PROCEDURE FOR CONSERVATIVE SHARP DEBRIDEMENT
(Tissue Viability Specialist Nurses Only)

<table>
<thead>
<tr>
<th>First Issued</th>
<th>Issue Version</th>
<th>Purpose of Issue/Description of Change</th>
<th>Planned Review Date</th>
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<tbody>
<tr>
<td></td>
<td>One</td>
<td>To promote safe and effective sharp debridement by Tissue Viability Specialists only.</td>
<td>2012</td>
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**Named Responsible Officer**: Tissue Viability Specialist Nurse

**Approved by**: Nursing Policy Group

**Date**: June 2009

**Section**: Tissue Viability CP16

**Impact Assessment Screening Complete Date**: May 2009

**Full Impact Assessment Required Y/N**: 

UNLESS THIS VERSION HAS BEEN TAKEN DIRECTLY FROM THE NHS WIRRAL WEB SITE THERE IS NO ASSURANCE THIS IS THE CORRECT VERSION
PROCEDURE FOR CONSERVATIVE SHARP DEBRIDEMENT

INTRODUCTION

Dead tissue in the form of slough and necrosis can, if present in a wound, delay healing and promote infection. Debridement describes any method by which such materials are removed and as a consequence the potential to achieve wound healing enhanced. Debridement can be achieved either through the use of wound care products or by conservative sharp debridement. This procedure will focus on the removal of devitalised tissue by Conservative Sharp Debridement (CSD).

TARGET GROUP

This procedure will only be undertaken by Tissue Viability Specialist Nurses (TVN)

EDUCATIONAL REQUIREMENTS

TVN carrying out sharp debridement in line with this procedure will be employed by NHS Wirral and will have completed a validated educational programme in wound management approved by their line manager. Evidence their ongoing Continuing Professional Development to be shared at their annual performance development review.

RELATED POLICIES

- NHS Wirral Health Records Policy
- Record Keeping Procedure for Community Nursing
- Clinical Waste Policy
- Health and Safety Policies
- Infection Control Policies
- Incident Reporting Policy
- Medical Devices Policy
- Consent Policy
- Chaperone Policy

NB Always use most current versions of NHS Wirral and NMC policies as may be superseded at any time
METHODS OF DEBRIDEMENT

The main methods of debridement are:
- Hydrosurgery (Versajet)
- Autolytic
- Chemical
- Enzymatic
- Mechanical
- Sharp
- Biosurgery

DEFINITION

‘Debridement is an accepted principle of good wound care, especially when debris is acting as a focus for infection’.

(NICE, 2001)

THE PURPOSE OF DEBRIDEMENT IS TO:

- Determine the extent of the wound and identify any undermining
- Remove non-viable tissue
- Reduce the bacterial load and minimise risk of local and systemic infection
- Allow wound drainage
- Reduce odour
- Promote healing

(Adapted from Edwards, 2000)

Debridement is complete when 100% of the wound bed consists of healthy granulation tissue (Vowden, 1999a).

Conservative sharp debridement (CSD) provides a fast and effective method of wound debridement, however, nurses should be aware of the other methods of debridement available. The nurse must have the knowledge and ability to select the appropriate method for each wound and apply it correctly.

Often a combination of methods will be required to achieve rapid safe debridement. CSD may form part of an on-going maintenance program of debridement (Falanga 2004)

Nurses should seek specialist advice from TVN and if necessary carry out a joint visit to assess the most appropriate method/methods of debridement and document all proposed treatment in the patient’s health records.
EQUIPMENT REQUIRED

- Disposable scalpel (Swann-Morton) Size 10,11,15
- Debridement pack (7822) Robinson Health Care. Containing:-
  1 Toothed Forceps
  1 Mosquito Forceps
  1 IRD Scissor – Curved
  1 Silver Eye Probe
- Sterile gauze
- Haemostatic dressing – according to local wound formulary
- Apron
- Dressing pack
- Sterile gloves
- Appropriate cleansing solution (e.g. sterile saline 0.9%) and post procedure dressing
- Camera
- Consent from for photograph
- Sharps bin and container for safe disposal of clinical waste

ASSESSMENT OF THE PATIENT PRIOR TO CONSERVATIVE SHARP DEBRIDEMENT

All patients with wounds considered suitable for sharp debridement by a Tissue Viability Specialist Nurse should receive a holistic assessment by a Tissue Viability Specialist Nurse and be given sufficient information on the different options/advantages and disadvantages of the various methods of wound debridement for them to make an informed choice. The nurse should examine the needs of the patient and the wound and subsequently:

- Examine available treatment options
- Evaluate potential risks and benefits to patient and wound of the chosen treatment
- Determine if wound is suitable for CSD or requires adjunctive treatment such as antibiotic cover

CONTRA-INDICATIONS FOR CONSERVATIVE SHARP DEBRIDEMENT:

- Wounds on ischaemic digits
- Patients with blood clotting disorders
- Wounds that are fungating or malignant wounds
- Wounds on the foot* (excluding heel region)
- Wounds on the hands and face
• Must not undertake sharp debridement of wounds that involve or are near the following structures:-
  Arterial structures
  Vascular grafts
  Prosthesis
  Dialysis fistula

For the above a referral should be made to the appropriate consultant surgeon and the GP informed

CAUTIONS FOR CONSERVATIVE SHARP DEBRIDEMENT:-

• Lower limb wounds in the presence of ischaemia *
• Patients on long term anti-coagulant therapy, e.g. Warfarin, Aspirin
• Patients on short term anticoagulant therapy, e.g. subcutaneous heparin
• Wounds on heels**
• Wounds on the Achilles tendon area**

Note: conservative sharp debridement in the presence of clinical infection may require systemic antibiotic cover

* Decisions with regard to whether or not the debridement of ischaemic lower limbs is appropriate should be made in conjunction with the Vascular Surgical Consultant.

** Referral should be made to the podiatrist for joint assessment and management if required

POTENTIAL COMPLICATIONS

If any complications arise i.e. pain, damage to underlying structures or excessive bleeding the procedure should be stopped immediately. The patient should be reassured, appropriate action taken which may involve seeking medical assistance. The complications and subsequent action should be documented in the patient’s health records; other health care professionals caring for the patient must be informed and a PCT incident form completed the same working day
### PRIOR TO CONSERVATIVE SHARP DEBRIDEMENT (CSD)

<table>
<thead>
<tr>
<th>PROCEDURE</th>
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<tbody>
<tr>
<td>Confirm patient’s identity, by asking full name and date of birth. If not possible – check details with family or carers</td>
<td>To avoid mistaken identity</td>
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<tr>
<td>Ensure patient is introduced to staff involved in procedure by name</td>
<td>Improves respectful communication and helps reduce anxiety</td>
</tr>
<tr>
<td>Establish patient has no known allergies, check in patients records and also ask patient / family of any known history</td>
<td>To reduce risk of allergic reactions</td>
</tr>
<tr>
<td>Explain procedure and any potential risks and fully document risks and benefits explained to patient in the patient health records</td>
<td>To ensure the patient understands and agrees with the procedure and can give valid consent</td>
</tr>
<tr>
<td>Obtain valid consent and document in patients nursing care plan</td>
<td>To gain co-operation and patients agreement to care</td>
</tr>
<tr>
<td>Follow NHS Wirral Consent Policy if unable to gain valid consent, may need to be in discussion with other members of team, carers and GP</td>
<td>To complete Consent Form 4 to demonstrate treatment is in patients best interest</td>
</tr>
<tr>
<td>Clarify if patient requires a formal chaperone</td>
<td>It is patients choice to have a chaperone if wanted</td>
</tr>
<tr>
<td>Complete and document a wound assessment.</td>
<td>To provide a baseline of wound status prior to CSD and check safety issues before proceeding.</td>
</tr>
<tr>
<td>Record wound size shape, depth, position and site.</td>
<td>To provide accurate measurements</td>
</tr>
<tr>
<td>Photograph the wound, check patient has signed consent for photograph. One copy of the photograph is to be kept in the patient’s health records and a copy for base notes if required.</td>
<td>To comply with PCT Consent Policy Use PCT Consent Form for Photography.</td>
</tr>
<tr>
<td>Estimate the depth of necrosis and assess the skin around wound margin. Note proximity to structures or anatomical features e.g. grafts, prosthesis, bone, tendon etc.</td>
<td>As part of wound assessment</td>
</tr>
<tr>
<td>Vascular assessment (ABPI) to be completed, if the area to be debrided is on the lower leg or foot.</td>
<td>To determine the vascular status and check the appropriateness of CSD.</td>
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<tr>
<td>Explain conservative sharp</td>
<td>To inform the patient of procedure,</td>
</tr>
<tr>
<td>debridement procedure to patient and ensure informed consent has been obtained.</td>
<td>other options available and adhere to local consent policy.</td>
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| Consider the need for:  
  • administration of analgesia (systemic, local or topical)  
  • antibiotic cover if clinical signs of infection are present | As only dead tissue will be incised, the procedure should not increase pain.  
  However additional analgesia may be required if viable tissue is unintentionally incised or if manipulation of dead tissue pulls on underlying viable tissue.  
  To treat any underlying tissue infection and to comply with local Antibiotic Formulary |
| Prepare the environment e.g. lighting, couch. | To ensure good visibility of the wound bed and to conduct a environmental / infection control risk assessment |
**DURING CONSERVATIVE SHARP DEBRIDEMENT**

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<tr>
<td>Ensure that the patient is comfortable and in a position where the wound can be accessed and viewed easily.</td>
<td>To allow access to area for safe debridement.</td>
</tr>
<tr>
<td>The nurse carrying out this procedure is in an appropriate and comfortable position.</td>
<td>To promote a safe working environment for the practitioner.</td>
</tr>
<tr>
<td>Decontaminate hands</td>
<td>To ensure no health care associated micro organisms are transferred via the hands through health care workers hands</td>
</tr>
<tr>
<td>Prepare an aseptic field and ensure all equipment and resources are in place.</td>
<td>To allow safe and easy access to resources during procedure.</td>
</tr>
<tr>
<td>Put on personal protective equipment</td>
<td>To reduce the risk of acquiring and transmitting of micro organisms</td>
</tr>
<tr>
<td>Lift the necrotic tissue with suitable grasping forceps and cut it carefully with a scalpel or scissors. The angle of the scalpel or scissors should be parallel to or angled away from the wound bed. Necrotic tissue should be removed in layers.</td>
<td>To minimise pain and damage to healthy tissue.</td>
</tr>
<tr>
<td>The nurse should stop the procedure if the patient requests to stop or if any complications arise</td>
<td>To ensure nurse responds to patients request To minimize risk of complications deteriorating</td>
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POST CONSERVATIVE SHARP DEBRIDEMENT

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<th>PROCEDURE</th>
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<tr>
<td>Remove PPE</td>
<td>To prevent cross contamination</td>
</tr>
<tr>
<td>Decontaminate hands</td>
<td>To remove any accumulated transient skin flora that may have build up under the gloves</td>
</tr>
<tr>
<td>Reassess the wound bed and photograph</td>
<td>To establish extent of debridement.</td>
</tr>
<tr>
<td>Redress according to local wound care Guidelines and care plan</td>
<td>To provide ‘optimum’ wound healing environment.</td>
</tr>
<tr>
<td>Dispose of equipment, sharps and debrided tissue as per clinical waste policy</td>
<td>To prevent injury and cross infection.</td>
</tr>
<tr>
<td>Document the outcome of the procedure in the patient’s health records</td>
<td>To accurately record the process and outcome of CSD.</td>
</tr>
<tr>
<td>Inform patient and relevant members of the multi-disciplinary team of the process and outcome of CSD.</td>
<td>To share information regarding the changes to the wound status and further wound care plan.</td>
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CLINICAL INCIDENTS

Any related incidents arising from carrying out this procedure which may involve a clinical error or near miss must be reported following the PCT Incident Reporting Policy.

SPECIALIST ADVICE

In the event of any complications in relation to wound care contact the Tissue Viability Specialist Nursing Team.
REFERENCES


Vowden, K., Vowden P (1999b)