

Getting debridement right in a challenging specialist patient group

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Introduction

Wound management in the mental health setting can be very challenging due to illness symptomology and associated features i.e. lack of insight leading to non-concordance, contamination, anxiety; increasing the risk of immunosuppression and the patient's psychological needs associated with the wound. Debridement is often required with the wounds encountered but some methods of debridement may exacerbate the features present. Sharp debridement is usually inappropriate due to the risk of increasing anxiety/agitation levels or because it may put the practitioner at risk if the implement is 'grabbed' at, for example. Simple, non-complex wound management is essential to promote concordance and reduce dressing associated stress as well as promoting self-management. Poorly managed exudate from liquidising slough can affect mental well-being as patients become conscious of the smell and leakage. This can have a negative impact on recovery from depression and the need to keep a self-inflicted wound 'secret'. Getting debridement right for this specialist patient group is therefore essential.

Method

An evaluation was undertaken using a monofilament debridement pad* on wounds requiring debridement to progress in the healing process. Wounds can have a significant effect on mental health especially where malodour and delayed healing associated with dead tissue is concerned. Seeing real improvement and fast changes can improve mood and morale. In deliberate self-harm, effective debridement with the monofilament pad also had the potential to reduce contamination from small particles i.e. grit and fine particles of glass/china.

Using the debridement pad has the potential for risk assessed patients to take ownership of managing their wound, as the treatment would be non-dictatorial and encourage concordance. For some patients the aftercare they allow themselves for their wound is the only time they are able to be 'kind' to themselves in what can be a cycle of self-punishment and blame (Sutton 2007).

Results

The monofilament debridement pad became part of the care of the patient and their wound. Patients liked the feel of it and the very visual results. For those who self-harm the monofilament debridement pad will potentially enable them to rub at their wound without significantly traumatising the tissue. Infection is high risk in this group of patients due to on-going contamination from a need to further harm themselves, as well as from the initial wounding item. By removing devitalised tissue the monofilament pad reduces bacterial burden, thus encouraging secondary intention healing. The monofilament debridement pad was found to be easy to use by mental health staff and patients; the perception of actively 'cleaning' the wound was particularly liked.

Discussion

It is not always easy to adopt best practice in a mental health setting but, in debridement, the monofilament debridement pad is recognised by the European Wound Management Association (Strohal et al, 2013) and a new UK consensus document (Wounds UK, 2013) as being a safe, simple and quick method of debridement.

It is important that all health care professionals have an understanding of the Mental Capacity Act (2005). It states that we must encourage the patient as far as possible to engage in the decision making or improve their ability to participate to an optimum level.

Conclusion

The monofilament debridement pad has proved a useful addition to wound management in all inpatient settings. It is a component of the 'self-harm immediate care' box and forms part of the self-harm woundcare care pathway.

References

Strohol, R., Apelqvist, J., Dissemmond, J., et al. EWMA Document: Debridement. J Wound Care. 2013; 22 (suppl.): S1-S52
Effective debridement in a changing NHS: a UK consensus. London: Wounds UK, 2013. Available from: www.wounds-uk.com
Department of Health (2005) Mental Capacity Act. DH Publications, London.
Sutton J (2007) Healing the hurt within. How to Books Ltd. Oxford.

Case study 1

Patient X had a history of self harm resulting in burns from heated metal implements due to mental health problems.

Because of mental health and consent issues the pictures were not taken on the same day, but it demonstrates the healing that took place during the week after debridement. The slough was not all removed in one debridement session, but enough was removed to kickstart the wound healing process.

Case study 2

Patient Y suffered a partial thickness burn following self harm with hair straighteners.

Previous wound management dressings had caused the wound to dry out but, by debriding with a moistened monofilament fibre pad, it was possible to remove the dry slough with ease causing no discomfort to the patient. The results were immediate and followed approximately 2 minutes of debridement.

In this client group the monofilament debridement pad aids faster cleansing and debridement, especially when they are at the point when they want to heal.