

## Long-Term Care Survey Alert

### WOUND CARE: 5 Key Debridement Strategies--How To Pick The Right One

**Make sure this treatment helps rather than hurts wounds.**

Debriding a wound can give it a new lease on healing--and evict potential F314 and F309 tags--if you use the modality effectively.

**How it works:** "Debridement removes the necrotic tissue" covering a wound, which competes with the "healthy, viable tissue in the wound for nutrients and oxygen," explains **Kathleen Thimsen, RN, ET, MSN**, president of **RARE Consulting Group Inc.** in Belleville, IL.

#### Know the Options

You can choose from five types of debridement:

- **Autolytic debridement.** You apply a hydrocolloid dressing to a wound to allow the body's own fluids to debride the wound.
- **Enzymatic or chemical** using enzymatic preparations to digest necrotic tissue.
- **Mechanical debridement** uses forces such as pulsatile lavage to break down necrotic tissue or wet-to-dry saline (but not betadine) dressings.
- **Biologic debridement** uses maggots to digest necrotic tissue.
- **Sharp debridement**, which involves using scissors or a scalpel to cut necrotic tissue out of the wound. Sharp debridement is either conservative where you remove only necrotic tissue without penetrating into viable tissue--or surgical. The latter removes necrotic tissue down into and including the viable tissue.

#### Learn the Pros and Cons, and Warnings

Choose a more aggressive wound therapy "if the wound is in jeopardy of not healing or at high risk for infection because it's beginning to be over-colonized," advises **Peggy Dotson, RN, ET**, a wound care specialist in Yardley, PA.

Often, practitioners will use several types of debridement to achieve an optimal effect, say experts.

The autolytic debridement with a hydrocolloid wound dressing is the most conservative method, but it also takes the longest--estimated from 12 to 16 weeks, says Thimsen.

"Enzymatic debridement is less traumatic for the patient than surgical debridement but it's slower," reports Dotson. "And depending on the type of product used, it may not remove all the devitalized tissue present in the wound," she cautions.

**Key point:** Because not all enzymatic debridement products have the same ingredients, "some may only be effective on one type of tissue in the wound," Dotson advises.

"You have to know the type of tissue you are dealing with and the mode of action for the particular enzymatic agent you choose"--a decision that falls to the ordering clinician, adds Dotson.

"Sometimes, enzymatic agents can be used as an adjunct after surgical debridement if there's concern that the latter may not have removed all of the contaminated tissue," adds Dotson.

After enzymatic debridement, "mechanical is the next most efficient" method, says Thimsen.

**Warning:** Don't use mechanical debridement--for example, wet-to dry-saline dressings--to the point where you are interrupting granulating tissue, advises Thimsen.

Once you've removed all the necrotic tissue, "you may want to go to a hydrogel- impregnated gauze so you're not disrupting the wound every time you change the dressing," Thimsen counsels.

### **Prevent Negative Outcomes From Surgical Debridement**

Surgical debridement can be done in an operating room--or a clinician can perform a sharp debridement using a scalpel or scissors in the facility.

**Vital:** Validate the competency of the person doing sharps debridement, Thimsen urges.

And check your state practice acts for nurses and even physical therapists to see if practitioners doing debridement meet the requirements for performing the procedure.

**Nail down the contraindications:** "A patient has to have decent blood flow for sharp debridement," says **Gerald Dowling, DPM**, a wound care specialist in Bay City, MI. (He uses maggot therapy in some cases for patients with diabetic neuropathic ulcers who don't have enough blood flow to their limbs to make them candidates for surgical debridement.)

Surgical debridement may be contraindicated for a patient on an anticoagulant, such as Coumadin--or if the patient has diagnosed or suspected osteomyelitis. The clinician doing sharp debridement should also be cautious about doing debridement around a bone capsule, as the procedure could cause osteomyelitis, adds Thimsen.

**Know the goal:** "You know you've debrided enough when you see the wound has a nice pink base and is showing signs of healing," explains Dowling.

Editor's note: Read "Maggot Therapy Could Save A Resident's Life Or Limb,".

For a free copy of "Don't Let Wound Debridement Lead To F314 Tags," which outlines how to code and document debrided ulcers, please e-mail your request to the editor at [editormon@aol.com](mailto:editormon@aol.com).