

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

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Introduction:

- Managing heel pressure ulcers (PU) 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 fragile skin and compromised general health
- Heel PU are complex wounds which often deteriorate quickly despite intervention
- The decision to debride heel PU is complex, depending on vascular status, medical history and wound condition¹
- 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 progress¹
- Certain methods, like sharp debridement, can only be undertaken by trained practitioners¹ – clinicians in care homes are rarely trained in sharp debridement and require alternative methods

Method:

- Elderly male resident with a history of diabetes and stroke developed a heel PU during hospital admission
- 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-ulcer skin
- Patient reporting wound pain, causing him to be unsettled and aggressive 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 repositioning bootie were used for pressure relief
- Dressing changes performed every 1–2 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



Day 2

Wound Bed: 80% Slough, 20% Granulation
Exudate Levels: High
Necrosis softened and loosened and patient uncomplaining of pain



Day 14

Wound Bed: 80% Granulation, 20% Slough
Exudate Levels: Moderate
Wound Size: 5.5cm x 4.5cm
Wound bed debrided with healthy granulation

Discussion and Conclusion:

- Hydroconductive debridement is an effective method of debriding necrotic heel PU which can be utilised by non-specialist clinicians
- Other methods of autolytic debridement are generally slow and can increase wound moisture and skin 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-ulcer 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