Real-world wound debridement: Clinical outcomes and user satisfaction after biofilm pathway management using monofilament fibre debridement technology* over 2 weeks

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Aim

The study aimed to investigate clinical outcomes and clinicians' and patients' satisfaction with standard care delivered with debridement by monofilament fibre technology (MFDT) in chronic wounds with biofilm over 2 weeks.

Method

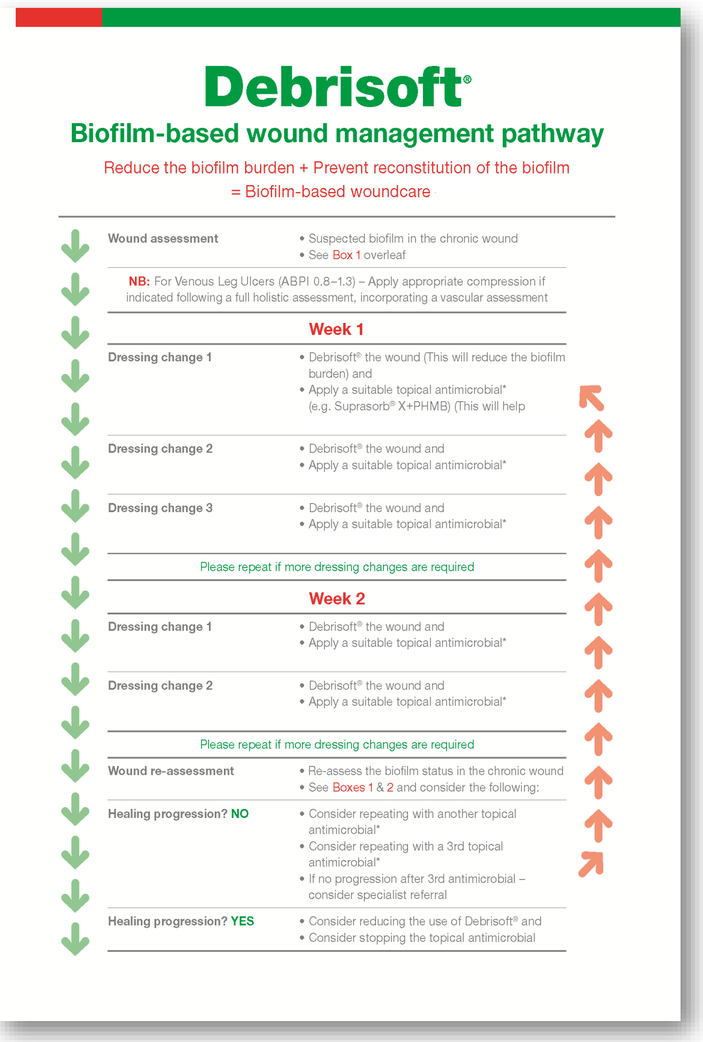
Chronic wounds were evaluated in a real-world setting. Biofilm-containing chronic wounds that had not improved with standard care, and required debridement and antimicrobial dressings were included. Any wound meeting the inclusion criteria was eligible. Wounds were managed over 2 weeks using a biofilm management pathway [Figure 1], including debridement with MFDT 3x in week 1 and twice in week 2, and the clinician's choice of antimicrobial dressing. Care and outcomes were recorded in normal patient records. Clinicians completed a web-based survey to report clinical outcomes and clinician / patient satisfaction with the pathway. Outcomes were summarised descriptively.

Results / Discussion

706 clinicians participated and completed the survey. 83% had previously used MFDT. Venous ulcers (67.4%), pressure ulcers (10%), dehisced surgical wounds (1.7%), diabetic foot ulcers (7.4%) and other wounds (13.4%) were managed in the study [Figure 2]. Antimicrobial dressings included silver (34%), iodine (23%), honey (19%), PHMB (4%), other (14%) [Figure 3]. Secondary dressings included all-in-one dressing (11%), compression (32%), and unspecified secondary dressing (47%) [Figure 4]. 77% of clinicians reported a positive change in wound characteristics and clinical outcome after 2 weeks. Overall >73% of clinicians and patients were completely satisfied or satisfied with outcomes [Figure 5].

Conclusion

The biofilm pathway with MFDT supports positive outcomes in a high proportion of static chronic wounds and leads to high levels of clinician and patient satisfaction.



Debrisoft®

Biofilm-based wound management pathway

Reduce the biofilm burden + Prevent reconstitution of the biofilm
= Biofilm-based woundcare

Wound assessment	• Suspected biofilm in the chronic wound • See Box 1 overleaf
NB: For Venous Leg Ulcers (ABPI 0.8–1.3) – Apply appropriate compression if indicated following a full holistic assessment, incorporating a vascular assessment	
Week 1	
Dressing change 1	• Debrisoft® the wound (This will reduce the biofilm burden) and • Apply a suitable topical antimicrobial* (e.g. Suprasorb® X+PHMB) (This will help
Dressing change 2	• Debrisoft® the wound and • Apply a suitable topical antimicrobial*
Dressing change 3	• Debrisoft® the wound and • Apply a suitable topical antimicrobial*
Please repeat if more dressing changes are required	
Week 2	
Dressing change 1	• Debrisoft® the wound and • Apply a suitable topical antimicrobial*
Dressing change 2	• Debrisoft® the wound and • Apply a suitable topical antimicrobial*
Please repeat if more dressing changes are required	
Wound re-assessment	• Re-assess the biofilm status in the chronic wound • See Boxes 1 & 2 and consider the following:
Healing progression? NO	• Consider repeating with another topical antimicrobial* • Consider repeating with a 3rd topical antimicrobial* • If no progression after 3rd antimicrobial – consider specialist referral
Healing progression? YES	• Consider reducing the use of Debrisoft® and • Consider stopping the topical antimicrobial

Figure 1:

MFDT biofilm-based wound management pathway used in this study. MFDT was used 3x in the first week and 2x in the second week. The treatment was combined with a antimicrobial dressing of the clinician's choice.

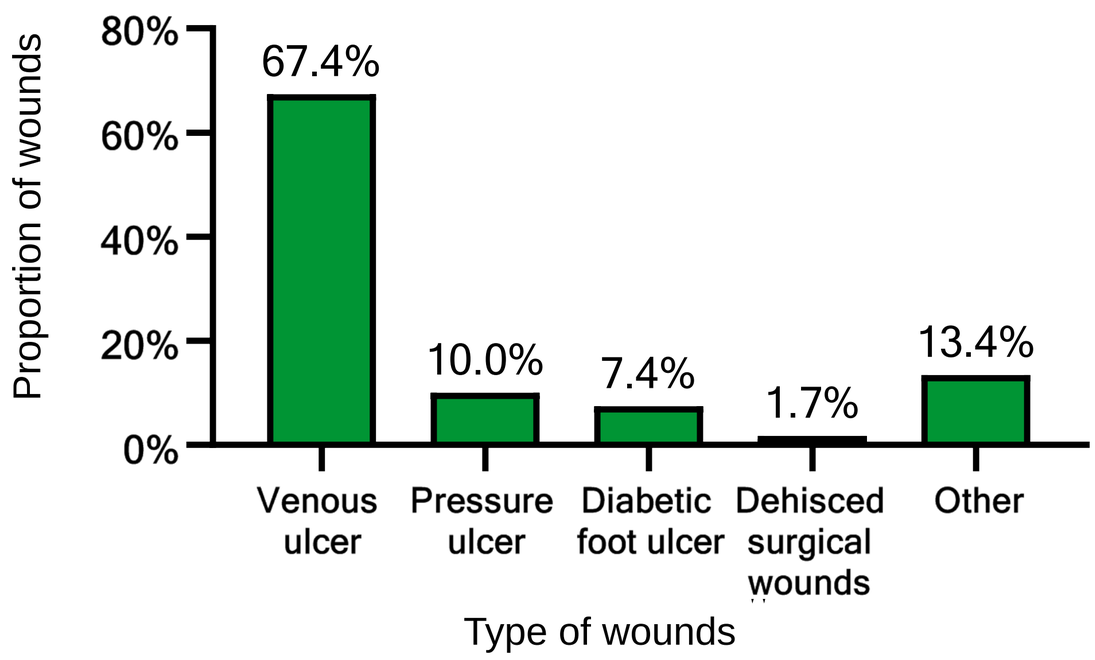


Figure 2:

Proportion of wounds that have been managed using MFDT in the study.

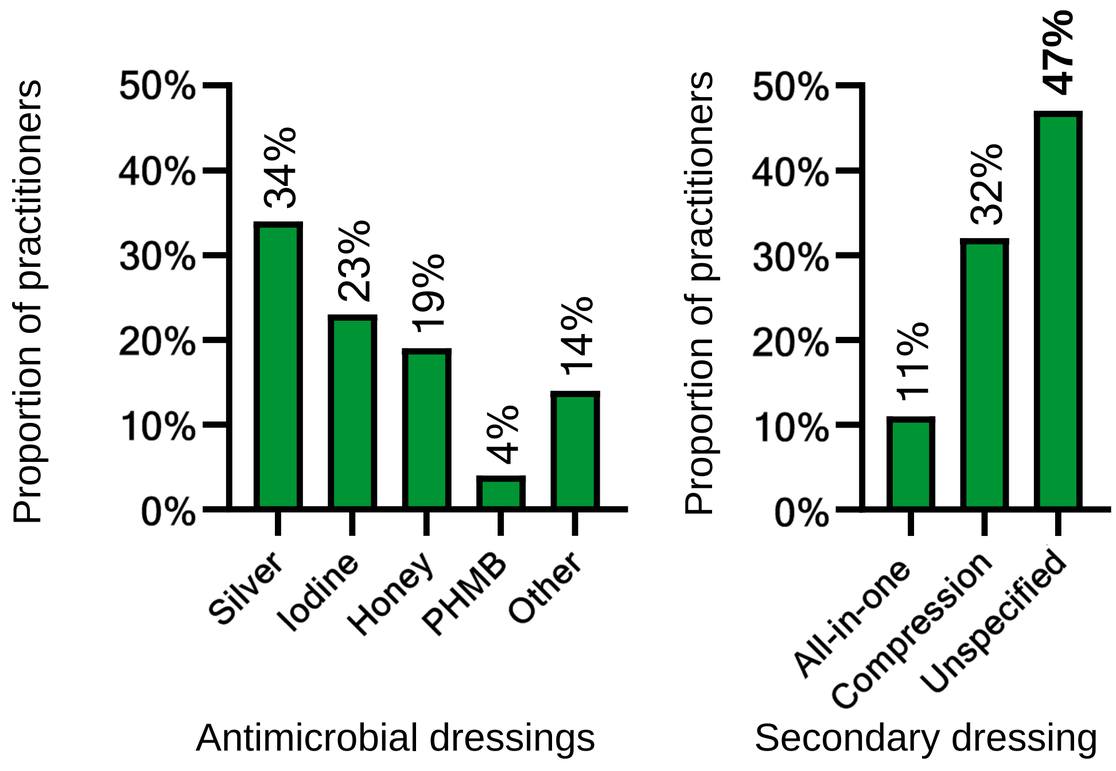


Figure 3 + 4:

Figure 3 (left side) shows the proportion of practitioners who have used wound dressings with the particular antimicrobial agent. Figure 4 (right side) shows the proportion of practitioners that used a particular secondary dressings. Some practitioners neither used an antimicrobial dressing nor a secondary dressing or did not comment on this.

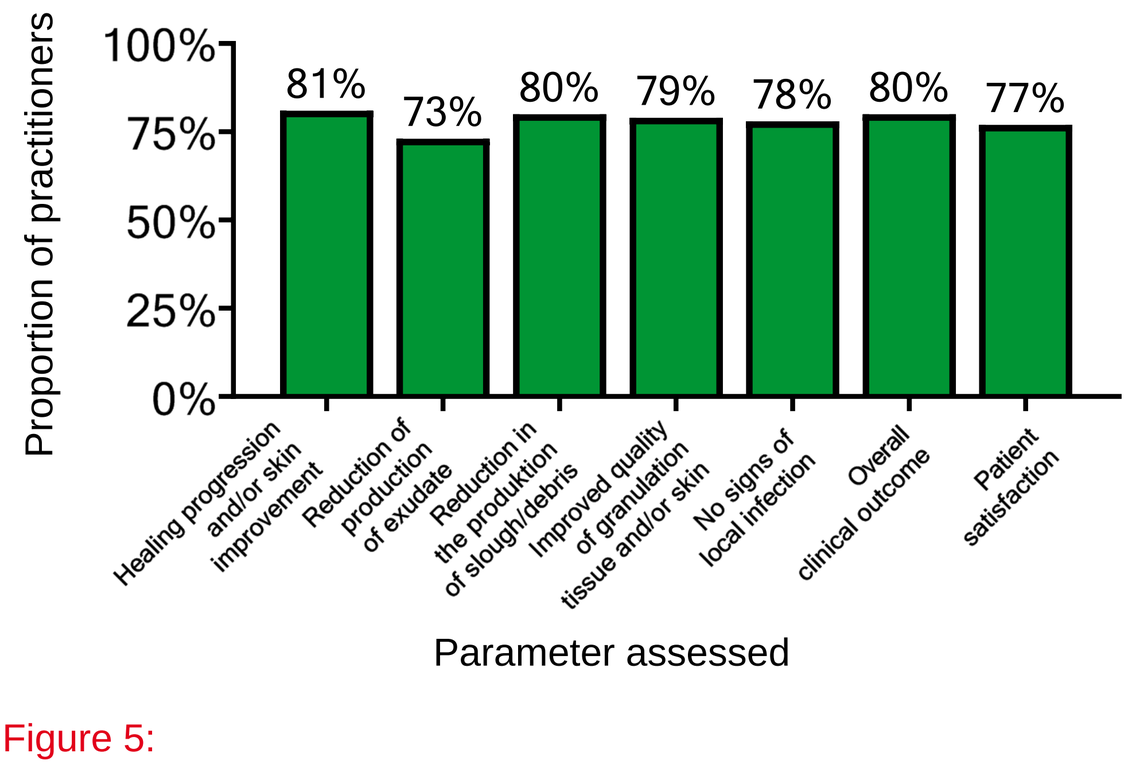


Figure 5:

Proportion of practitioners who were either completely satisfied or satisfied with the respective clinical parameter. The parameters were assessed on a 5-point Likert scale (completely satisfied, satisfied, neither satisfied or dissatisfied, somewhat dissatisfied, dissatisfied).

For more information on the product being tested, visit the L&R publication database.

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