

This feature asks experts in their particular field to take a look at a therapy area and examine some of the challenges that general practice nurses (GPNs) may face. In this issue, we look at wound cleansing and ask how...

Effective debridement can be achieved in a busy clinic environment

THE PROBLEM

General practice nurses (GPNs) see patients with a wide variety of healthcare problems including chronic wounds, such as leg ulcers. Effective wound management requires a holistic approach, including wound bed preparation, which is essential to the wound healing process. Dead and contaminated tissue harbours bacteria and is a barrier to healing. Wound bed preparation involves the removal of dead and contaminated tissue by debridement, creating a wound environment that is less favourable to bacteria and supports healing.

THE ANSWER

In a clinic environment, limbs are traditionally cleansed by placing them in a bucket of water with added emollients. However, this practice poses manual handling risks to healthcare professionals, is time-consuming, and while cleansing is important for skin care,



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it does not address the need for debridement.

Indeed, the European Wound Management Association (EWMA) referred to debridement as the deep removal of adherent, dead or contaminated tissue from a wound and highlighted that this procedure should be separated from the act of cleansing, which it defined as the removal of dirt (lose metabolic waste and foreign materials) from the wound (EWMA, 2013).

Debriding is also an important component of wound bed preparation, as it:

- Allows greater visibility of the wound if all debris has been removed, thereby aiding assessment
- Improves skin integrity, enabling it to be an effective barrier against environmental elements, toxins and bacteria
- Gives general practice nurses (GPNs) the opportunity to identify other symptoms, e.g. hyperkeratosis, dermatitis, etc



- Helps patients to feel cleaner, particularly if they have been unable to wash due to dressings/ compression bandaging.

There are a number of debridement techniques available, which healthcare professionals should be aware of so that they choose the most appropriate method for the patient and their wound (Vowden and Vowden, 2011). One easy and effective method is the use of debridement cloths, which can also be used by patients themselves between nurse visits.

WHAT IS UCS®?

UCS® (medi UK) is a sterile,

pre-moistened debridement and cleansing cloth which offers atraumatic cleansing and debridement of a wound and the surrounding skin, without the use of water, any extra surfactant or buckets (Downe, 2014).

It effectively prepares the wound bed for healing by gently removing barriers to healing such as slough, debris and biofilms.

Dead and contaminated tissue provide the perfect environment for bacteria to grow, therefore their removal reduces the risk of infection, and facilitates accurate wound assessment as the wound bed is more easily visible.

UCS can be used on acute and chronic wounds, postoperative wounds, and wounds healing by secondary intention, leg and diabetic foot ulcers, peristomal skin, burns, ports of entry for catheters, and percutaneous endoscopic gastrostomy (PEG)/ percutaneous endoscopic jejunostomy (PEJ) tubes. It can be used on all types of skin conditions, including dry, hyperkeratotic skin (see below), and is safe for use on fragile skin and thus is suitable both for the elderly and very young.

Active ingredients in UCS

Unlike other debridement pads or cloths, the UCS cloth is pre-moistened with active ingredients, containing a surfactant, a mild keratolytic and aloe vera.

Surfactants are cleansers that penetrate the surface of a wound, providing deep and effective cleansing in just a few minutes. The surfactants used in UCS are gentle, non-allergenic cleansers which are non-cytotoxic, and so cause no harm to healthy tissue or cells.

The mild keratolytic helps to soften any hardened skin on the surface (horny layer of the epidermis), allowing it to shed. Typically in hyperkeratosis, the skin is so dry and dehydrated that it cannot naturally shed — leading to a brown discoloured appearance to the skin — and so removal of this dehydrated



FIGURE 1.
Before using UCS.



FIGURE 2.
After using UCS for less than three minutes.

layer requires rehydration. The combined action of UCS cleans, softens and allows better penetration of the moisturiser, the final ingredient in UCS — *aloe vera barbadensis*. This provides a degree of moisture to improve the skin's integrity and has anti-inflammatory and antimicrobial properties (Rajeswari et al, 2012).

The UCS cloth is soft and pliable, making it easy to get into those difficult-to-reach places such as between the toes, under skinfolds (Downe, 2014), as well as cleaning around the wound margins, which is particularly important for cell migration during epithelisation. The cloth can also be cut, which allows one cloth to be used safely for multiple wounds, without the risk of cross-contamination, and providing a safe and more cost-effective treatment option. The construction of the UCS cloth also means that clinicians have closer contact with the wound bed while using the cloth, making navigation more effective.

Accessing UCS on prescription
UCS can be found in the 'Physical

debridement' category of the drug tariff. The debridement cloths are available in boxes of 10 individually packaged sterile pouches and are simple for patients to use between surgery appointments if appropriate. UCS is the least expensive option available in the physical debridement category and the only pre-moistened debridement cloth.

SUMMARY

In the author's clinical experience, providing holistic and optimal patient care in a busy clinic can be challenging. Allocated time slots are short and patients are many and varied. Effective management of patients with wounds depends on taking a systematic, holistic approach to assessment. Focusing on the whole of the patient and not just the 'hole' in the patient is essential to ensure that the underlying cause of the wound is known (Hampton and Collins, 2004).

Using UCS for cleansing and debriding is a quick, safe and cost-effective alternative to washing legs in buckets. It facilitates assessment and healing, reduces time and risk of injury to the nurse, while still offering the patient the experience of having their legs washed and cleaned. **GPN**

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