Use of a new product Kliniderm debride in superficial wounds

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Introduction

Wound debridement is the process in which non-viable tissue, infected tissue, biofilm and foreign material and/or debris is removed from the wound bed (Wolcott, 2009) and is an integral part of wound management (Vowden and Vowden, 2011). There are many different methods of wound debridement with mechanical being the most common form.

Kliniderm debride is a new monofilament pad designed to provide rapid, gentle, effective mechanical debridement. Its intuitive double-sided design enables both the wound and surrounding tissue to be managed in a single treatment and the continuous soft edge increases comfort, conformability, and flexibility to manage difficult to reach areas. The product range includes a Kliniderm debride and Kliniderm debride pocket which are designed to be placed over a gloved hand or finger enabling improved handleability and allowing pressure control during debridement.

Method

The evaluation was undertaken in the community in East Riding and North Yorkshire and was conducted on Kliniderm debride and Kliniderm debride pocket, comparing product usage to the current debridement product used.

Patients meeting the criteria were approached for their consent to be involved in the evaluation, a total of seven were selected.

The data captured included the patient's gender, age, wound aetiology, wound size, pain score, wound duration, wound bed tissue and peri-wound condition and exudate level. A further 8 evaluation criteria factors were also recorded (Box 1).

Box 1. Evaluation criteria
Ease of use
Applying appropriate pressure
The size and shape for the wound and anatomical location
How effective was Kliniderm debride in debriding the wound
How effective was Kliniderm debride on peri-wound tissue
Patient comfort
Clinical satisfaction
Patient satisfaction
Overall performance

The evaluation was completed over a two-week period, with an average of three debridements.

Results

All patients were seen in the community. Five female (71%) and two male (29%) patients took part in the evaluation, with an average age of 88 (range 66 – 95).

The wound aetiologies included four (57%) leg ulcers, two (29%) traumatic wounds and one (14%) pressure ulcer. The wound durations recorded were two (29%) in the 0-1 month range, three (43%) in the 1-2 month range and two (29%) in the 3-4 month range. Four (57%) wounds were treated with Kliniderm debride and the remaining three (43%) with Kliniderm debride pocket.

Wound sizes ranged from 0.8 x 1.5cm to 6.5 x 5cm (1.2cm^2 to 32.5cm^2) with an average of 11cm^2 at the start. By the end of the evaluation sizes ranged from 0.8cm^2 to 13.5cm^2 (average of 7cm^2) showing a 40% reduction across all wounds.

Pain was assessed using the scale 1 - no pain and 10 - worse pain imaginable. Pain scores noted in patient history varied from 1 – 7 with 60% of patients experiencing mild pain, 20% moderate – severe pain and 20% very severe. The average pain level of 3 reduced to an average pain level of 1 on last debridement.

There was a 100% satisfaction rate for its effectiveness in debriding the wound, effectiveness on peri-wound tissue as well as clinical performance and patient experience. The remaining results from the evaluation criteria are illustrated in Box 2 below.

Box 2. Percentage of respondents rating Kliniderm debride as good/excellent	
Ease of use	100%
Applying appropriate pressure	86%
The size and shape for the wound and anatomical location	100%
Patient comfort	86%
Overall performance	86%

Tissue type assessment at the start of the evaluation; 20% granulation, 0% epithelial, 52% slough/fibrin and 28% necrosis/eschar. The surrounding skin assessment; 27% healthy, 0% maceration, 14% erythema and 59% dry/hyperkeratosis. Positive changes were seen for both tissue and surrounding skin assessment, with granulation increasing from 20% to 58%, slough/fibrin decreasing from 52% to 28% and necrosis/eschar 28% to 13%. Healthy surrounding skin increased from 27% to 61%.

Wound condition, peri-wound condition and exudate level post debridement was rated as same, better than or much better than in all cases.

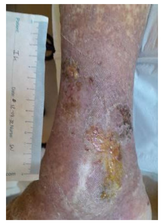
Discussion

The wounds presented in this evaluation indicate that Kliniderm debride and Kliniderm debride pocket are effective at debriding when compared to the previously used debridement product. Improvements were seen in wound bed and surrounding tissue, pain score and wound size, in most cases. Kliniderm debride is suitable for the treatment of acute and chronic superficial wounds. The shape and size of the products were deemed appropriate for the wound and anatomical location. The products overall performance was rated as excellent or good in 86% of cases.

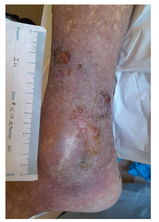
Conclusion

The clinicians involved found the products easy to use, with many patients reporting on how comfortable they were. Kliniderm debride and Kliniderm debride pocket has proven its ability as an effective debridement product.

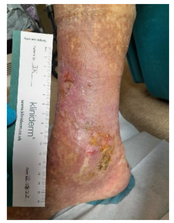
Samples of patients from the evaluation



Initial assessment, pre debridement 12.08.22

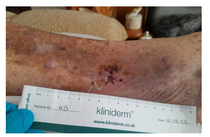


1st debridement 12.08.22

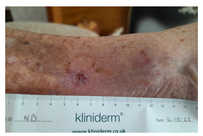


Last debridement (4th) 22.08.22

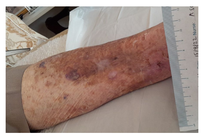
Patient IK – leg ulcer, wound duration 4 months



Initial assessment, pre debridement 12.08.22

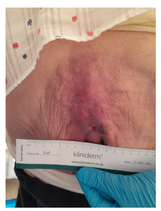


1st debridement 12.08.22

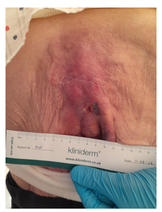


Last debridement (2nd) 15.08.22

Patient NB – leg ulcer, wound duration 2 months



Initial assessment, pre debridement 11.08.22



Last debridement (1st) 15.08.22

Patient DW – pressure ulcer, wound duration 1 week

References

Wolcott, R (2009) Regular debridement is the main tool for maintaining a healthy wound bed in most chronic wounds. Journal of Wound Care 18(2):54-6.

Vowden KR, Vowden P (2011) Debridement made easy. Wounds UK 7(4):1-4.