Results:

After a stoma therapist evaluation, the TIMERS management tool was used to support the new planning, the cleaning protocol was carried out solution with cleaning solution with agents based on sodium chloret and sodium hypochlorite, leito da lesão cicatrizante matrix with colloid lipid technology for atraumatic removal of non-viable tissue for the elimination of non-viable tissue, Edge protection and associated with the silicone foam coating. Low-intensity, 2 J laser therapy of 660 nm. Change period every 3 days.



photo authorized by the patient