PREPARATION of WOUND BED and ADJACENT TISSUE in PRESSURE ULCERS: A Case Report

Nilufer ERTURK, Elif Lale AKTURK, Health Care Services Directorate, Wound Care Unit
Saglik Bilimleri University, Sultan Abdulhamid Han Training and Research Hospital, Istanbul

INTRODUCTION

Accurate wound assessment is an essential part of the wound healing process. In this process, it is essential to remove necrotic tissue from the wound bed and to check that the skin adjacent to the wound is healthy.

In our study, we aimed to evaluate the clinical efficacy of wound cleansing and debridement cloths composed of needle-punched non-woven textile fibres impregnated with hyaluronic acid and phospholipids used in wound bed preparation prior to application of the dressing, exposure of the wound bed, edges and surrounding skin for the clinician and the determination of wound treatment method.

CASE

In our study, a total of 7 patients were included, who were admitted to the Intensive Care Unit with wounds in different parts of their bodies such as Stage 3, Stage 4 and unstageable wounds, deep tissue ulcer and healed pressure ulcer. The mean age of the patients was 65.4, 5 of which were male and 2 were female with the Braden Scale assessment score of 9-16 (min±max).

The wounds were as follows: 5 sacral pressure ulcers, 1 trochanteric pressure ulcer and 1 wound under the scapular region. The wounds were cleaned only by using wound cleansing and debridement cloths composed of needle-punched non-woven textile fibres impregnated with hyaluronic acid and phospholipids.

The wounds were photographed before the application of the debridement cloth. The cloth was wiped over the wound bed and the adjacent skin in circular motion for 2-3 minutes. In 2 minutes after the application, it was observed that it helped expose the granulation tissue by effectively removing the cellular debris, slough (necrotic tissue), exudate and hyperkeratotic tissue, and the existing granulation and epithelial tissue were intact.

The wounds were photographed again. It was observed that the debridement cloth was also effective in moistening the skin and protecting the wound edges.

DISCUSSION

The present evaluation shows that effective and fast debridement can be achieved in less than 3 minutes when applying the debridement cloth to various wound types. We reached a consensus that this method is significantly less time-consuming than the best debridement practice represented by the other techniques the clinicians use on our wound care unit such as (autolytic debridement with hydrogel), as well as both mechanical (wet to dry gauze) and surgical (scalpel or a curette) debridement techniques.When rating its debridement efficacy, users scored it as 'very good'. It was shown to be very safe, with no reported adverse events, and it was very well tolerated by the patients.

RESULT

It was observed that wound cleansing and debridement cloths composed of needle-punched non-woven textile fibres impregnated with hyaluronic acid and phospholipids.took a shorter time compared to the use of autolytic and other mechanical debridement techniquess, and it did not damage the adjacent skin and granulation tissue. It was concluded that it was an effective product which can also be used by non-specialist clinicians.

BEFORE AFTER


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