

# Debridement in practice: a survey of nearly 2,000 nurses and their patients

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## Introduction

- There are an estimated 2.2 million wounds managed by the NHS, predominately by nurses (Guest et al, 2015)
- The annual NHS cost of managing these wounds and associated comorbidities was **£4.5 to £5.1 billion** (Guest et al, 2015)
- As the population ages, the size of the chronic wound problem continues to rise increasing the economic burden for the NHS
- This abstract outlines how information was gathered on debridement practice in nearly 2000 nurses and their patients, most of whom were suffering from chronic wounds
- The utilisation of Wound Bed Preparation (Kamolz and Wild, 2013) to remove local barriers to wound healing in chronic wounds is well accepted
- One method of achieving this is by using **Monofilament Fibre Technology™\*** to expedite safe, fast debridement (NICE, 2014)

## Method



- An online survey tool was utilised and sent to 4,411 nurses and other healthcare professionals to gather information on debridement practice in the UK, and in particular on the effectiveness of a **monofilament fibre debridement pad\*** as an aid to debridement and wound healing
- Participants had the option to answer a set of questions relating to the patient they had selected by completing either

### Survey 1

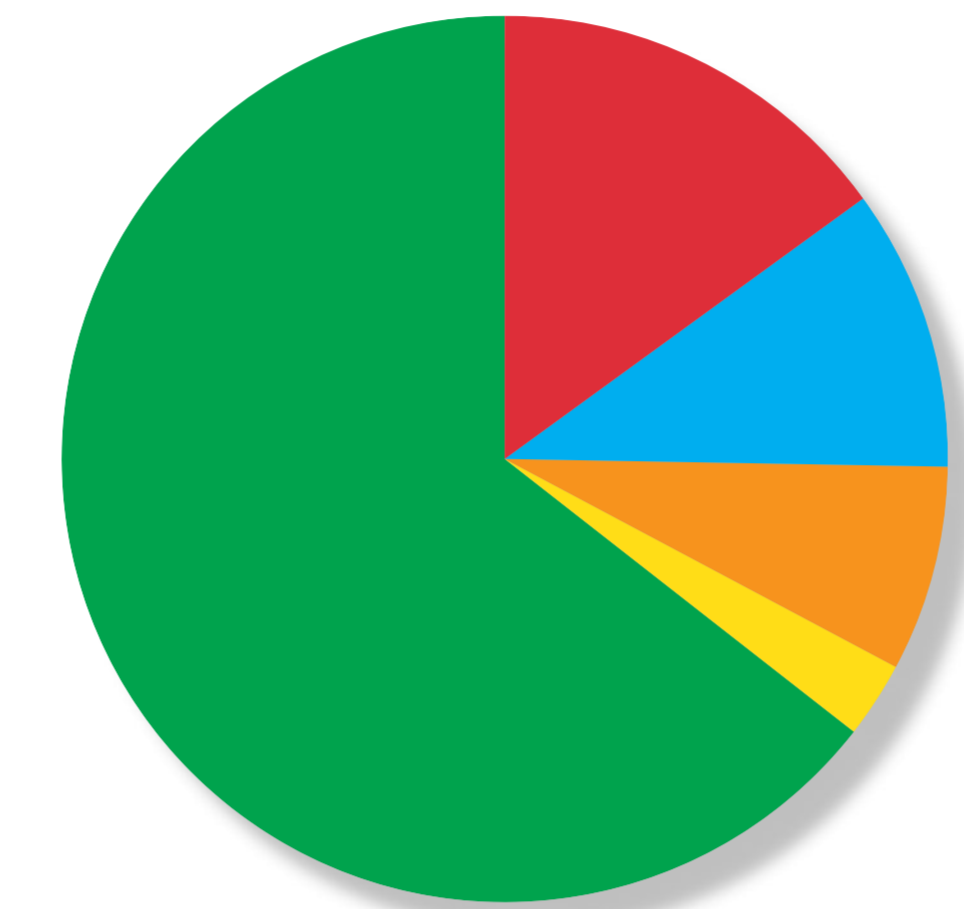
- For wounds requiring debridement and the application of an antimicrobial dressing because they were chronic and static and showed signs of wound biofilm
- Wounds were debrided with a monofilament fibre debridement pad and assessed after two weeks of the treatment pathway

### Survey 2

- Where there was visible debris and/or slough on wounds or skin
- Wounds were debrided with a monofilament fibre debridement pad and assessed after the first or second use

## Results

- To date, 1,994 surveys have been completed (Survey 1 n=814, Survey 2 n=1180)
- Wide range of chronic wounds



### KEY

- Leg ulcer n=1285
- Pressure ulcer n= 203
- Dehisced surgical wound n=50
- Diabetic foot ulcer n=154
- Other wounds n=302

### Survey 1

- From a total of 814 completed surveys, 686 (84%) commented on wound response
- Of these, 475 (69%) related to previously static or non-healing wounds which were treated strictly according to the monofilament fibre debridement biofilm pathway defined in the study (Morris et al, 2016)
- By definition, static or non-healing wounds had been treated previously with standard care and had shown no signs of improvement
- Two weeks after the first use, 94% of previously non-healing wounds (447/475) were showing improvement
- A total of 93% of respondents were satisfied or completely satisfied with the overall clinical outcome, and 99% would recommend the monofilament fibre debridement pad to colleagues

### Survey 2

- From a total of 1180 completed surveys, 962 (81%) commented on wound response after one or two uses
- Of these, 815 (85%) were defined as static or non-healing wounds. In the first week after debridement with the monofilament fibre pad, 73% of previously static wounds were showing improvement
- After the second use, 82% of static wounds were showing improvement
- Respondents were asked to comment on the overall clinical outcome following two uses
- 94% of those who answered this question were satisfied or completely satisfied with the outcome, and 98% would recommend the monofilament fibre debridement pad to colleagues

## Discussion

- This survey had no control, was not comparative and there would be an acknowledged degree of bias
- The results do however provide real world data with no external influence over the selection of patients and wounds or over what the healthcare professionals reported

## Conclusion

- It is of vital importance that they are knowledgeable and confident in undertaking wound bed preparation including biofilm based wound management in their daily practise
- This survey demonstrates that **Monofilament Fibre Technology™** offers a convenient, safe and effective way of undertaking both wound bed preparation and biofilm based wound management meeting the needs of the clinician and the patient

## References

- Guest et al (2015) Health economic burden that wounds that impose of the National Health Service in the UK. *BMJ Open* 2015;5:e009283. doi:10.1136/bmjopen-2015-009283
- Kamolz L P and Wild T (2013) Wound bed preparation: the impact of debridement and wound cleansing. *Wound Medicine* 1 pp 44-50
- NICE (2014) The Debrisoft monofilament debridement pad for use in acute and chronic wounds. Technology Appraisal. NICE available at: <http://guidance.nice.org.uk/MTG17>
- Morris et al (2016) The management of chronic wound biofilm with a monofilament fibre debridement biofilm pathway: results of an audit. Poster presentation, WUWHS conference, Florence, Italy

1. Activa Healthcare, Staffordshire, UK – an L&R company

\* Debrisoft® – Activa Healthcare an L&R company

"I would consider the use of the monofilament fibre debridement pad\* as an early intervention where biofilm is suspected over other methods. I have personal experience of how effectively it can breakdown biofilm and reduce slough to enable promotion of healthy granulation tissue formation"

Justine Tansley, Specialist Podiatrist in diabetes and wound care, Torbay and Southern Devon Health and Care NHS Trust.