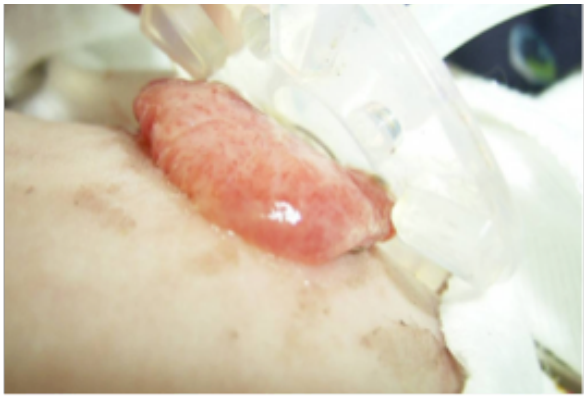
Hypergranulation

Hypergranulation (also known as over granulation or proud flesh) is a common non-life threatening phenomena. Hypergranulation is characterised by the appearance of light red or dark pink flesh that can be smooth, bumpy or granular and forms beyond the surface of the stoma opening.[137] It is often moist, soft to touch and may bleed easily. It is normal to expect a small amount of granulation around the site.

Mild hypergranulation



Excessive granulation tissue
Photos: A Kennedy

The exact aetiology of hypergranulation tissue is unknown although it is thought to occur when there is an extended inflammatory response. It has been associated with wound healing before the stoma has reached maturity; therefore it often occurs during the six weeks post procedure healing phase. Not all hypergranulation tissue growth requires treatment as it will often resolve spontaneously.[133]

Hypergranulation tissue can also develop at mature stoma sites and may be due to excess moisture and friction caused by device movement.[138]

"I had no help with granulation tissue and ended up getting more help on the internet than my local hospital"

Patient

Care/Treatment [133, 136, 139, 140]

Treat any localised sepsis or colonisation. Swabbing of the affected area should be considered. If no localised infection is present, the interventions and treatment options outlined in Table 11 *(page 44)* may be considered for use:

Table 11: Care and Treatment of hypergranulation

Possible Causes	Routine Stoma Care	Further Options for Management
• Moisture • Infection	• Cleanse and dry the skin surrounding the stoma using soap and water or consider using hypertonic saline. • Keep site free of moisture – avoid use of moisture retentive dressings.	• Application of a foam dressing (without causing excessive traction). • Apply hypertonic saline/hypertonic dressing to granulated tissue every 2 hours. • Short term use of topical corticosteroid as directed by the prescriber and not in cases of suspected infection. • Consider biofilm prevention with the use of antiseptics and other open wound cleaning agents.
• Excessive device movement • Ill-fitting devices	• Prevent excessive movement by securing the external retention device with a 2-5mm gap (when gentle traction is applied) between the device and the skin. • Avoid continuous traction on the device.	• Consider the application of a caustic agent such as silver nitrate or copper sulphate (with appropriate protection for surrounding skin). This should only be used by persons familiar with its application and possible complications. • If unresponsive to the above refer for a medical review. *Note - Mechanical removal (surgical excision and diathermy) is not recommended.*[141]

Once the hypergranulated tissue has been removed treat the wound on its merits and employ routine stoma care.

Chemical burn after inappropriate use of silver nitrate
PHOTO: A Kennedy