

PALLIATIVE WOUND CARE IN BEDRIDDEN ONCOLOGICAL PATIENTS: CASE SERIES FROM THE “MELHOR EM CASA” PROGRAM, A SPECIALIZED HOME CARE SERVICE



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Objective: To describe the palliative wound care provided by the “Melhor em Casa” Program (PMeC), an interprofessional home care service, for bedridden oncological patients.

Methods: A retrospective descriptive case series study involving three oncological patients, aged between 55 and 60 years, bedridden due to spinal cord compression caused by bone metastases, who developed pressure injuries (PIs). Data were collected from medical records and home visit logs from the PMeC multidisciplinary team in Palhoça, SC, between November 2024 and April 2025.

Pacient R.T.S aged 60, with metastatic multiple myeloma and stage IV sacral PI

Sacral PI



Pacient A.P.S aged 56, with metastatic prostate cancer, had a lumbar PI treated with a skin flap and a heel PI that progressed to osteomyelitis, resulting in partial amputation.

Lumbar PI



Heel PI



Pacient M.F.V. aged 59, with metastatic breast cancer, presented stage IV PIs in both trochanters.

PI in right trochanter



Results: Among the cases, one male patient, 56 years old, with metastatic prostate cancer, had a lumbar PI treated with a skin flap and a heel PI that progressed to osteomyelitis, resulting in partial amputation. Two female patients: one, aged 60, with metastatic multiple myeloma and stage IV sacral PI, passed away after 40 days of care; the other, aged 59, with metastatic breast cancer, presented stage IV PIs in both trochanters. Home visits by the PMeC team occurred twice weekly. Interventions included mobilization, guidance on positioning, repositioning routines, use of an air mattress, and specific care measures for PIs. All patients underwent surgical debridement and received intravenous antibiotic therapy in hospital settings. Wound management included conservative instrumental debridement with a scalpel blade and cauterization of hypergranulation tissue with 80% trichloroacetic acid. The wounds were classified as maintenance wounds. Reported symptoms included pain, odor, exudate, bleeding, itching, and perilesional erythema. A care and education plan was implemented jointly with patients, families, and caregivers, including cleaning with saline solution and aqueous polyhexanide solution. Dressings used included hydrogel, calcium alginate, silver hydrofiber, and oil-impregnated gauze, selected according to clinical assessment. Pain management followed the WHO analgesic ladder: all patients received weak opioids (codeine or tramadol), and one required strong opioids (morphine and methadone).

Conclusion: Wound management in bedridden oncological patients poses a growing challenge in the context of population aging and increasing cancer incidence. The palliative work of interprofessional home care teams contributes to symptom control, prevention of complications, improved quality of life, and the avoidance of unnecessary hospitalizations.

I have no conflict of interest