

Evidence for Debrisoft® in the treatment of Pressure Ulcers

This document presents a summary of a key piece of evidence that may be used in support of Debrisoft® in Pressure Ulcer categorisation and treatment.

The changing NHS and the role of new treatments: Using a monofilament fibre pad to aid accurate categorisation of pressure ulcers.

Dowsett C, Swan J & Orig R 2014 *Wounds UK* 9(4)

Part 1

Looks at the QIPP agenda, the NHS has a target for cost-efficiency savings of £20 billion by 2015 and discusses how these savings might be made while still delivering high-quality care with reduced resources. The article discusses treatments that improve the wound bed, facilitate wound healing and reduce nursing time, with a focus on wound debridement.

Part 2

Highlights the use of Debrisoft® monofilament fibre pad for debridement:

- **“which – in appropriate wounds – can be used in the community or hospital setting, by clinicians or patients themselves.”**
- **“the use of the monofilament fibre pad to mechanically debride slough and debris from pressure ulcers, allowing the clinician to better visualise the wound and, therefore, more accurately categorise it.”**

This second part of the article discusses how accurate wound classification is a crucial element of delivering safe and effective pressure ulcer care, and that debris in the wound may prevent full visualisation of its depth and extent, which can contribute to incorrect classification.

Clinical data is presented

Callaghan and Stephen-Haynes (2012) used a monofilament fibre pad (Debrisoft®) to reveal the extent of a series of pressure ulcers seen in a community setting. In 11 of the 12 cases, the treating nurses reported that the use of the monofilament fibre pad to remove wound bed debris helped them to more accurately categorise the pressure ulcer.

Swan and Orig (2013) reported pressure ulcer cases from an acute hospital setting in which it was unclear whether the pressure ulcers were Category 2 or 3, and debridement was required to better visualise the wounds, for correct categorisation. Mechanical debridement was undertaken using the monofilament fibre pad (Debrisoft®). They found this monofilament

fibre pad to be a quick and easy-to-use debridement technique, ideal in assisting the clinician to visually assess and categorise pressure ulcers at the bedside.

Debridement with the monofilament fibre pad revealed a more superficial pressure ulcer than had been initially estimated in 61.5% (8/13) of cases. No more than 4 minutes of debridement with the monofilament fibre pad was required to reveal the wound bed. Figures 1a and 1b; and 2a and 2b illustrate two cases.



Figure 1a and 1b. Patient 4 was an 83-year-old woman admitted with difficulty in breathing and possible heart failure. On admission, she was noted to have a lightly sloughy pressure ulcer to her buttock.



Figure 2a and 2b. Patient 6 was a 44-year-old man who had suffered a head injury, following an assault. He was an alcoholic and depressed. A pressure ulcer developed as a result of incorrect catheter positioning.

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Results: As the case series by Swan and Orig presented here suggests, the use of the monofilament fibre pad has considerable potential for cost savings. These include:

- Effective use of resources, such as pressure relieving equipment, based on pressure ulcer category.
- Avoiding time-intensive incident reporting activities (and subsequent investigations) for pressure ulcers incorrectly categorised as 3 or 4.
- Faster wound healing progression by rapid removal of devitalised tissue.

Conclusion:

- Pressure ulcer categorisation should be based on an assessment of the depth of damage, and not tissue type.
- The use of the monofilament fibre pad in the debridement of pressure ulcers with superficial slough allows clinicians to clearly view the wound bed.
- This process also allows for more accurate categorisation and, therefore, the ability to provide safer and more appropriate patient care.

Recommended for use by **NICE**

After examining clinical evidence, NICE concluded:

'The likely benefits of using the Debrisoft® pad on appropriate wounds are that they will be fully debrided more quickly, with fewer nurse visits needed, compared with other debridement methods. In addition, the Debrisoft® pad is convenient and easy to use, and is well tolerated by patients.'



Cost-effectiveness The cost of pressure ulcers has been estimated to be between £1.8 to £2.6bn annually.¹ According to NICE guidance, using Debrisoft® could result in savings of £15 million per annum nationally/up to £484 per patient.² For information from NICE relating to the use of Debrisoft® in pressure ulcers, refer to the pressure ulcer management pathway.

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1. Posnett J, Franks PJ 2008 The burden of chronic wounds in the UK. Nursing Times. 104:3 p44–45. 2. National Institute for Health and Care Excellence (NICE) (2014) The Debrisoft monofilament debridement pad for use in acute or chronic wounds. London: NICE. Available at: guidance.nice.org.uk/mtg17.