

Debridement over bowel using a Monofilament Fibre Lolly

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Introduction

- Conservative sharp debridement over a vital organ is high risk
- This case study looks at the efficacy of a Monofilament Fibre Lolly* when used by a TVN to debride devitalised tissue over bowel in a high risk patient

Background

- Patient BH is a 46 year old lady who was admitted with a wound infection two weeks after a midline incisional hernia repair with application of mesh
- On admission, she was septic and was treated with intravenous antibiotics and taken to theatre for wound debridement
- She went to theatre twice for repeat debridement of necrotic tissue causing significant bowel exposure at wound bed with some loose mesh
- NPWT was used post-operatively by the surgical and Tissue Viability team to manage the wound.

Method

- It was decided that the Monofilament Fibre Lolly would be an ideal method of debridement in such an area
- Monofilament Fibre Lolly was deemed to be atraumatic and has the ability to reach deep undermined areas to an open abdominal wound
- Two Monofilament Fibre Lolly's were used to cover all areas of the wound bed to effectively remove all devitalised tissue and reduce bacterial bio burden
- NPWT was applied with careful consideration and protection applied over all exposed bowel

Results

- The use of the Monofilament Fibre Lolly over bowel at the bedside was performed safely and in a timely fashion taking just a few minutes
- The Monofilament Fibre Lolly showed significant reduction of bacterial bio burden through removal of devitalised tissue and infected loose mesh
- There were no complications such as bleeding and trauma, which can be associated with other forms of debridement

Conclusion

- This case study is an example of the increasing complexity of wound management faced by Tissue Viability Nurses
- With the availability of a new debridement tool such as the Monofilament Fibre Lolly, high risk patients not fit for anaesthetic are able to receive timely and safe wound bed preparation
- The Monofilament Fibre Lolly was found to be less invasive compared to conservative sharp debridement and can be safely used over bowel
- The Monofilament Fibre Lolly was selected for its special suitability in cavity wounds and other tight spaces



Wound appearance on initial wound inspection



Figure 2 The use of Monofilament Fibre Lolly in an open abdomen



Figure 3 Significant reduction in wound bio burden, 40% of slough/infected loose mesh were removed using the Monofilament Fibre Lolly and 60% were loosened and softened

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