

# INTRODUCING A PATHWAY IN AN ACUTE TRUST TO IMPROVE THE MANAGEMENT OF WOUNDS REQUIRING DEBRIDEMENT

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North Bristol  
NHS Trust

## INTRODUCTION

Debridement is widely accepted as an important part of wound care to aid natural autolysis (NICE, 2001, Strohal, 2013). It is defined as the removal of viable and non-viable tissue, with the primary goal of reducing the presence of microbial and non-microbial components. Debridement can help promote the growth of new tissue and reduce inflammation in the wound bed, as well as improve the effectiveness of some topical treatments (O Mayer et al, 2024). There are a range of debridement options on the market, requiring various levels of skill and competency. While guidance is easily obtainable on the methods available and how each works, there is little documentation published on what type of wounds would be recommended for each.

North Bristol NHS Trust is a major research and teaching organisation, and is one of the largest Trusts in the UK, with over 13,000 employees providing a range of services to a population of around 750,000. Tissue Viability consists of 6 team members, who support clinical staff from across the trust to treat complex wounds, including the debridement.

In the Tissue Viability team (and the wider trust), having a limited pool of resources in what to use when debriding wounds resulted in inconsistency in treatment, used both on individuals and groups of patients with similar clinical presentation. In turn this led to some patients having treatment which delayed healing, was less cost effective, and increased hospital stays.

## METHOD

A debridement pathway was devised by Tissue Viability to help guide clinicians as to what methods were recommended according to the tissue type observed in the wound. The pathway outlines first, second, and third-line options for each tissue type. The pathway also encouraged clinicians to take into consideration other clinical factors which could impact the speed of debridement required, and therefore determine the most suitable option available on the trust formulary.

The pathway was shared with appropriate stakeholders and specialists across the trust for approval prior to publishing, this ensured consistency on a wider scale, not just in the Tissue Viability team. The document was then launched at a trust conference and circulated to all clinical areas, with further training scheduled to take place at regular intervals to maintain knowledge and allow for turnover in staff.

## RESULTS

The debridement pathway has reduced confusion and inconsistency which was previously observed both in the Tissue Viability team and the wider trust. Debridement options are used more effectively, and the document is now being shared with other trusts across the UK. Treatment of wounds which require debridement is more cohesive, and the document is readily available to all clinicians. New staff are able to follow the pathway without prior training, although are encouraged to attend training wherever possible.

## DISCUSSION

As a result of implementing the pathway, clinicians involved in assessing wounds for debridement were more confident and consistent with recommendations. Patients were given more appropriate treatment to debride their wounds, and the overall patient experience has improved. There has been a notable reduction in wasted resources, which contributes toward the NHS Net Zero pledge and wider goal of reducing the carbon footprint across all trusts.

## CONCLUSION

Debridement of wounds is an important part of wound bed preparation. There are multiple options available to carry out this process and knowing when to use can be confusing for clinicians, particularly in a large acute trust where access to education and training is sometimes limited and staff turnover is high. The implementation of a Trust wide debridement pathway has positively impacted patient outcomes and experience and given staff more confidence when completing wound assessments on wounds which require debridement.

## REFERENCES

1. Collier, M. (2002): Wound-bed management: key principles for practice, NursingTimes.net
2. Dieter O Mayer et al (2024) JWC International Consensus Document – Best Practice for wound debridement. Journal of wound care. VOL:33, NO6, Sup 6

**Debridement Pathway**

**Consider the Urgency of Debridement**

| A   | B   | C  | D   |
|---|---|--|---|
| <b>At Risk Patients</b> <ul style="list-style-type: none"> <li>Risk to health from infection/sepsis</li> <li>Revascularised patients</li> <li>Treatment delays</li> <li>Haematomas</li> </ul> | <b>Biofilm/Bioburden</b> <ul style="list-style-type: none"> <li>Microorganisms within a thick slimy barrier.</li> <li>Chronic and acute wounds.</li> <li>Can cause delayed rates of healing.</li> </ul> | <b>Consistency of Slough</b> <ul style="list-style-type: none"> <li>Thick, yellow, gum-like, tenacious slough.</li> <li>Acts as a breeding ground for bacteria.</li> <li>Forms a physical barrier to healing.</li> </ul> | <b>Determine Depth</b> <ul style="list-style-type: none"> <li>Provide a baseline to monitor progress.</li> <li>To understand severity.</li> <li>To develop a treatment plan.</li> </ul> |

**Debridement Methods**

Fast Slow

Larval Therapy | Surgical\* | Sharp | Mechanical | Autolytic

| Tissue Type               | Urgency of Debridement   |  |
|---------------------------|--|--|
|                           | Urgent   | Low Risk   |
| Stringy Slough            | 1 <sup>st</sup> – Medihoney HCS + Wound Gel<br>2 <sup>nd</sup> – Larval Therapy<br>3 <sup>rd</sup> – Curette **  | 1 <sup>st</sup> – Debrisoft pads /lollies<br>2 <sup>nd</sup> – Flaminal<br>3 <sup>rd</sup> – Urgoclean/ Aquacel Extra                                    |
| Thick Tenacious Slough    | 1 <sup>st</sup> – Larval Therapy<br>2 <sup>nd</sup> – Sharp + Veraflo<br>3 <sup>rd</sup> – Medihoney Apinate + Wound Gel   | 1 <sup>st</sup> – Medihoney Apinate + Wound Gel<br>2 <sup>nd</sup> – Curette + Flaminal (smaller wounds)<br>3 <sup>rd</sup> – Curette + Urgoclean +/- Ag |
| *Soft Islands of Necrosis | Wounds Below Knee: Refer to Vascular<br><br>Wounds Above Knee:<br>1 <sup>st</sup> – Sharp + Veraflo<br>2 <sup>nd</sup> – Larval Therapy<br>3 <sup>rd</sup> – Medihoney HCS + Wound Gel |  |
| *Black/Brown Eschar       | 1 <sup>st</sup> – **Sharp debridement<br>2 <sup>nd</sup> – Comfeel followed by Larvae<br>3 <sup>rd</sup> – Medihoney HCS + Wound Gel   |  |

\*In some cases, it is not appropriate to remove necrotic tissue, e.g. where there is ischaemia or the patient has been deemed unsuitable for reconstruction following assessment by the vascular surgeon. If there is no blood supply, keep it dry.

\*\*Warning! Sharp debridement/ Curette should not be undertaken unless appropriate training and experience have been gained.

To order Larval Therapy, please contact your Pharmacy or Procurement Department.

The Tissue Viability Team at Southmead Hospital implemented their debridement pathway with support from their industry partner, BioMonde. The debridement pathway was developed to incorporate various factors surrounding the need for urgent debridement, and to provide an easier solution for clinicians to use when assessing the debridement options available to them. Launched at an ICS wide event, it will support clinicians across the trust.