Wound Debridement Pathway

To commence effective wound bed preparation. Please select an appropriate dressing from the formulary to support the removal of devitalised tissue from the wound bed to prevent wound infection.

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Assess

Complete holistic assessment, including lower limb assessment and ABPI. Caution: Do not debride ischaemic limbs or high risk areas. Refer for specialist advice with: foot ulcers, end of life wounds, ischaemia, fungating wounds or peripheral vascular disease.



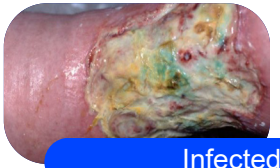
Cleanse Wound

Cleansing is vital and the first step in the debridement process.
Apply Prontosan soaked gauze to the wound bed for 2-5 minutes depending on wound size/severity.
Assess for use of debridement pad or cloth
Refer to BDCFT Wound Cleansing Pathway for further guidance.

Assess Tissue Type


Dry slough or necrosis or haematoma


Wet, thick or stringy slough




Infected wounds

Dressing Selection

- Kerralite Cool
- Duoderm Extra Thin
- Tegaderm hydrocolloid
- Hydroclean® Advance - seek advice from TVN team
- Secure with bandage or film dressing if suitable
- Protect peri-wound skin using Medi Derma S barrier film

Dry stable necrosis with no erythema should not be debrided.

Also refer to BDCFT haematoma pathway
See MASD pathway for barrier product use.

Treat underlying cause of high exudate e.g. infection or oedema

Moderate to high exudate:
- UrgoClean
- Flaminal Forte
- Hydroclean® Advance - seek TVN advice

High exudate:
- Exufiber
- Zetuvit® Plus Superabsorber
- Kliniderm

Protect peri-wound skin using Medi Derma S barrier film

Sloughy or necrotic wounds showing signs of infection - see AMS guidance on reverse

Low exudate:
- Prontosan Wound Gel X

Moderate exudate:
- Activon Tulle

High exudate:
- Algivon Plus or Exufiber Ag+
- Zetuvit® Plus Superabsorber or Kliniderm secondary dressing

Protect peri-wound skin using Medi Derma S barrier film

It is advised to have Kaltostat dressing available in case of excess bleeding

Clinical Summary: Following assessment, compare the risks and benefits of debridement. Involve the patient/carer in the decision-making process.

Wound Debridement Supporting Guidance

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Wound Cleansing

The first step in the debridement process. Its main objective is to reduce bioburden and remove surface contaminants, debris and microorganisms. This step also improves the visibility of the wound bed, facilitating further treatment. Cleansing can involve rinsing, irrigating, or wiping the wound bed firmly enough, inclusive of the peri-wound and beyond.

Wound Debridement

The aim of debridement is to remove any non-viable tissue, slough and debris from the wound bed and surrounding skin. Debridement will assist with reducing the bacterial load and minimise the risk of infection while reducing odour, allowing drainage and assisting with identifying the extent of the wound, wound bed and if any undermining present. Debridement should be completed in conjunction with BDCFT guidance.

Methods of Debridement

- **Autolytic** – supporting the body's natural process through appropriate dressing selection.
- **Mechanical** – involves the physical removal of devitalised tissue and debris from the wound bed. UCS wipes or monofilament debridement pads should be used – ensure plan of care is documented with regular review dates.
- **Biomechanical** – larvae therapy.
- **Surgical** – please refer to surgical team.
- **Sharp** - please refer to TVN or Podiatry

Key Considerations

- Ensure consent prior to debridement
- Assess pain and select most appropriate debridement method, refer to TVN as required for support
- Check arterial status - do not debride if arterial insufficiency present

Infection

- Anti-Microbial dressings should only be applied for 2 weeks and then reviewed, if wound still displaying signs or symptoms of infection please refer to TVN team or sooner if concerns.

Contraindications

- Fungating wounds
- Ischaemic wounds or digits
- Clotting disorders
- Diabetic wounds – specialist trained practitioners only

Reference: Dieter O Mayer et al (2024) JWC International Consensus Document – Best Practice for wound debridement. Journal of wound care. VOL33,NO6,Sup 6. All images courtesy of medetec.co.uk. Design of this document has been supported by HARTMANN UKI

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