

Use of a Novel Device for Selective Mechanical Debridement of Chronic Wounds

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Background

- Wound debridement is well accepted as an essential component of wound bed preparation
- Debridement can be accomplished in several ways
 - Sharp/surgical
 - Mechanical
 - Enzymatic
 - Autolytic
 - Biosurgical
- Decision based on a assessment of the patient, wound characteristics, goals of care, clinical setting, skill level and other resources available

Aim

- To describe our evaluation of a novel monofilament fiber device* for debridement of necrotic tissue as well as exfoliation of hyperkeratotic edges, periwound skin and lower extremities of patients with stasis dermatitis

Method

- The device was utilized in patients in an outpatient wound center and residents in long term care. Before and after photographs were taken



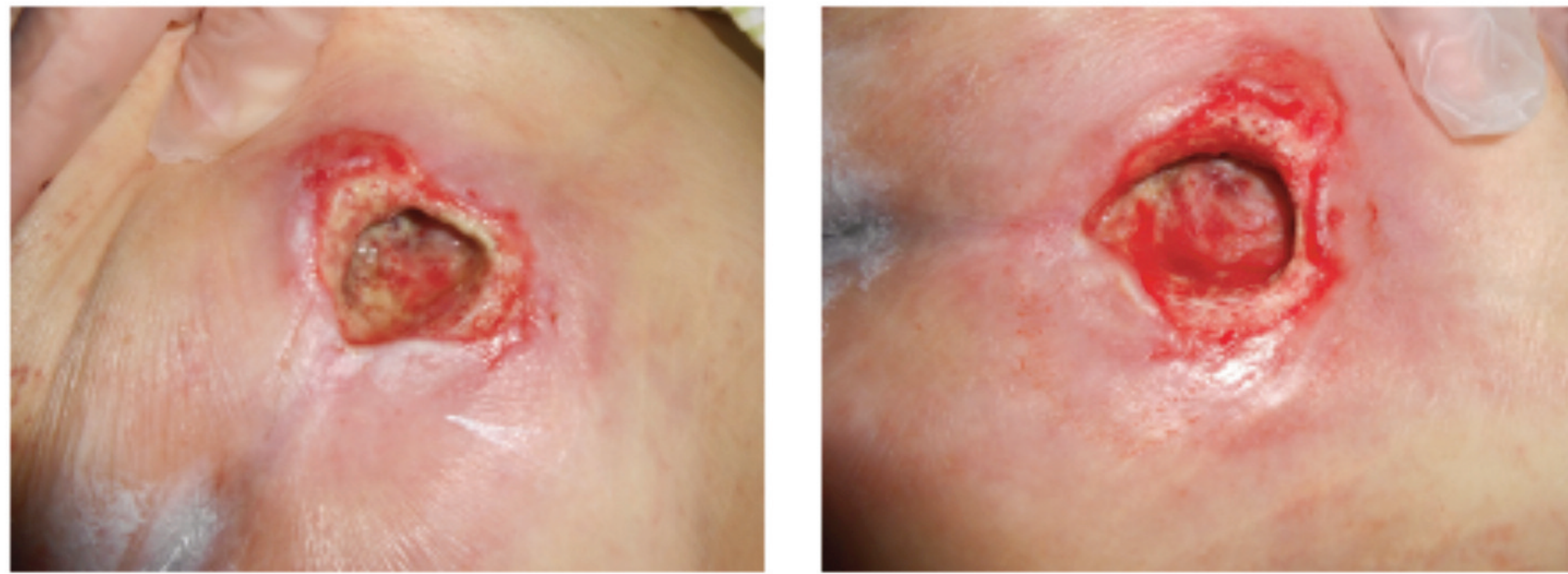
Conclusion

- The visual results are immediate. We found exceptional patient acceptance as use of the device is remarkably painless as the pressure or force is in the hands of the clinician. Can be used by clinicians in all care settings as an adjunct to all types of debridement or as a stand-alone modality. Use in the removal/exfoliation of dry hyperkeratotic skin in the peri-wound and on the lower extremities of patients with venous insufficiency and lymphedema has been particularly remarkable, enabling more effective use of topical medications and moisturizer

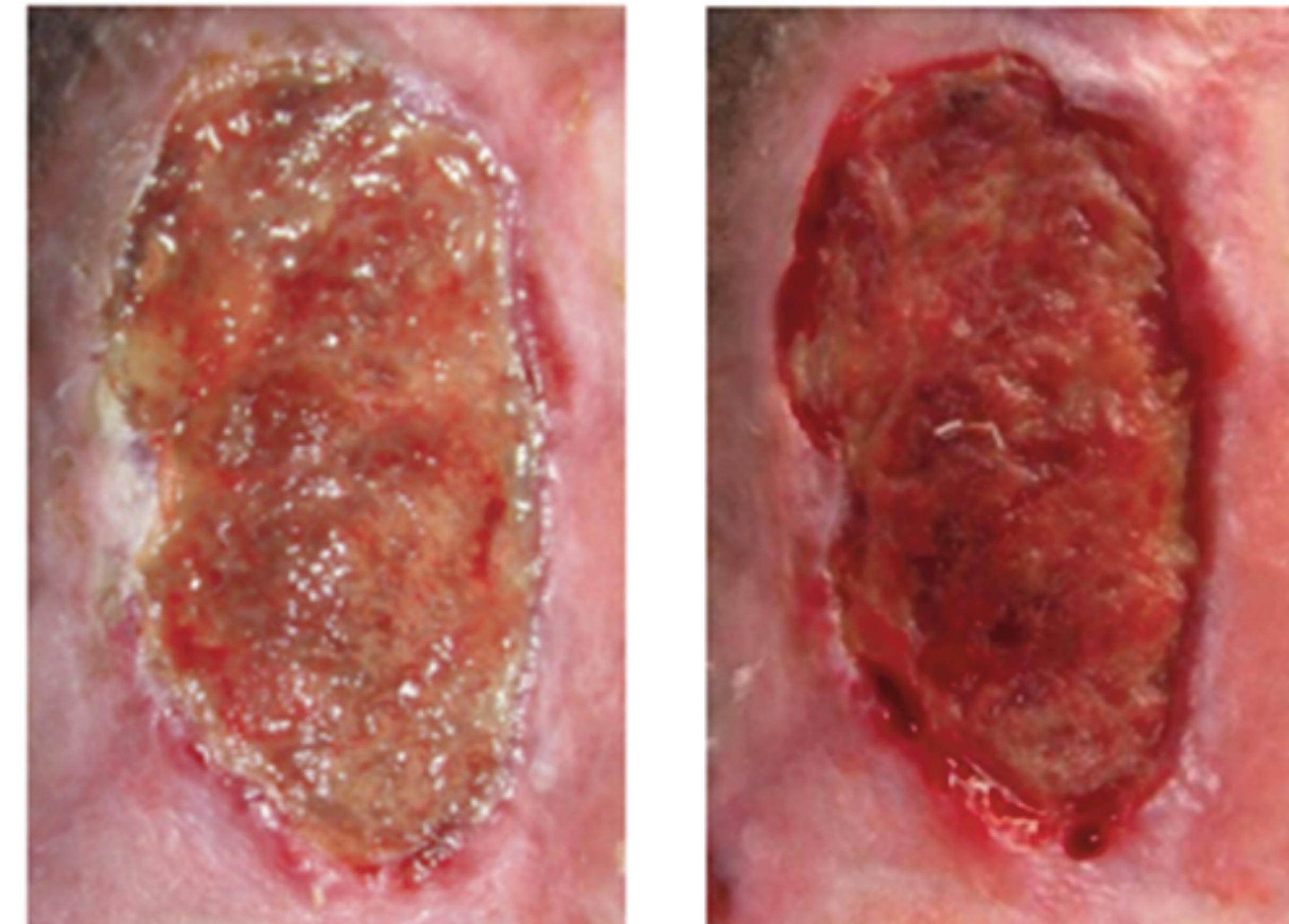
*Debrisoft® Lolly - Lohmann & Rauscher GmbH & Co KG, Rengsdorf, Germany

*Debrisoft® Pad - Lohmann & Rauscher Rauscher GmbH & Co KG, Rengsdorf, Germany

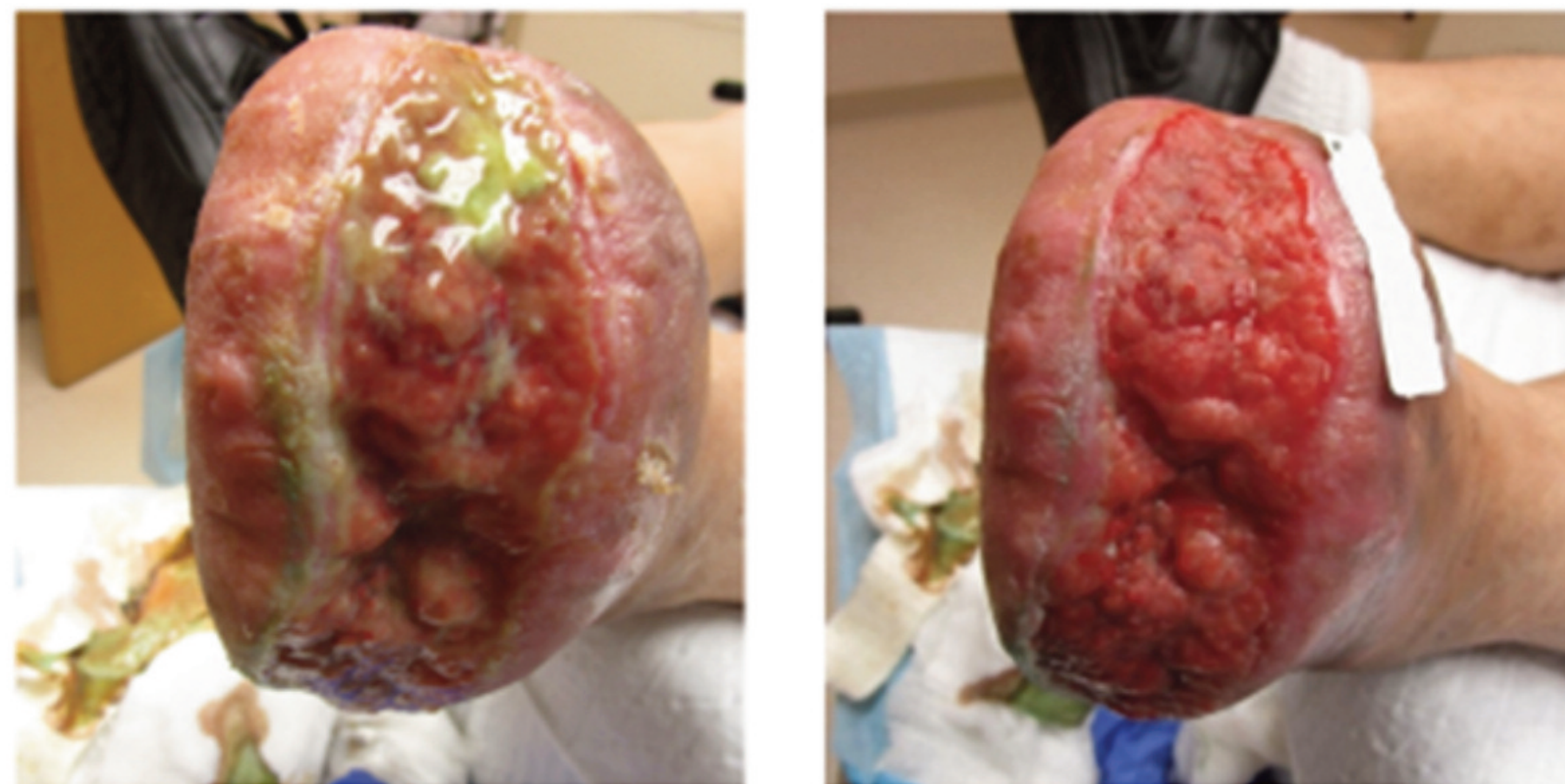
Wound Bed



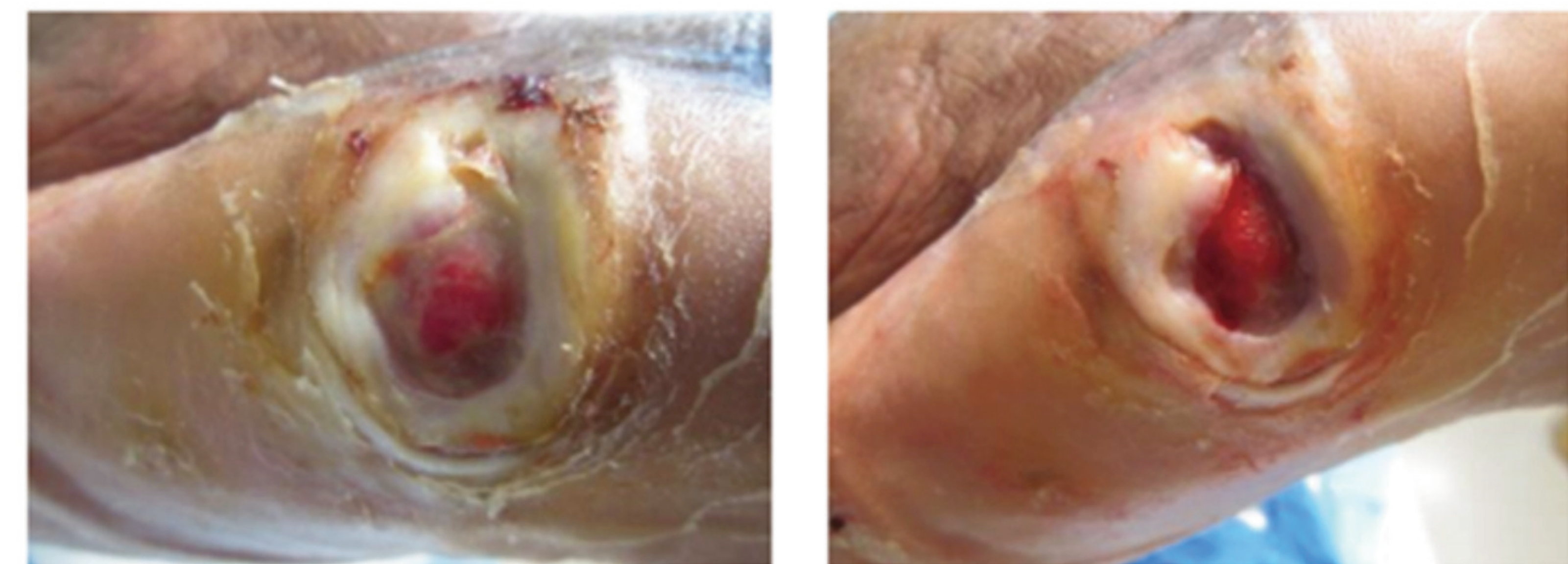
LTC Resident: Very painful wound being treated daily with Collagenase; pad used for 2 minutes with no complaints of pain. Collagenase was able to be discontinued the following week.



Outpatient Clinic: Venous ulcer from previous case. 2-3 minute scrub removing loose debris.



Wound Clinic: Trans-metatarsal amputation showing exudates and necrotic tissue after removal of dressing and after 3-4 minute scrub with pad.



Lateral neuropathic foot ulcer, pad used for less than 1 minute. Further sharp debridement of wound edge required.

Periwound and Hyperkeratotic Skin



Wound Clinic: Patient with venous insufficiency with ulcer and dermatitis, with residue and hyperkeratotic scales in periwound area. Pad used with tap water to cleanse and de-scale periwound area before addressing the wound.



Acute Care: Bed bound incontinent patient with remnants of zinc based barrier ointment and fragile skin.



Wound Clinic: Patient with mixed venous insufficiency and lymphedema with classic appearance of brawny fibrotic skin mixed with papillomatosis. 3 pads saturated with tap water used over 15 minutes.



Wound Clinic: Dry flaky skin which normally moisturizers would yield only temporary results. Device used for just a few minutes with more effective exfoliation allowing better penetration of emollients or topical medications.