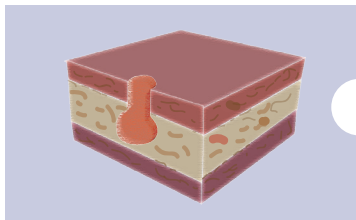
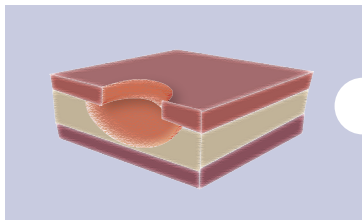
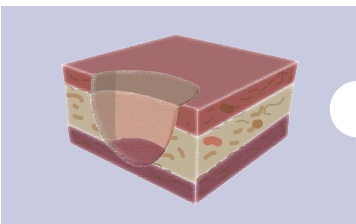
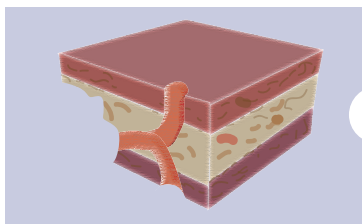




QUICK GUIDE



CAVITY WOUNDS



INTRODUCTION TO CAVITY WOUNDS

Definition: Providing a single definition for 'cavity wounds' is challenging as they vary in aetiology, size, depth and position, although the literature refers to the following descriptions:

- **A wound extending beneath the layers of the dermis, potentially exposing structures such as fascia, tendon, muscle or bone** – all open wounds that extend into the dermal layer. Some clinicians disagree, claiming that 'shallow' superficial wounds such as venous leg ulcers are not cavity wounds¹
- **A wound requiring more than a simple flat dressing** – wounds that require a contact 'filler' dressing¹
- **A wound deeper than 2cm².**

Presentation: Categories of cavity wound seen in clinical practice include³:

- **Surgical** – are generally uniform, boat- or saucer-shaped, with evenly sloping sides; a cavity is created when primary surgical closure is not used due to infection risk (i.e. pilonidal sinus and abscess)
- **Dehisced** – occur when a wound fails to develop sufficient strength to withstand forces placed against it; usually occur within 6-10 post-operative days where there is a high infection risk
- **Traumatic** – the mechanisms of tissue damage resulting from traumatic injury can lead to high levels of tissue loss, resulting in cavity wound formation
- **Chronic** – pressure ulcers, diabetic foot ulcers, and leg ulcers often present as cavity wounds.

Cavity wounds may present with additional challenging features, such as sinus formation, fistulae, undermining or bridging (see *Glossary of Terms* for more details)⁴.

ASSESSMENT AND MANAGEMENT OF CAVITY WOUNDS

Assessment: Cavity wounds require a holistic assessment strategy, incorporating understanding of patient needs, systemic disease, wound status and periwound skin condition⁴:

- The wound should be accurately described in a written record, including documentation of any undermining, bridging, sinuses, and fistulae
- Linear ruler-based measurements of width, breadth and depth should be taken, although physical measurement can be difficult due to access restrictions. Photographic imaging may also be useful.

Debridement: Removal of slough, necrotic tissue, and debris often requires a modified approach due to the unique challenges of cavity wounds⁴:

- Necrotic tissue may be removed by sharp debridement - this requires specialist skills and may need to be combined with alternative techniques
- Larval debridement may be effective in suitable wounds (based on whether the wound position and anatomy is suitable for larvae), although this can cause discomfort and is contraindicated in patients with a bleeding disorder
- Mechanical debridement using the Debrisoft® monofilament fibre debridement pad and/or Debrisoft Lolly can be used.

Dressing selection: Dressings for cavity wounds must maintain a moist wound environment whilst absorbing and controlling exudate, assist or maintain autolytic debridement, facilitate free drainage, and allow for pain-free application and removal. They should not easily fragment/shed fibres that could remain in the wound or compromise the surrounding skin⁴.

GLOSSARY OF TERMS

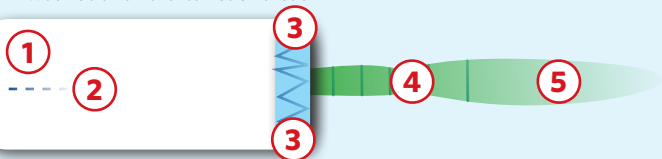
Undermining	Tissue destruction underlying intact skin along wound margins
Tunnelling/tracking	Pathway that can extend in any direction from a cavity wound resulting in dead space
Bridging	Viable tissue that bridges from one aspect of the cavity wound to another
Sinus	An abnormal blind-ending tract from a cavity that opens to the skin
Sinogram	An imaging scan used to look at the sinus passage within the body
Fistula	Abnormal tract connecting two organs, such as bowel or bladder, or between an organ and the skin
Dehisced	Breaking open of a surgical incision along the suture line, often resulting in a cavity wound
Abscess	A collection of pus that builds up within the tissue, which when removed produces a cavity wound
Pilonidal sinus	A common cyst or abscess near/on the natal cleft of the buttocks that often contains hair or skin debris
Pocket	An area of dead space extending from a cavity wound
Epibole	Rolled wound edge
Healing by secondary intention	A cavity wound left to heal from the base of the wound upwards. May be intentional or due to wound dehiscence, or the result of debridement

1. Williams C (1997) Treatment of cavity wounds. *Practice Nursing* 8: 31-3
2. Chaloner D and Poole M (1995) Cavity wound management in the community. *Br J Nurs* 4(10): 556, 558, 560-1
3. Timmons and Cooper (2008) How to systematically assess a cavity wound. *Wounds UK Supplement* 4(2): 4-10
4. Vowden K (2016) Defining, assessing and managing cavity wounds. *Wounds UK* 12(1): 18-23

5. Lohmann and Raucher (2016) *Debrisoft Lolly*. Available at: <http://www.lohmann-rauscher.com/en/products/wound-care/debridement/debrisoft-lolly.html> (accessed on 20.05.16)
6. Morris C, et al (2016) *New Monofilament Debrider For Debridement of Difficult Locations, Wound Cavities and Surgically-Invasive Use - Experience in Practice*. Poster at EWMA, Bremen

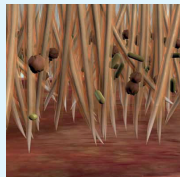
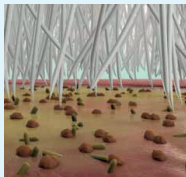
INTRODUCTION TO DEBRISOFT LOLLY

The Debrisoft Lolly: for debridement of wound cavities, surgically invasive wounds and hard-to-reach areas



- 1** The Debrisoft Lolly head is made from patented Monofilament Fibre Technology™, designed for effective debridement of deep and superficial wounds, including wounds from invasive surgery and post-operative wounds healing by secondary intention
- 2** Precise and secure seams, ensuring retention of the head
- 3** X-ray detectable thread, providing safety through traceability
- 4** Visible markings to facilitate grip and support wound measurement
- 5** Strong and flexible, polypropylene handle provides safe access to hard-to-reach areas, including wound pockets, tunnels, skin folds and between digits; and allows application of gentle pressure. The handle is safe, ergonomic, and comfortable to use

Debrisoft's unique mode of action (in both Debrisoft and Debrisoft Lolly) actually lifts material out of the wound bed or from the surface of the skin and binds it between the Debrisoft fibres.



EVIDENCE FOR THE DEBRISOFT LOLLY

A multicentre, international study evaluated usability, user satisfaction and performance of the Debrisoft Lolly (n=170)⁶

➤ **Applicability:** i.e. leg ulcers, diabetic foot ulcers, pressure ulcers, surgical and post-surgical wounds, abscess cavities, deep, superficial, cavity and pocket wounds, skin folds, and between digits

➤ **Time to debridement:** rated 'better than good' by most users

➤ **Debridement effectiveness:** most users considered debridement effectiveness 'satisfactory' or 'better' when compared with the standard debridement method

➤ **Absorption capacity:** most users rated absorption capacity as 'good'

➤ **Usability:** considered 'good' or 'very good' by 87% of users

➤ **Use in hard-to-reach areas:** rated 'satisfactory' or 'better' than the standard debridement method for hard-to-reach areas

DEBRISOFT LOLLY IN USE*

*Images provided courtesy of Tissue Viability Services at Brentwood Community Hospital, Essex

