Convenience and Clinical Efficacy Obtained with a Monofilament Debridement Product

W.Brekelmans, MD^{1,2} L. van Deursen, PA²

1: Department of Surgery, Rijnland Hospital, Leiderdorp, The Netherlands, 2: Department of Wound Care, Rijnland Hospital, Leiderdorp, The Netherlands

Introduction:

- Bacteria and their products, such as endotoxins can disturb the process during all wound-healing phases 1-4
- Debridement is a proven method in dental cleaning to make sure the biofilm is removed.
- There is a growing body of evidence on the importance of wound debridement⁴

Aim:

To demonstrate feasibility and efficacy of debridement with a monofilament* debridement product (Fig I) used in a community setting.

Methods:

In the Netherlands, patients are frequently monitored by nurses in homecare. Nurses are not certified to perform surgical debridement, which needs to be done by a physician.

Case ascertainment was used to evaluate efficacy of a monofilament* debridement product used in a community setting. Clinical cases are presented to illustrate the results.

Results:

The obtained results are illustrated with two patient cases.

Patient I:

Pressure ulcer on the right lateral side of the foot.

After debridement* granulation tissue is stimulated and clinically the biofilm seems to be eradicated (Fig 2).

Patient 2:

Ulcer on the right leg due to an infected haematoma, 5 days after a sharp debridement was conducted. After debridement* granulation tissue has been stimulated. Clinical signs of a biofilm are no longer present (Fig 3).

Conclusion:

- ✓ Patients reported the debridement procedure to be comfortable and no bleeding or other complications were noted.
- ✓ The monofilament debrider is proposed as a safe option for debridement, especially in a community setting.
- ✓ The procedure can also be carried out by nurses as opposed to surgical debridement.

Fig 1: Monofilament debrider after completing the session



The debrider* is saturated after debridement was performed.

Fig 2: Patient I



Before debridement. The wound bed is covered with slough and has the typical odour of Pseudomonas a.



After debridement. The wound bed is clean and clinically the suspected biofilm seems eradicated.

Fig 3: Patient 2



Before debridement.



After debridement.

References:

- . Dow G, et al. Ostomy Wound Manage 1999;45:23-7, 29-40; quiz 41-2.
- 2. Drosou A, et al. Wounds 2003;15:149-66.
- 3. Laato M, et al. Eur Surg Res 1988;20:33-8.
- 4. Wilcox JR, et al. JAMA Dermatol. 2013;149(9):1050-1058