Author Sara Walsh Tissue Viability Nurse Specialist

Using a pre moistened debridement cloth to improve wound assessment in clinical practice

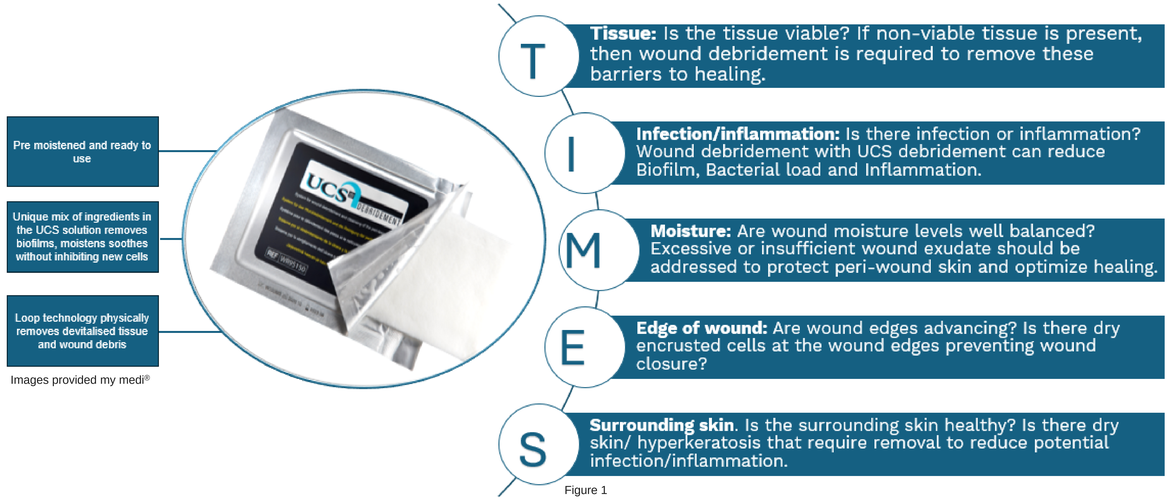
Essex Partnership University
NHS Foundation Trust

Introduction

Wound assessment is imperative to good wound care. If holistic assessment is absent the ability to determine the appropriate treatment is lost. Nagel et at (2024) highlight how wound assessment is multi-dimensional, and one part of the assessment process is a focus on the wound bed and the surrounding skin. Often the wound itself can help identify the cause and direct the plan of care, dependant on the needs of the wound in relation to the TIMES approach (wounds UK 2016 see figure1) of wound bed preparation. Local wound preparation can be aided by initial debridement once the patients' underlying wound aetiology has proved safe to do so. Debridement is referred to by Strohal, et al (2013) as the removal of devitalized tissue such as slough, necrosis or any other type of bioburden from a wound with the goal to promote or stimulate wound healing. The international debridement consensus document, (2024) also notes it helps to accurately determine the wound's true dimensions. There are numerous types of debridement available however to ensure accessibility at the point of initial contact, debridement should be simple and easy to use by novice healthcare professionals. Debridement as a first step offers greater visualisation of the wound bed to ensure appropriate assessment whilst removing devitalised tissue and barriers to wound healing. Debridement also offers additional benefits such as removal of excess exudate and wound dressing remnants allowing for improved visualisation of the wound bed and edges (Weir and Swanson, 2019).

Aim/Method

To explore the use of UCS® debridement cloth on lower limb wounds to prepare a wound for a thorough assessment. This was recorded by use of photographic documentation pre and post a single episode of mechanical debridement to provide a visual comparison of the wound bed. UCS debridement is a class 2b sterile device that is recommended for use with chronic and acute wounds, ulcers of all types, pressure sores and 1st or 2nd degree burns. It acts immediately, does not inhibit granulation and is compatible with subsequent use of any type of dressing making it an easy to use option for wound debridement.



Images provided my medi®

Figure 1

Results

The cases show that the UCS® pre moistened debridement cloth provided effective removal of slough, eschar and hyperkeratotic skin plaques which had obscured the wound bed prior to debridement. The case studies demonstrated that this type of debridement offers a pain free easy to perform, fast effective method which causes no damage to the healthy underlying or surrounding tissue. Wound Care Specialists, Generalist Practitioners and patients were able to use the UCS® debridement cloth with ease.

	Wound Type	Wound Pre debridement	Wound Post debridement
Wound 1	Venous Leg Ulcer	Wound bed completely obscured by sloughy tissue which increases infection risk, exudate level and potentially prolongs healing time.	Majority of the slough removed during one episode of debridement and healthy granulation tissue at base of wound revealed.
Wound 2	Venous Leg Ulcer	Layer of sloughy gelatinous tissue covering the wound bed with localised inflammation contributing to slow progress and lack of wound healing, suspected biofilm present. Peri wound maceration also present.	Large amount of slough removed during a single episode of debridement. To manage suspected biofilm and continue to improve wound bed, regular maintance debridement will be required as part of a biofilm management plan.
Wound 3	Venous Leg Ulcer	Wound margins completely obscured by dry encrusted devitalized tissue, peri wound inflamed and surrounding skin dry and flaky.	Dried eschar lifted completely to reveal red granulation tissue. Peri wound dry scales also removed and surrounding area appears better hydrated.

Conclusion and Discussion

Results imply that the use of a pre moistened debridement cloth could be considered for use when preparing a wound for thorough assessment. This may also be beneficial to not only assist in wound assessment but also during pressure ulcer categorisation as removing non-viable tissue, slough and excess exudate will help to visualise the wound bed depth and condition more accurately.

References (2024) Best Practice for Wound Debridement International Consensus Document. Journal of wound care Vol 33. 6. SUP C. Nagle SM, Stevens KA, Wilbraham SC. Wound Assessment. [Updated 2023 Jun 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK482198/ Weir D, Swanson T (2019) Ten top tips: wound cleansing. Wounds International 10(4): 8–11 Strohal, R., Apelqvist, J., Dissemond, J. et al. EWMA Document: Debridement. J Wound Care. 2013; 22 (Suppl. 1): S1–S52. Wounds UK (2016) Best practice statement: holistic management of venous leg ulceration. London: Wounds UK. Available at: www.wounds-uk.com