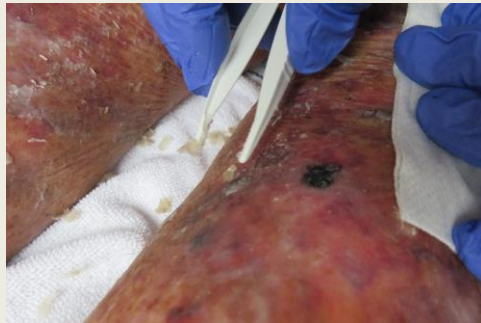
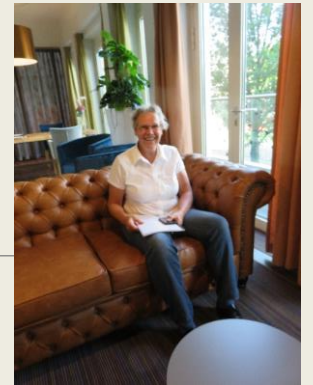


Good debridement enables visualisation and correct analysis of the wound

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AIM OF THE STUDY

Care professionals are under increasing time management pressures. Therefore there is a need to avoid delays in wound treatment due to incorrect assessment and mismanagement when treating the wound. Good debridement enables visualisation that facilitates correct assessment and diagnosis. This should be the starting point and it is essential to allow follow on cost-efficient wound treatment to be performed.



METHOD

In the past 5 years more than 200 patients have been treated according to the same protocol, all starting with wound debridement using a monofilament fibre debridement pad*.

Case studies: With this experience we will follow 4 patients to show the wound status before and immediately after debridement. Most of the patients had chronic wounds caused by

- Postsurgical infected wounds
- Decubitus ulcers
- Amputations post surgery
- CVI en UCV
- Lymphedema
- Burn wounds



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RESULTS AND DISCUSSION

Based on photographic evidence we observed that in most patients with acute and chronic wounds use of the monofilament fibre debridement pad enabled very easy visualisation of the wounds. In all patients the average number of pads were 2 and the average time for debridement is 2 – 4 minutes.



Figure 4 The most common type of wounds were arterial-venous ulcers, diabetic ulcers and pressure ulcers.

Figure 5 The form and design of the new device enable the debridement of difficult to reach wounds, abscess cavities and tunneled wounds.

CONCLUSION

Even wounds that appear simple often require debridement.

The use of this easy method, which can be performed by all care professionals will help to make wound treatment easier.

