

Sebaceous Cyst Management

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As a Certified Wound Care Nurse in home health, I often am asked to treat an open wound resulting from a sebaceous cyst excision. A sebaceous cyst is a lump or bump under the skin; it results from swollen hair follicles, skin trauma, and/or blocked sebaceous glands. Commonly found on the face, neck, and trunk, as well as other parts of the body including genitalia, the cysts are closed sacs containing keratin, a pasty- or cheesy-looking protein that often has a foul odor. Some complications of a sebaceous cyst include inflammation, infection, rupture, tenderness, and discomfort, particularly when the cyst occurs in a skin fold or the genital area. When the cyst is inflamed, ruptured, or infected, surgical excision often is necessary. After the excision, usual physician wound care orders are to perform wet-to-dry daily dressing changes until the wound heals.

Since the implementation of the Prospective Payment System (PPS) and bundled payment, a healthcare agency potentially can lose a substantial amount of money if nursing visits and wound care supplies are not utilized appropriately. Improved healing outcomes often can be achieved by educating the physician on more clinically effective dressing options that do not require daily dressing changes. Recommending appropriate alternatives — supported by clinical experience, product literature, and studies — has been effective in encouraging physicians to reconsider their dressing change orders.

Wound management in a home health setting can be challenging and costly if not managed properly. Dressing selection should be focused on evidence-based care guidelines and practical considerations such as dressing change frequency, patient comfort and adherence to dressing use, resolving pain issues (persistent and/or related to dressing change), overall cost of care, and reimbursement. Optimizing the healing environment while maintaining cost and time expenditures should be a priority. ■

Commentary from Ferris Mfg. Corp.

Choosing PolyMem® dressings has been shown to be a smart business decision for home health agencies operating under PPS.¹ PolyMem® dressings offer excellent clinical benefits for managing sebaceous cyst wounds regardless of the care site. As an example,² a 69-year-old man with diabetes presented with a painful sebaceous cyst. The physician incised, drained, and rinsed the wound and inserted PolyMem Wic® Silver Rope in the 1.0 cm x 1.0 cm x 3.0 cm wound that had 3.0 cm of undermining circumferentially. The patient's wife changed the dressings every 1 to 3 days. She did not cleanse the wound beyond simply removing the saturated rope and inserting a fresh rope into the wound. At the first follow-up 1 week later, wound depth had decreased to 1.0 cm and only 0.5 cm undermining remained. The patient's persistent wound pain had decreased from 5 to 0 (0–10 scale). The wound went on to close after only 1 month of treatment. The patient and family were impressed with the rapid pain relief, reduced inflammation, ease of dressing change, and rapid healing. ■

Reference

1. Friedman S, Olsen IK. Winning in Wound Care: Creating Successful Practices for the Home Health PPS. Briggs Corporation, West Des Moines, IA
2. Tamir J. Challenges of Dressing Acute Infected Sebaceous Cyst Wound Met with New Reinforced Polymem Wic Silver Rope Dressing. Poster presented at the 8th Annual Professional Wound Care Association. Philadelphia, PA. April 2–5, 2009.



PolyMem Wic Silver Rope inserted in a 1.0 cm x 1.0 cm x 3.0 cm wound with 3.0 cm of undermining circumferentially.



After 26 days of treatment, the wound was 0.5 cm deep, with no undermining. The wound closed 4 days later.

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