

Results of a case series and satisfaction survey of a new wound cleansing and debridement pad

Jane Hampson, Lower Limb Nurse Specialist, Accelerate CIC

Introduction

It is clinically proven that effective wound bed preparation through cleansing and debridement prior to application of a dressing accelerates wound healing^{1,2}. We present a case report of patient A, part of a case series and HCP satisfaction survey evaluating experiences on the clinical use of a two-sided polyurethane foam pad for the cleansing and debriding of wound.

The Patient

- 8 year old Venous Leg Ulcer with persistent and difficult to remove slough and high levels of exudate.
- Diagnosis of Sickle Cell Anaemia, history of cervical spine fracture, total hip replacement, DVT and splenic abscess.
- Bilateral leg ulceration and foot ulceration with recurrent infection and recent flare up
- Previous dressings and weekly debridement techniques (sharp and mechanical) had been unsuccessful with high levels of pain reported requiring pre dressing. Debridement analgesia.

Method

Four debridement sessions with the new cleansing and debridement pad were conducted from December 2021 to January 2022. Wound dimensions and tissue type was recorded as well as wound photography, florescent imagery and an overall HCP evaluation of the debridement session completed.

Results

One debridement pad was used at each session. The cleansing and debridement pad was used for 2-3 mins in session 1 removing <20% of the slough/necrosis and debris. The time to cleanse and debride was increased to 3-4 mins in the two subsequent sessions removing 20-50% of slough/necrosis and debris. The time spent at session 4 was 5 mins and also removed 20-50% of slough/necrosis and debris.

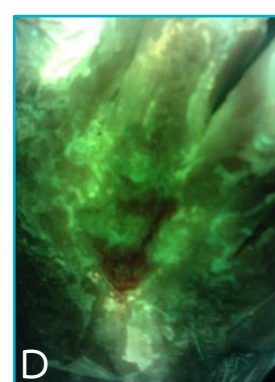
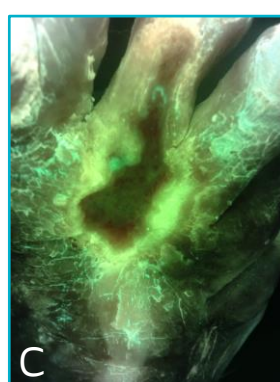
Wound Dimensions: Session 1 (L) 46mm x (W) 26mm x (D) 4mm Session 4 (L) 31mm x (W) 26mm x (D) 1mm

Session	% Tissue type pre wound preparation				% Tissue type post wound preparation			
	Necrotic	Granulating	Sloughy	Epithelialising	Necrotic	Granulating	Sloughy	Epithelialising
1	0	71	29	0	0	75	25	0
2	0	30	70	0	0	61	39	0
3	0	81	19	0	0	93	7	0
4	0	4	96	0	0	100	0	0

Wound imagery Pre(A) and Post(B) wound preparation Session 4



Florescent Imagery pre(C) and post (D) wound preparation Session 4



Discussion & Conclusion

A 2016 research and audit article stated that practitioners should possess the skills and knowledge to undertake debridement safely and competently³. The new debridement tool was designed in collaboration with HCPs so that its use does not require extended competencies enabling HCAs to work alongside a qualified nurse or podiatrist increasing service capacity without compromising care. In all 4 sessions the HCP reported a visible effect of cleansing and debridement with 3 to 5 mins being the optimal time. The wound team found that the new cleansing and debridement pad was a time effective solution and that mechanical debridement with the 2 sided cleansing and debridement pad was as efficient as sharp debridement and commented on the improvement the debridement pad has made to the wound.