

Debrisoft®

Biofilm-based wound management pathway

Reduce the biofilm burden + Prevent reconstitution of the biofilm
= Biofilm-based woundcare^{1,2}



Wound assessment

- Suspected biofilm in the chronic wound
- See **Box 1** overleaf

NB: For Venous Leg Ulcers (ABPI 0.8–1.3) – Apply appropriate compression if indicated following a full holistic assessment, incorporating a vascular assessment

Week 1

Dressing change 1

- Debrisoft® the wound (This will disrupt the biofilm barrier and allow topical antimicrobial dressings to work more effectively) and
- Apply a suitable topical antimicrobial (e.g. Suprasorb® X+PHMB) (This will help prevent reconstitution of the biofilm)

Dressing change 2

- Debrisoft® the wound and
- Apply a suitable topical antimicrobial (e.g. Suprasorb® X+PHMB)

Dressing change 3

- Debrisoft® the wound and
- Apply a suitable topical antimicrobial (e.g. Suprasorb® X+PHMB)

Please repeat if more dressing changes are required

Week 2

Dressing change 1

- Debrisoft® the wound and
- Apply a suitable topical antimicrobial (e.g. Suprasorb® X+PHMB)

Dressing change 2

- Debrisoft® the wound and
- Apply a suitable topical antimicrobial (e.g. Suprasorb® X+PHMB)

Please repeat if more dressing changes are required

Wound re-assessment

- Re-assess the biofilm status in the chronic wound
- See **Boxes 1 & 2** and consider the following:

Healing progression **NO**

- Consider repeating the 2 week cycle with an alternative topical antimicrobial (e.g. Suprasorb® A+Ag)
- If after a further 2 weeks there is no progression consider repeating with a 3rd topical antimicrobial
- If no progression after 3rd antimicrobial - consider specialist referral

Healing progression **YES**

- Consider reducing the use of Debrisoft® and
- Consider stopping the topical antimicrobial



Box 1

Suspected biofilm in the chronic wound – are any of the following present?

- Absence of healing progression, even though all obvious comorbidities and wound management issues have been addressed
- Visible, slimy, gel-like and shiny material on the surface of the wound bed, which detaches easily and atraumatically from the wound bed
- Re-forming of slough quickly, despite debridement
- An increase in the production of exudate
- Poor quality granulation tissue – possibly fragile and/or hypergranulation
- Signs of local infection (as biofilm is a precursor to infection) e.g. heat, redness, swelling, pain, odour
- Persistent or reoccurring infection
- Slow, or no, response to antiseptic dressings such as silver, iodine and PHMB

Box 2

Following the 2-week pathway, reassess the biofilm status in the chronic wound – are any of the following signs of improvement present?

- Healing progression
- Reduction in the production of exudate and slough
- Improved quality of granulation tissue
- No signs of local infection (heat, redness, swelling, pain, odour)

Boxes 1 and 2 have been developed using the following publications:

- 1 Phillips PL, Wolcott RD, Fletcher J, Schultz GS (2010) Biofilms made easy. Volume 1, Issue 1, May 2010 www.woundsinternational.com
- 2 Metcalf DG, Bowler PG, Hurlow J (2014) A clinical algorithm for wound biofilm identification. *Journal of Wound Care*, 23(3) 137-142



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For further information on Debrisoft or biofilm management,
please contact your local L&R representative on.....(TBC)

Or email... (TBC)

Or visit our website at: www.debrisoft.co.uk