RATIONAL FOR DEBRIDEMENT IN DFUs

Non-wound debridement (callus)¹
- Hyperkeratotic lesions (callus) that develop on the plantar aspect of the foot further increase pressure and may carry a high risk for ulceration and infection
- Regular, often repeated callus debridement is essential for managing callus with the aim of preventing or at least delaying ulcer development

Wound debridement¹
- Wound debridement is a fundamental component of wound bed preparation and is integral to managing DFUs
- Appropriate cleansing and debridement removes non-viable tissue and surrounding callus to promote healthy tissue growth and wound healing

Debrisoft for DFU
- Mechanical debridement is a rapid method; Debrisoft® takes 2 to 4 minutes, on average
- Ideal for use as an interim measure to support sharp debridement, or in combination with sharp debridement
- Debrisoft safely, gently removes debris, slough and hyperkeratosis
- Debrisoft can be used by clinicians across all competency levels, from general/qualified practitioner to advanced practitioner
- By actively and rapidly removing debris, Debrisoft leaves the wound and skin clear and ready for healing²
- According to recent NICE guidance, using Debrisoft could result in savings of £15 million per annum nationally/£484 per patient²


WHERE DEBRISOFT® FITS IN DEBRIDEMENT COMPETENCIES

THE ROLE OF DEBRISOFT® IN DIABETIC FOOT ULCERS

Debrisoft can be used by all levels of practitioners*†:
*Decision-making on DFU management must be led by a specialist
†Debrisoft not appropriate for use on hard eschar/callus

Advanced practitioner
Advanced debridement of complex wounds — surgical, sharp, larval, hydrosurgical, ultrasonic, mechanical

Specialist practitioner
General debridement of simple and some complex wounds — sharp, larval, hydrosurgical, ultrasonic, mechanical

General/qualified practitioner
General sharp debridement of corns, callus, nails and aseptic necrosis (e.g. blister, haematoma), and general debridement of simple wounds — larval (with specialist prescription), mechanical debridement
1. PLAN
Create a treatment plan with short- and long-term goals. All DFUs should be reviewed by the multidisciplinary team (MDT) to ensure holistic management and specialist input for decision-making about each patient.

2. ASSESS
Perform a full holistic assessment of the patient, the diabetic foot and the wound, and carry out a vascular assessment. Complete the checklist.
- Is debridement appropriate for this wound?
- Is the wound likely to heal?

3. CONSIDER
Is the promotion of faster healing indicated?
- Checklist of factors to consider:
  - Has the patient been assessed by a member of the MDT or being referred?
  - Is there presence of non-viable tissue at the wound or surrounding area?
  - Is non-viable tissue delaying healing?
  - Does the wound edge/periwound skin or wound bed require accelerated debridement?
  - Will accelerated debridement help minimise infection risk/improve infection status?
  - Is acceleration of debridement in the best interests of the patient at this time?
  - Can I obtain haemostasis and collect tissue samples for microbiology?
  - Am I able to communicate debridement clearly and effectively to the patient?
  - Am I certain I have the competencies and anatomical knowledge required to debride?

4. SELECT
Select appropriate debridement method based on speed of debridement needed and patient/wound assessment.

5. DISCUSS
Provide adequate education to allow an informed choice.
- Has consent been obtained from the patient/carer, after discussion with a member of the MDT?

6. DEBRIDE
Undertake debridement if the necessary resources/equipment are available, and if the environment is safe for doing so. Mechanical debridement with a single-use, monofilament pad (i.e. Debrisoft®, Activa Healthcare) can be carried out with minimal equipment by clinicians with minimal training.

7. REVIEW
Examine the outcomes of the chosen treatment. Complete the checklist to determine the subsequent course of action.
- Will the intervention remove the non-viable tissue in one go or will it be a gradual/staged process?
- Does the wound need another therapy (e.g. negative pressure wound therapy or skin grafting)?

- NO — Refer or revisit the treatment plan
- YES — Set date for review

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DECISION-MAKING PATHWAY FOR USE OF DEBRISOFT® IN DIABETIC FOOT ULCERS