

Evidence for Debrisoft® in the treatment of Pressure Ulcers



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

1 Changing the face of debridement in pressure ulcers

Rosie Callaghan and Jackie Stephen-Haynes, Worcestershire Health and Care NHS Trust, UK. Poster at EPUAP, Cardiff 2012.

Background:

It has been estimated by Posnett and Franks (2008)¹ that the cost of pressure ulcers to the NHS is between £1.8 to £2.6bn annually. This poster presents data following a Clinical Governance approved evaluation to examine a new and innovative method of wound debridement in a group of patients with pressure ulceration requiring wound debridement.

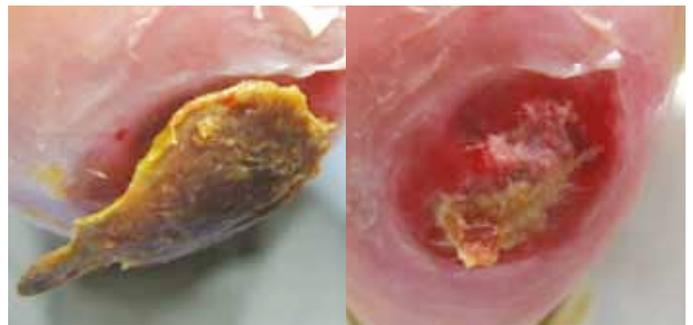
Methods:

This evaluation was multi-centric across the Trust, using a case study approach. The main objectives were:

- To evaluate if the new active debridement system caused any pain during the debridement process
- To understand whether rapid debridement led to improved visualisation of the wound bed, therefore enabling more accurate categorisation of the pressure ulcer and clearer wound management objectives.

Results:

- The time taken to achieve debridement was between 0 and 5 minutes in all twelve patients.
- Debridement using Debrisoft® enabled the removal of devitalised tissue to allow the practitioner to more accurately set wound care objectives and categorise pressure ulcers.
- The new active debridement system also enabled a definite reduction in subsequent visits required to perform an aspect of wound care in 11 out of 12 patients.



Immediately before and after debridement with Debrisoft®

Conclusion: This debridement system has the potential to improve clinical care and to reduce wound management related costs by reducing wound care visits. The ability to accurately assess the correct category of pressure ulcer is crucial in the current NHS and political climate.

2 Moisture or Pressure? How MOPT can help you tell the difference

Jackie Stephen-Haynes, Professor and Consultant Nurse in Tissue Viability, presentation at EWMA, London 2015.

Aim:

The aim of this project was to develop a tool to enable staff to differentiate between moisture lesions and pressure ulcers more effectively, leading to accurate pressure ulcer data collection to achieve nationally set targets.

Clinical challenge:

A moisture lesion and a pressure ulcer may exist in the same area. Where incontinence associated dermatitis/moisture lesions are accompanied by pressure, this must be reported as a pressure ulcer. The two areas of

moisture and pressure need to be addressed as part of the patient's care plan.

Method:

This audit followed a trust agreed process for evaluating a new tool within a Primary Care Trust.

- This project was undertaken over a 4-month period, with all nurses involved attending a series of educational roadshows
- Following this, the opinions of 255 staff were sought

continues over

Results: The results yielded positive outcomes and staff found the 'Moisture or Pressure Tool' (MOPT) easy to use. One member of staff remarked it was an excellent resource which had made a real difference within her team as there had been a reduction in incorrectly categorised pressure ulcers.

Conclusion: In this challenging area of clinical practice, the impact of introducing MOPT across the trust has been reinforced during training. The audit has clearly demonstrated an improvement in assessment and categorisation of pressure ulcers.

If you would like further information on MOPT or are interested in using this tool, please contact the author.

③ An acute audit of the benefits of a monofilament debridement pad

Elaine Bethel, Lead Tissue Viability Nurse,
Worcestershire Acute Hospitals NHS Trust.
e-poster at EWMA, London 2015.

Aim:

To undertake a clinical audit of a monofilament debridement pad (Debrisoft®) and its impact across an Acute Trust, concentrating on pressure ulcers and traumatic wounds (including haematomas).

Method:

A structured audit form was circulated across nominated wards and departments over a five-month period in 2014. This was designed to:

- Review standard care delivery
- Encourage improved clinical practice



Immediately before and after debridement with Debrisoft®

Results: A total of fifteen forms were collected, feedback in relation to PU was that Debrisoft® "Assisted with categorisation of PU at the patient's bedside" and "Opened up the wider debate of categorisation of PU across the tissue viability community."

Conclusion: The audit demonstrated that the implementation of Debrisoft® to assist in the process of PU categorisation, wound debridement and management of haematomas had many positive benefits, including cost reduction and improved patient outcomes.



Debrisofting.™ Effective debridement. Healthy tissue.