Successful Debridement of a Necrotic Heel Using Hydroconductive Debridement Dressings in a Care Home Environment

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Introduction:
- Managing heel pressure ulcers (PUs) in vulnerable adults can be complex and daunting for the inexperienced clinician.
- Care homes are responsible for nursing some of the most vulnerable individuals in society who are at high risk of developing PU due to frailty and compromised general health.
- Heel PUs are complex wounds which often deteriorate quickly despite intervention.
- The decision to debride heel PUs is complex, depending on vascular status, medical history and wound condition.
- Current recommendations suggest dry, adherent, intact eschar on the heel should not be removed but debridement of wet eschar with slough, tissue fluctuance and erythema may be required for healing to progress.
- Certain methods, like sharp debridement, can only be undertaken by trained practitioners as home care workers are rarely trained in sharp debridement and require alternative methods.

Method:
- Esple, a man with a history of diabetes and stroke, developed a heel PU during hospitalisation.
- Wound managed with various dressings including a protective foam dressing, iodine dressings, hydrocolloid, hydrofiber, honey and a hydrogel sheet dressing.
- Highly exuding, difficult to manage despite daily dressing changes—thick devitalised tissue to wound bed, macerated peri-PU.
- Patient reporting wound pain, causing him to be unsettled and agitated during dressing changes.
- Drawtex Hydroconductive Debridement dressings commenced after 4 months to manage exudate, debride devitalised tissue and prevent further breakdown and discomfort for the patient.
- An alternating air mattress and a repose bootie were used for pressure relief.
- Dressing changes performed every 4-2 days.

Results: Day 0
- Wound Duration: 4 months
- Wound Bed: 60% Eschar, 20% Slough, 20% Granulation
- Exudate Levels: High
- Wound Size: 6cm x 5.5cm
- Drawtex applied in layers, film dressing to secure.

Discussion and Conclusion:
- Hydroconductive debridement is an effective method of debriding necrotic heel PUs, which can be utilised by non-specialist clinicians.
- Other methods of enzymatic debridement are generally slow and cannot increase wound moisture and prevent maceration in highly exuding wounds.
- Drawtex Hydroconductive Debridement dressings successfully debrided necrotic tissue from a complex heel PU quickly and easily.
- High exudate levels were effectively managed to promote integrity of peri-PU skin.
- Excess exudate and bioburden can predispose wounds to infection—Drawtex removes harmful bacteria residing on necrotic tissue alongside exudate.
- Pain at dressing change was reduced, increasing patient comfort and well-being.