

DETERMINATION OF THE FLUID HOLDING CAPACITY (FHC) AND PROTEIN RETENTION OF THE NEW MONOFILAMENT DEBRIDER DEVICE*

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Introduction

Chronic wounds contain devitalized, necrotic or sloughy tissue that impedes healing as it acts as proinflammatory stimulus or serves as media for microorganisms [1]. For mechanical debridement mainly wet-to-dry gauze is used, which nondiscriminatorily removes devitalized tissue from the wound, resulting in pain and damaged healthy tissue [2]. The new debrider device* consists of polyester monofilament fibres presenting a novel, fast and almost painless option for debridement. Evidence further suggests that greater dressing moisture retention is associated with fewer clinical infections, greater patient comfort and reduced scarring. Keeping this in view, prevention of desiccation of a wound and achieving moisture balance should also be a focus during debridement. Hence, a high fluid holding capacity, beneficial for taking up excess amounts of wound exudates, is not only advantageous for dressings but also for debridement devices* such as the pad (figure 1A) or the lolly (figure 1B).

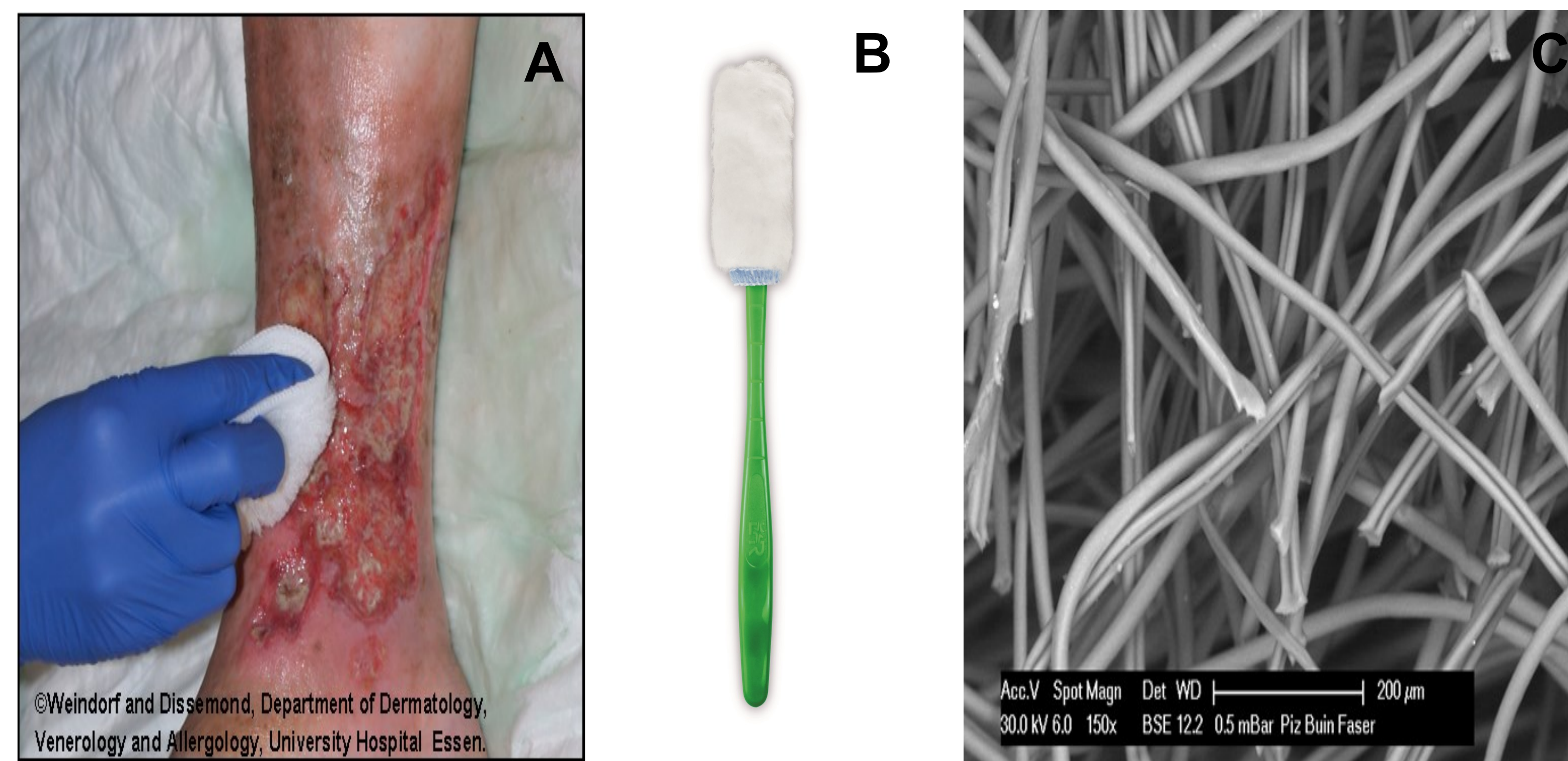


Figure 1: Mechanical debridement with the monofilament debrider (A) and the newly developed debridement device* (B) for cleansing of deep wounds. Both consist of polyester monofilament fibers (C).

Material & Methods

The fluid holding capacity of the debrider device* and monofilament pads** was investigated *in vitro*. Therefore, samples were soaked in (a) distilled water and (b) 10% BSA solution. Sample weight was immediately determined. Samples were then dried at 80°C for 4h.

*Debrisoft® Lolly (Lohmann & Rauscher)

** Debrisoft® (Lohmann & Rauscher)

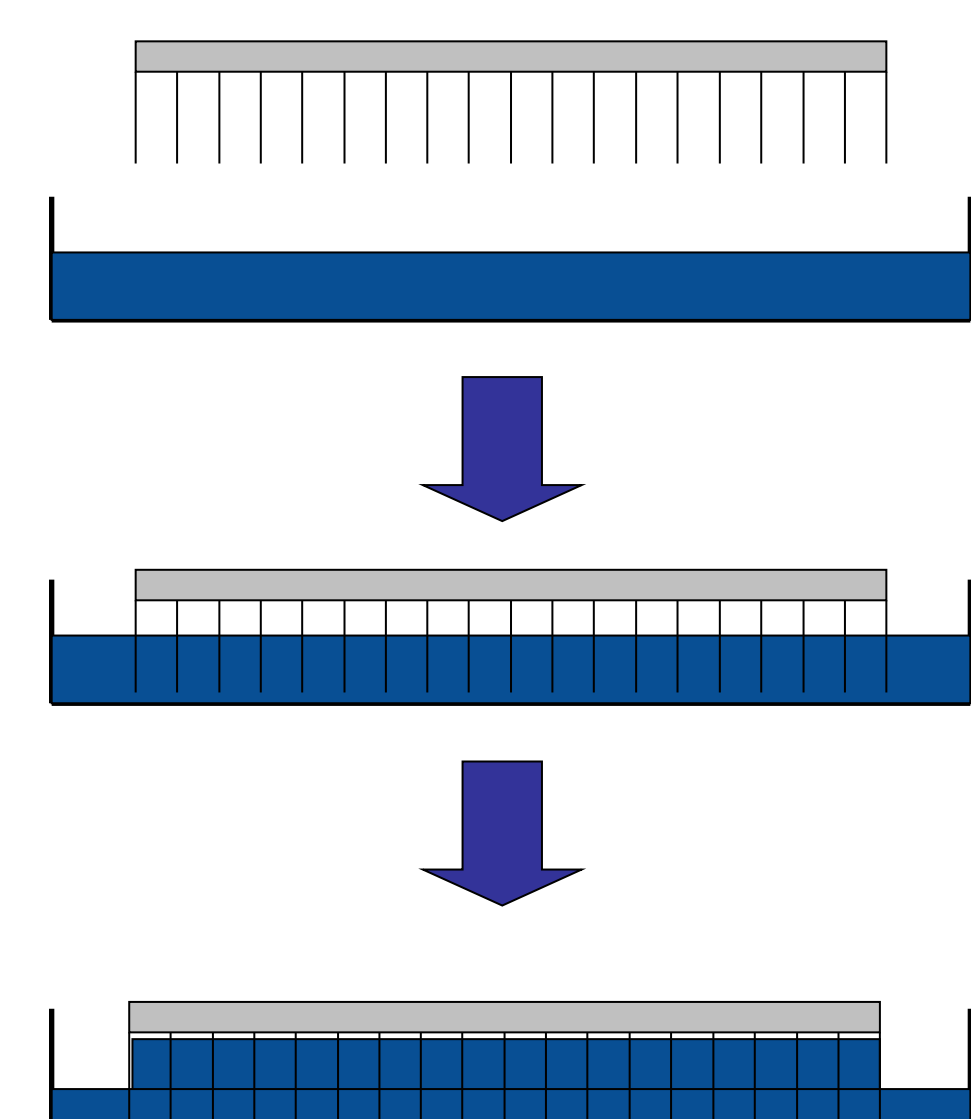


Figure 2: Schematic representation of soaking the samples in the respective solutions.

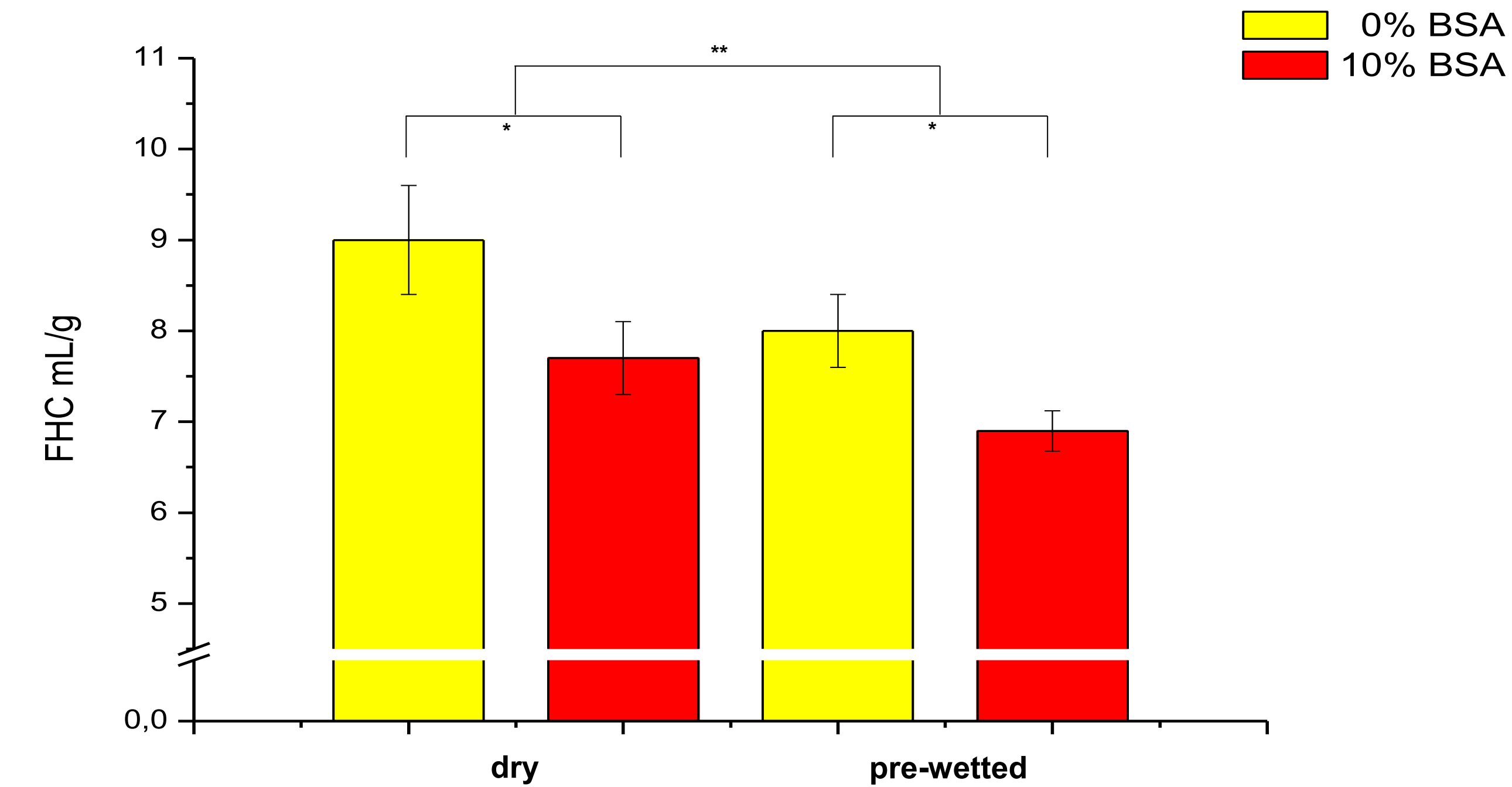


Figure 3: Measurement of the fluid holding capacity (FHC) of dry and pre-wetted debrider devices*.

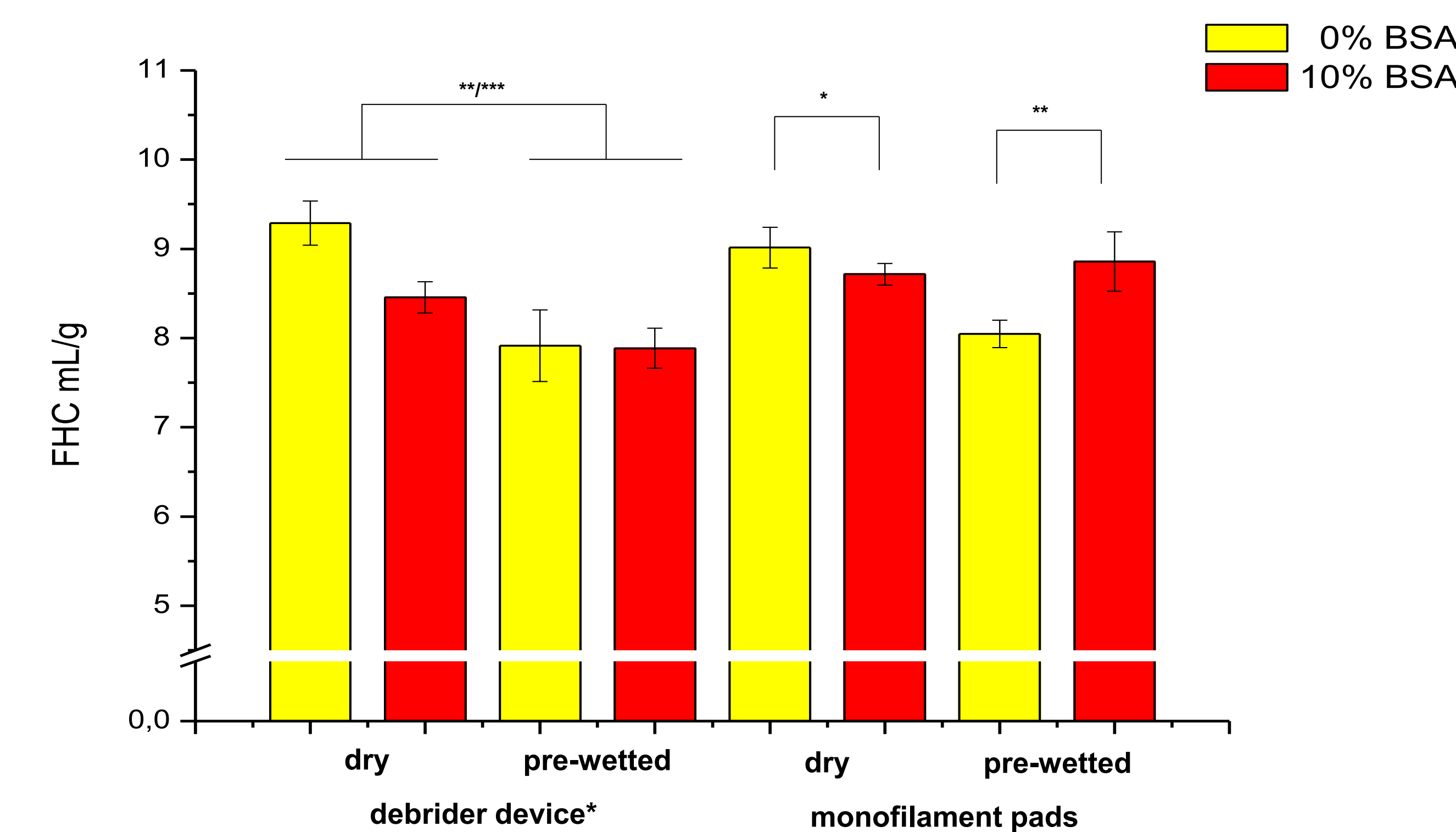


Figure 4: Measurement of the fluid holding capacity (FHC) of dry and pre-wetted debrider devices* and monofilament pads.

Conclusion

The monofilament wound debrider device* presents a novel, fast, and almost painless option for debridement. Due to its physicochemical nature it is advantageous with regard to fluid holding capacity. Furthermore, good results for the fluid holding capacities were obtained at high protein concentrations. Hence, this new technique should provide a valuable tool in treatment of patients with chronic wounds.

References

- [1] Sibbald et al. *Advances in Skin & Wound Care* 2011; 24(9):415-436 [2] Fallabella AF. *Dermatol Ther* 2006; 19(6):317-325