**Simple Methods of Debridement**

**Mechanical**
- Removal of non-viable material from the wound with a monofilament fibre pad (Debrisoft®)
- Selective, quick and easy
- Do not use on painful wounds or hard, dry eschar
- Can remove hyperkeratosis
- Causes little pain
- Can be used before or after other methods

**Larval Therapy**
- *Lucilia sericata* (green bottle) larvae ingest non-viable materials and pathogens in the wound
- Larvae applied bagged or free-range for rapid, selective debridement
- Should not be applied near body cavities connecting to organs, near major blood vessels, on malignant wounds or where the larvae might be crushed.

**Autolytic**
- Natural process that uses the body’s enzymes to liquify hard eschar/slough
- Occlusive or semi-occlusive dressings (hydrogel, hydrocolloid, alginate or Hydrofiber®) help to control moisture by absorbing exudate or donating moisture.
- Can be used before or between other methods.

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**Using Debrisoft® in Practice**

**Before**
- Sloughy wound

**After**
- Single use of Debrisoft®

**Before**
- Hyperkeratotic skin

**After**
- Single use of Debrisoft®

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This quick guide is based on UK and international expert opinion from:

Supported by Activa Healthcare www.activahealthcare.co.uk
WHEN TO DEBRIDE: a decision pathway involving the multidisciplinary team (MDT)

Assess the wound:
- underlying cause, site, size, sign of infection, condition of periwound skin/wound bed

Assess the patient:
- comorbidities, medication, cooperation with therapy, psychosocial issues, nutritional status

Decide debridement goals/desired treatment outcomes

Am I certain what to do?
- DISCUSS with patient
- IMPLEMENT debridement treatment plan and document in patient’s records

NO

CONSULT with MDT if further advice is needed:
- eg contraindications/unsure how to proceed
- REFER to MDT if specialist debridement method required

DO NOT DEBRIDE
- eg ischaemic limbs/high-risk areas

Do I need to accelerate debridement?

• Do I need to accelerate debridement? • What are the risks? • What are the expected outcomes? • What are my options?

Am I certain what to do?
- NO Consult. Do not debride

ACCELERATE HEALING THROUGH DEBRIDEMENT

Trigger questions

- Integrated debridement assessment
- Check clinical guidelines/policies
- Seek advice from a specialist/colleagues

Options at every stage
- Debride
- Refer

Expected outcomes of debridement
- Will intervention remove non-viable tissue in one go?
- Will it be a gradual/staged process?
- Will wound be ready for another therapy, eg negative pressure wound therapy, skin grafting?

YES

Set date for review

Consult MDT if further advice required:
- eg contraindications/unsure how to proceed OR REFER to MDT if specialist debridement method required

Debridement if competent in chosen method

- HYDROSURGERY competent practitioner
- SHARP surgeon
- SURGICAL competent practitioner
- LARVAL generalist
- MECHANICAL generalist
- AUTOXYLIC generalist

Keep wound dry
- eg mummified diabetic toe (NB: some areas such as exposed tendons may need to be kept moist)

Re-assess at dressing change and review goals/treatment plan and change method if appropriate