



## Simple Wound Debridement [audio transcript]

This video segment will outline simple wound debridement for primary care providers.

We will list the equipment that you will need and demonstrate the technique for simple wound debridement.

To begin with, you'll need the following equipment: a disposable number fifteen scalpel blade and forceps with teeth, non-sterile gloves and safety glasses, gauze, saline, wraps, and a comfortable place to sit with good lighting. You'll need a table on which patient can sit and expose the ulcer to be debrided.

The basic technique is to hold the scalpel and using a scraping motion to remove the necrotic tissue at the base of the ulcer. We start at one edge of the ulcer and scrape across, and to the best of your ability try to avoid disturbing the edges of the ulcer, as this is where the healthy tissue is growing in to fill in the defect.

It's important to remove all the necrotic tissue because this harbors bacteria which impair healing. You scrape to the point of bleeding and seepage at the base of the ulcer and that's a sign that you are getting towards healthy tissue.

Also scrape around the outer edge of the callus to remove the necrotic tissue on the surface, again trying not to disturb the underlying tissue that is growing in.

It looks like this process would be painful, but patients with diabetic ulcers have peripheral neuropathy and this is a painless procedure that does not require anesthetic.

I should mention that in preparation for the debridement the foot should be washed with regular soap and water, but you should avoid using Betadine as that is toxic to healing tissues.

You can notice a simple ulcer as it is relatively small, less than two centimeters (cm) across, superficial, and there is no deep-space infection, cellulitis, or gangrene.

Once the ulcer has been debrided, the next step is to cover it up with saline and gauze for wet-to-dry dressing, wrap it with kerlix and instruct the patient in non-weight bearing. Patients with simple ulcers can have their dressings changed daily, although this may need to be done more frequently if it's a particularly wet wound.

Patient should be seen and followed-up on a weekly basis and have the size of the wound assessed. It typically takes 6-12 weeks for an uncomplicated ulcer to heal. And as long as there is progress and no signs of the wound becoming complicated, the outpatient management with simple debridements on a weekly basis can be continued.

If however, you develop signs of infections, gangrene, the ulcer stalls in the healing progress, or you've not reached healing in 6-12 weeks you should consider getting a wound healing specialist involved in the care.