

Before		After
	Slough	
	Hyperkeratotic skin	
	Acute wound	
	Haematoma on diabetic foot wound	

Speed

Mechanical debridement is the fastest method; Debrisoft takes 2 to 4 minutes, on average

Safety

Debrisoft gently removes debris, slough and hyperkeratosis

Effectiveness

Wound and skin debris make an ideal breeding ground for bacteria and infection. By actively and rapidly removing debris, Debrisoft leaves the wound and skin clear and ready for assessment and healing¹

Cost-effectiveness

According to recent NICE guidance, using Debrisoft could result in savings of £15 million per annum nationally/up to £484 per patient¹

Evidence shows that use of mechanical debridement (physical contact with/touching of the wound bed) using Debrisoft may lead to quicker debridement, fewer nurse visits and less discomfort for patients, compared with other methods¹.

1. 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

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For complete list of evidence, references, case studies and multimedia resources supporting the information in this guide, and to see Debrisoft in action, visit: www.activahealthcare.co.uk/debrisoft/



WHEN TO USE DEBRISOFT®

Debrisoft is made of soft, polyester fibres that are secured and knitted together. These fibres are cut at a special angle, length and thickness to effectively cleanse/debride skin and the wound bed.

Indications

- Debridement and cleansing of acute and chronic wounds, peri-wound skin and skin conditions such as hyperkeratosis, in adults and children
- Can be used to clear the wound bed in advance of the initial wound assessment or to aid accurate pressure ulcer categorisation

Tissue types

- Wound/cellular debris, slough, hyperkeratosis, haematoma, other wound and dressing debris

Wound types

- Pressure ulcers, leg ulcers (can be used to improve outcomes for venous ulcers/limbs being treated with compression), diabetic foot ulcers, acute wounds (e.g. A&E patients, gravel rash), static wounds (to remove suspected biofilm)

Settings

- Any setting, including patient's home, clinics (from minor injuries and general wound/skin care to specialist), hospital, A&E (first aid)


Self care

- After positive assessment of the patient's psychosocial status and provision of appropriate education and instruction, Debrisoft can be used by patients to maintain debridement of hyperkeratosis, dry skin and some chronic wounds.


HOW TO USE DEBRISOFT®

Step 1
For best results, use Debrisoft after cleansing wound and skin according to local protocol.

- Remove/wash off ALL creams or emollients from the skin and wound.
- Do not let creams or emollients mix with the water used to moisten Debrisoft.




Step 2
Open the Debrisoft single use, sterile pack.



Step 3
Moisten Debrisoft with about 30ml of tap water (preferable) or saline (act according to local wound cleansing protocol). There is no need for a bucket.

- Do not soak Debrisoft
- Do not over-wet Debrisoft
- Do not wring out Debrisoft.



Step 4
Gently, using light pressure and a circular motion on the wound or a sweeping motion on the skin, cleanse/debride with the soft, fleecy side of the moistened Debrisoft.

Notes

- Debrisoft is single-use — use a new piece for each separate wound/area of skin, and dispose of the used Debrisoft in normal clinical waste (according to local protocol)
- Debrisoft is latex-free

DEBRISOFT® HINTS AND TIPS

✓	Undertake a full holistic assessment of the wound and patient before determining whether to use Debrisoft.
✓	Wash all creams or emollients from the skin and wound before using Debrisoft.
✓	Use Debrisoft where wound debris, slough or hyperkeratosis are present, or if the wound is not progressing due to suspected biofilm, as part of wound bed preparation (per local protocol).
✓	After using Debrisoft, re-assess the wound/skin before selecting an appropriate dressing/therapy.
✓	In some cases it may be necessary to use Debrisoft on more than one occasion, to achieve complete debridement.
✓	Larger areas may take longer to treat depending, on the amount of debris, slough or hyperkeratosis present. More than one piece of Debrisoft may be needed in these cases.
✓	Where very stubborn slough or hard necrosis is present, treatment by autolytic debridement using dressings (e.g. ActiFormCool®) to soften wound debris (including slough and necrosis) before treatment with Debrisoft is advised.
✓	On thick/stubborn hyperkeratosis, use an autolytic-debridement dressing (e.g. ActiFormCool) for a week to soften debris before using Debrisoft.
✗	Debrisoft is not a dressing and should not be left on the wound.
✗	Do not cut Debrisoft.
✗	Do not use if there is a known sensitivity to any product components (100% polyester fibres, secured with polyacrylate).
✗	Do not use Debrisoft on hard necrosis.