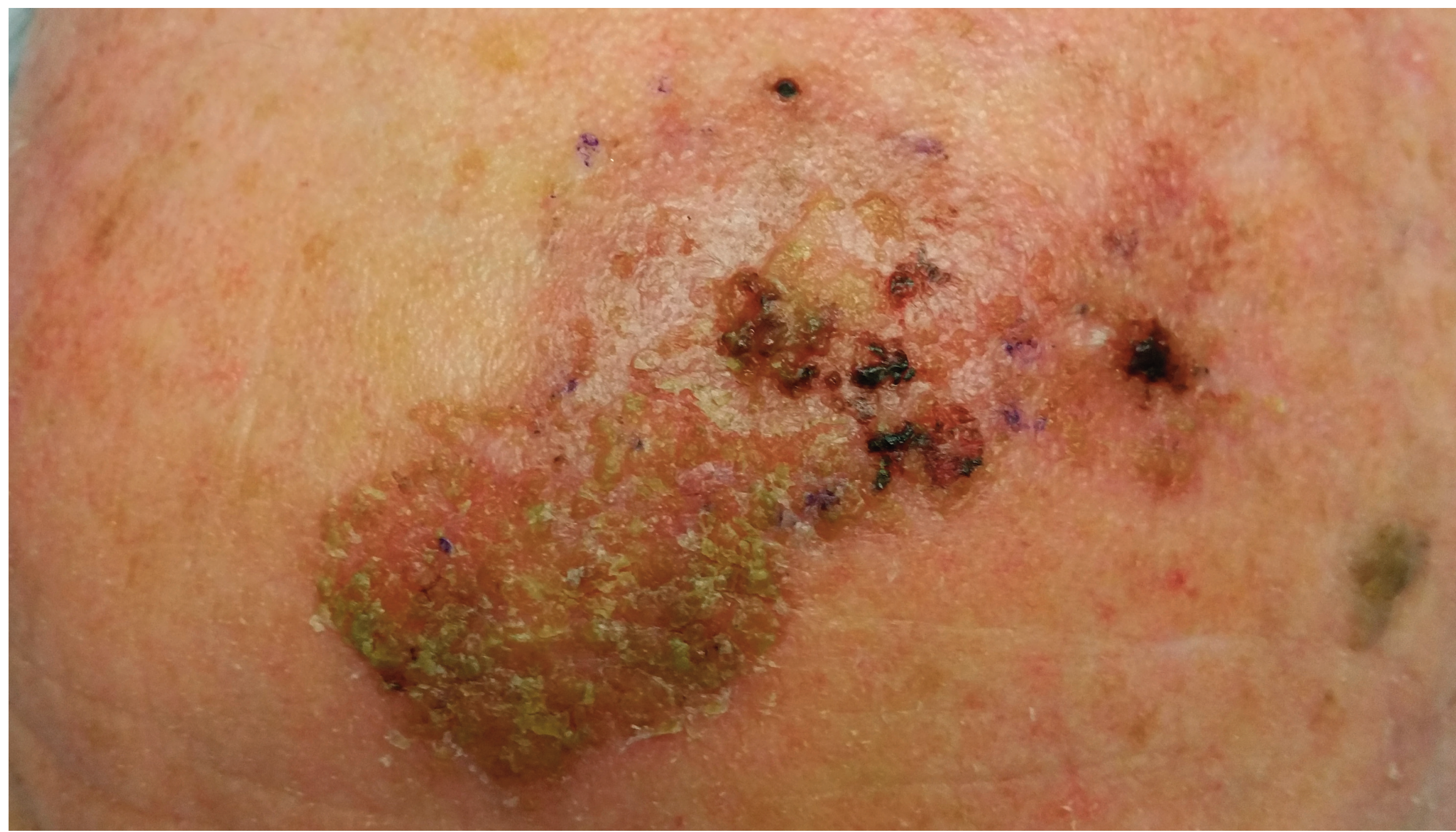


Safety and efficacy of a monofilament fibre pad for superficial debridement prior to photodynamic therapy: a review of 20 cases

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Before preparation with the monofilament fibre debridement pad.



Immediately after preparation with the monofilament fibre debridement pad.

Introduction

Photodynamic Therapy (PDT) is a recognised, well-established treatment for actinic keratosis (AK), Bowen's disease (BD) and superficial basal cell carcinoma (sBCC). PDT utilises photosensitive topical agents that, in combination with oxygen and light, create a photochemical reaction that selectively destroys cancer cells (Morton et al, 2008).

Preparation of the area to be treated is paramount to achieving optimal results. Several papers report the use of preparation of the lesion by removing the surface crust of scale (Morton et al, 2008).

Current guidelines advise overlying scabs and crusts on the treating lesion need to be gently removed using gentle curettage or abrasion with a scalpel. (NICE, 2006)

However, a monofilament fibre debridement product*, has recently been introduced as a modern, wound-debriding solution.

Studies suggest that the monofilament fibre debridement pad lifts, and binds slough, hyperkeratotic debris and crust of desiccated exudate and removes them from the wound and surrounding skin (Strohal et al, 2013).

NICE Medical technology guidance recognised its quick and easy mode of action for debridement of hyperkeratosis and devitalised tissue within wounds (NICE, 2014).

We identified a scope for using the monofilament fibre debridement pad during lesion preparation prior to PDT, with particular interest in;

- potential reduction of time for debridement and
- improved patient's experience

Method and results

In 20 cases of PDT sessions (5 patients with BD, 6 with sBCC and 1 with AK), the monofilament fibre debridement pad provided;

- **100% lesion** debridement in **17 out of 20 episodes**
- between **75% to 100%** debridement in **3 episodes** in lesions with firm scaling
- **shortest time** for debridement with the monofilament fibre debridement pad was **10 seconds**
- **longest time** for debridement with the monofilament fibre debridement pad was **3 minutes and 23 seconds**
- **average time** spent for debridement was **69 seconds**
- **average pain** score was **2.5**. A pain scale of zero to 10 had been used for each session allowing for the total number of pain points recorded for each regimen to be calculated. The total was then divided by the number of sessions for each individual regimen (n) allowing a pain score ratio (PSR) to be formulated.

Conclusion

Our experience shows that the monofilament fibre debridement pad can be used in conjunction with PDT by offering a quick and easy, manageable debridement, allowing potentially extra treatment time for sessions with other patients.

References

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 NICE (2014) Medical technology guidance. The Debrisoft monofilament debridement pad for use in acute and chronic wounds. MTG 17 March 2014

* Debrisoft – Activa Healthcare an L&R company