

Mechanical debridement of leg ulcers and the surrounding skin using a monofilament fibre debridement pad designed for larger wounds and surface areas



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Introduction

In the management of leg ulcers and hyperkeratosis of the surrounding skin, it is not uncommon for them to affect very large areas of the leg. The large size also leads to an increase in the level of exudate and the amount of devitalised tissue. As a result, a larger amount of material is needed to loosen and remove the devitalised tissue than is the case with smaller wounds. The size of the area of the wound that can be treated at the same time is limited by size of your debridement device. An already well established and proven [1] monofilament fibre debridement pad* has been increased in size to tackle this issues. The handling has been improved [2] by adding a mitten on the back side. To evaluate the performance of this debridement pad optimised for larger wounds and the surrounding skin, a small case series was performed.

Method

For the case series leg ulcers of various origins that needed debridement were treated once or over a longer period of time with the larger pad when indicated. The treatment was documented both photographically and in writing. The patients gave their written consent to the preparation of the case studies and the use of the image material.

Results

Case 1:

A 64 year old female patient with mixed aetiology leg ulcers with a history of reoccurrence since 2000 and has been in our treatment since 2015. Over the least 5 years she has ulcers spreading to cover the entire gaiter area of both lower legs. The wounds were colonised regularly with bacteria/biofilm. The patient suffers from pain of 8-9 on the VAS scale especially at night but the debridement was well tolerated and biofilm removal effective.

Case 2:

A 83 year old female patient suffering from venous leg ulcers since August 2017 and has been in our treatment since April 2019. There were many small superficial ulcers and erosions with hyperkeratosis on the whole lower leg and a red inflammation of the wound surrounding area due to infection. After a few uses of the debridement pad most of the ulcers and erosion were healed.

Case 3:

A 70 year old male patient with venous leg ulcer on his left lower leg which has been present for 4 month and in our treatment since April 2019. Several ulcers had firmly adhering slough and necrotic tissue. After the debridement more granulation tissue became visible.

Case 4:

A 64 year old patient suffering from obesity associated leg ulcers. The ulcer on the left lower leg occurred in November 2017 as a result of a trauma from a fall and was extremely painful making wound dressing difficult. The debridement with the larger pad was well tolerated and efficient. Some additional surgical debridement was necessary.



Case 5:

A 70 year old male patient has been treated since July 2017 due to ulcers spreading to cover the entire gaiter area of both lower legs. The ulcers had almost healed leaving the wound surrounding skin covered with hyperkeratosis. Debridement with the larger pad was pain-free for the patient with some superficial bleeding because large, adhered pieces of the hyperkeratosis have been removed.

Conclusion

The larger monofilament fibre debridement pad is a useful addition to the existing smaller versions. Especially useful and effective for bigger wounds and areas.

References

- [1] Schultz, G.S. et al. (2018) 'Effectiveness of a monofilament wound debridement pad at removing biofilm and slough: Ex vivo and clinical performance', *Journal of Wound Care*, 27(2), pp. 80–90. doi: 10.12968/jowc.2018.27.2.80
- [2] Roes, C. et al. (2018) 'Improving the monofilament-fibre pad to debride wounds', *Wounds UK*, 14(4), pp. 100–105.



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