

EFFICIENT WOUNDCARE POLICY ON DEEP PRESSURE ULCERS: THE RESULT OF SYNERGY OF PRESSURE RELIEF, MECHANICAL DEBRIDEMENT AND AN ADAPTED DRESSING CHOICE



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Introduction

Pressure ulcers are a chronic problem, on which pressure prevention as well as the local wound care policy needs full attention. On deep pressure ulcers, we can observe an extensive affect of the underlying muscle tissue. The necrotic tissue is a real source of infection and moreover, it's an obstacle for the wound healing process.

Methods

On the basis of a case study, we will emphasise the importance of an efficient debridement. Several methods of debridement can be combined. During every dressing change, we do a mechanical debridement. The use of a wound curette in combination with a thorough wound cleansing, we can observe a quick removal of the necrosis, out of the wound bed. By maintaining a moist wound environment, we enforce the autolytic debridement. Applying a dressing (TenderWet), which actively removes bacteria, wound exudates and toxins out of the wound bed, it might be possible to change the necrotic phase into a granulation phase.



Mechanical debridement

Results

The case presents a pressure ulcer with enormous tissue destruction. Combining the local wound care treatment with a continuously attention for pressure relief, we could debride all necrosis within a period of 3 weeks. We have continued the TenderWet dressings to support the granulation phase. Only one month later, we could observe a minimal wound.



TenderWet Active Cavity



TenderWet 24 Active



The debriding effect of TenderWet



Total debridement in 12 days



Mechanical debridement



Mechanical debridement

Summary

The faster we can remove all necrosis out of the pressure ulcer, the faster it will granulate. Further more, we know that a fast debridement prevents possible wound infections. Not only an effective mechanical debridement, but also a thoroughly wound cleansing at every dressing change, will help the removal of necrosis. TenderWet provides an active cleansing by absorbing exudates and bacteria. After the debriding phase, this dressing is very useful in cavitary wounds, in which we can observe a positive effect during the granulation phase.

In our hospital, we often follow this wound care policy, because the positive result of many cases. Randomised studies will be necessary to objectivate these results and experiences.