

A Combination of Both a Tissue Viability Nurse's and Patient's Experience of a Wound Debridement Product.

Adelaide Seemann | Tissue Viability Nurse | The Hillingdon Hospitals NHS Foundation Trust

Introduction:

Debridement is a crucial part of wound-bed preparation and helps create a 'hygienic', moist environment to promote wound healing (Burnett et al 2021). Debridement not only treats the wound bed but also helps manage the wound edges and peri-wound skin where biofilm is most active (Kerr 2022). Many debridement techniques are in use, including sharp, larval, enzymatic, ultrasound and surgical. However, not all are accessible or practical in all clinical settings and many of these require a specialist set of skills. This poster details how an NHS Trust overcame challenges where patients were unable to receive effective wound debridement due to lack of resource and clinical competence.

Method:

This case series evaluated the performance of a mechanical wound debridement monofilament pad and innovative monofilament "lolly" tool within an acute setting. All wounds required wound debridement to encourage wound healing and included two unstageable pressure ulcers, a leg ulcer and a surgical wound. One patient had been known to the community service for a year prior to hospital admission and a variety of wound debridement techniques had been implemented without success. As per the product instructions for use, the monofilament wound debridement pad/lolly was used for 3-5 minutes. A wound assessment along with images were acquired prior to and following mechanical debridement. Additionally, The Abbey Pain Scale was used to assess discomfort during and post debridement. The Abbey Pain Scale is an instrument designed to assist in the assessment of pain in residents who are unable to clearly articulate their needs.

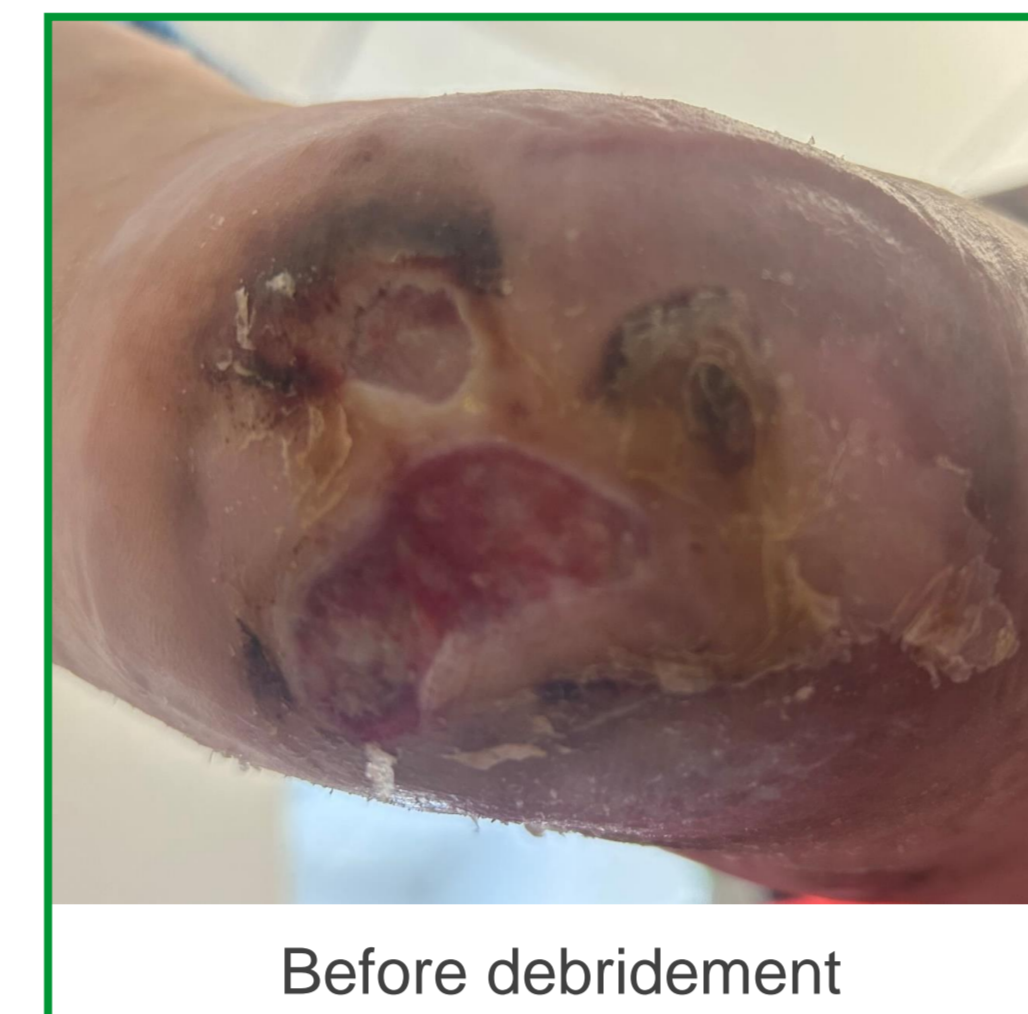
Results:

All patient's wounds demonstrated clear progression following use of Debrisoft® monofilament pad and lolly. The Tissue Viability team felt the pad and lolly were both extremely easy to use and comfortable for the patient. The team were able to achieve significant wound bed improvement and debride using very minimal pressure or force. In comparison to other debridement tools, Debrisoft® had no limitations to its use or storage and supported patient self-care. The team were also evaluating a different debridement 760am pad, which patients were unable to tolerate, requiring pre- and post-debridement analgesia. The author had limited experience of the monofilament pad prior to the evaluation and was surprised with how effective the product debrided considering the softness of its fibres. The pad contains millions of fibres, each cut at a different length and angle, designed to disrupt biofilm and pick up debris and bacteria. The density of the fibres enable them to lock debris and bacteria in the pad and remove from the wound bed.

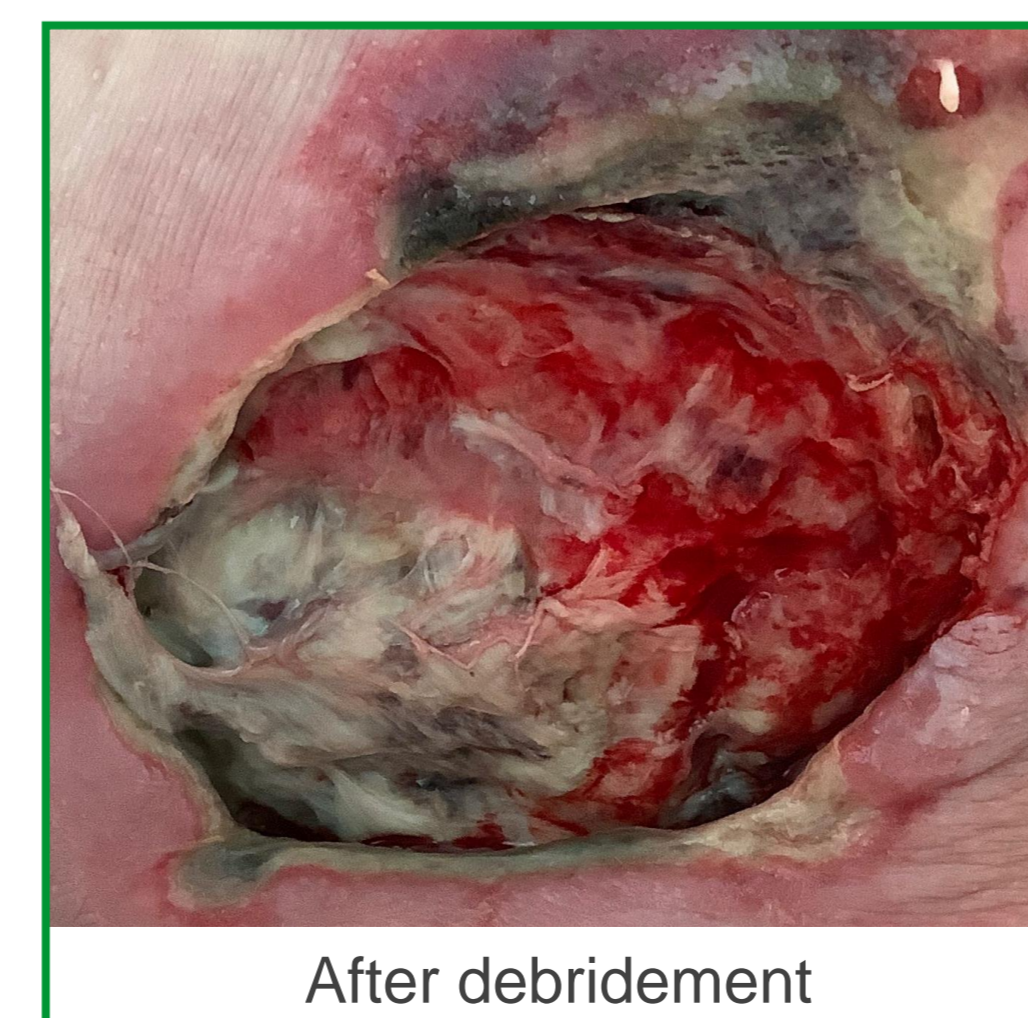
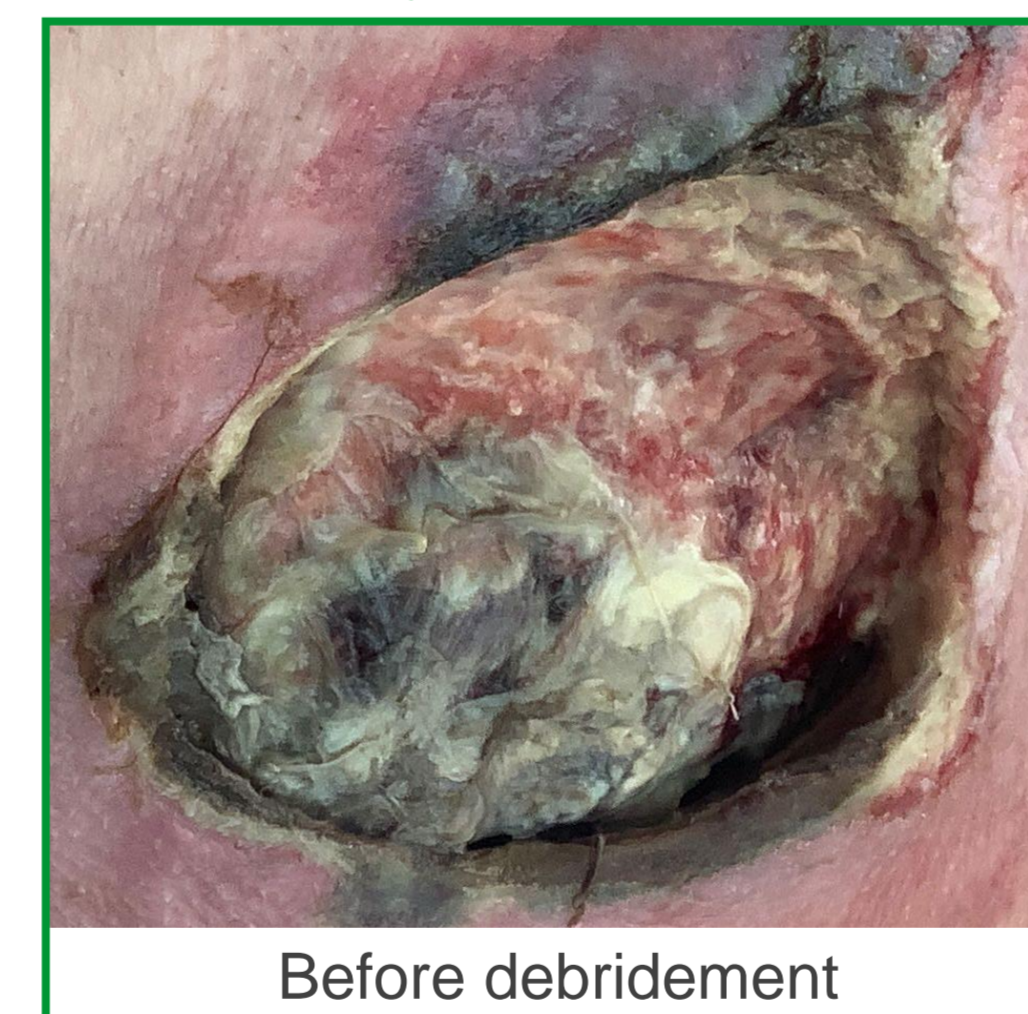
Case Study 1

65 year old Female. PMH: pressure ulcers, bedbound, nonverbal, diabetes. Focus wound: Unstageable pressure ulcer; wound duration 45 days. Patient was not 'fit enough' for surgical debridement. Marked improvement following one single use of Debrisoft®. Effective debridement of debris was noticeable after 3 minutes and granulation tissue visible across the wound bed. This patient was non-verbal and so unable to vocalise pain, however the total pain score during use using the Abbey scale was 0 (no pain).

Case Study 2



Case Study 1



Case Study 2

34 year old Male PMH: long standing pressure ulcers over 2 years, bed bound for 1.5 years, Osteomyelitis, previous vascular surgery to lower limb, lower limb oedema, possible Lymphedema, newly confirmed Osteomyelitis. Focus wound: Right Heel – Unstageable Pressure ulcer. During an inpatient stay, the Tissue Viability team implemented a care plan with Debrisoft® used as wound bed preparation to remove debris/biofilms and prepare the wound bed and surrounding skin for dressing. By using the monofilament pad on the surrounding skin they were able to remove all hyperkeratosis and maintain healthy surrounding skin which contributed to preventing infection and encouraged wound healing. The patient had extremely good feedback for the product with 0 pain scoring.

"it is not painful, I don't feel anything!" Patient Feedback

Discussion:

Without debridement, a hygienic and healthy wound bed may not be created and healing is unlikely to progress. Active debridement can accelerate wound healing by preventing and managing wound infection, disrupt biofilm, and through removal of non-viable tissue (Kerr 2022). Some debridement methods require specialist training and a suitable clinical environment, whereas utilising modern products such as the Debrisoft® monofilament pad and lolly require little training and makes them ideal for general wound care practice. This technique has proven to be effective, efficient, can be practised by non-specialist nurses and used safely and effectively in a patient's home. The wound debridement pad and lolly are widely available within the acute and community settings for health care professionals to use and are demonstrated to be extremely easy and straight forward to use. If appropriate patients can self-manage, offering independence and continuity in care for the patient.

Conclusion:

The wound debridement tool was quick and easy to use and each time the monofilament pad or lolly were used there was marked improvement. The recommended time of use is 3-5 minutes and therefore suitable when working within a busy environment. Overall, after assessing the pain score of each patient and considering patient feedback, the debridement tools were considered pain free. This technique has the potential to reduce nursing time, and patients did not require any analgesia in comparison to other techniques. This product may reduce the delay in patient hospitalisation and length of stay by encouraging faster wound healing and preventing wound infection.

References:

1. Burnett J, Kerr A, Morrison M, Ruston A (2021) An audit to assess the impact of prescribing a monofilament fibre debridement pad for patients with unhealed wounds after six months. *Journal of Wound Care*, Vol 30, No 5.
2. Kerr A (2022) Cutting costs and caseloads with a monofilament debridement pad. *Journal of Community Nursing*, Vol 36, No 6.