Gentle efficiency: a clinician acceptability study of a debridement pad in UK community-based wound care clinics

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BACKGROUND

What is slough?

Chronic wound healing can be delayed by the accumulation of slough/necrotic tissue and bacterial biofilm, which form physical barriers to granulation and re-epithelialisation of the wound.

Why debride?

Debridement is the process of removing these barriers through autolytic, enzymatic, mechanical or surgical means, and is a key component of chronic wound care.[1,2]

What to consider?

Although debridement results in significantly improved rates of wound healing,[2] it can be a painful experience for patients. Choice of modality is not only influenced by wound type, size, position, and available clinical expertise, but must also consider patient acceptance/ pain tolerance.

Figure 1: A single use debridement pad* intended as a complement to sharp debridement of. leg ulcers

Aim

To determine the level of user satisfaction with a single-use debridement pad* for use on chronic wounds, considering pad ease-of-use, performance, and perceived patient pain during debridement.

METHODS

1. A survey of HCPs was conducted at 4 high-volume wound care clinics in the UK to determine HCP opinion on usability, performance and patient acceptability of a single-use debridement pad
2. Survey respondents were asked to rate the performance of the debridement pad on a five-point scale from “very dissatisfied” to “very satisfied”.
3. Follow-up interviews were conducted with HCPs at two of the clinics to gather qualitative feedback on performance

RESULTS

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Health care practitioners (HCPs) (Figure 2) at four community clinics in the UK responded to the survey after using the single use debridement pad*.

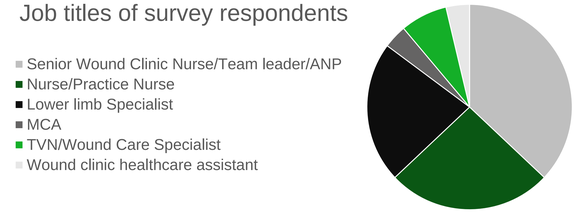

Figure 2: Job titles of HCPs who responded to the survey. A range of levels of experience were surveyed.

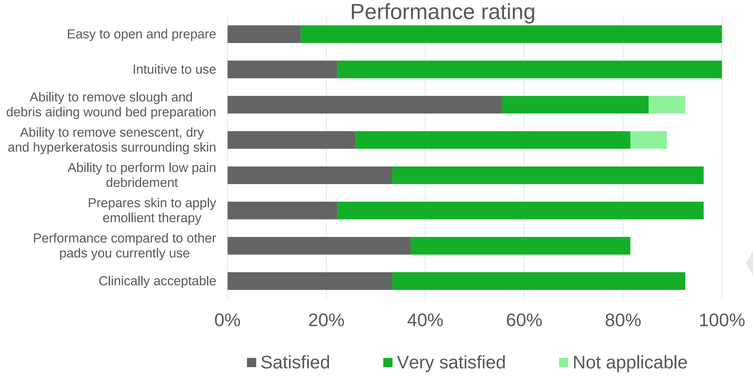

Figure 3: Performance of the single use debridement pad was rated very highly across all categories surveyed.

Performance of the debridement pad was rated through a survey (Figure 3) and feedback was sought through interviews with HCPs (Box 1)

96%

Of HCPs were ‘satisfied’ or ‘very satisfied’ with the debridement pad’s ability to perform low pain debridement.

Box 1: Select feedback from HCP interviews

In interviews, the debridement pad was described as both more gentle and more efficient than comparable products.

HCPs were very pleased that the debridement pad could be immersed in water during the scrub, which prevented the fabric from getting clogged.

We learned that they use a debridement pad on almost every patient with leg ulcers. In the clinic, there was one TVN who could perform sharp debridement when needed, but otherwise this was the only technique used.

The debridement pad was described by HCPs interviewed as:

“Brilliant on removing dry scaly peri-wound skin.”

“Don’t need to use forceps to remove the scales of skin.”

“More cost effective as it does the job quicker.”

CONCLUSIONS

Almost all HCPs were ‘satisfied’ or ‘very satisfied’ with the debridement pad’s ease of use, performance and ability to perform low pain debridement.

→ The performance of a single-use debridement pad was rated highly across all categories surveyed, with the majority of HCPs indicating that they were “satisfied” or “very satisfied” with ease of use and performance.

→ The pad was ranked highly in terms of its ability to perform pain free debridement, and may represent a good option for clinicians.

1. (1) Madhok BM, Vowden K, Vowden P. New techniques for wound debridement. Int Wound J. 2013 Jun;10(3):247-51. doi: 10.1111/iwj.12045. Epub 2013 Feb 19. PMID: 23418808; PMCID: PMC7950889.
2. Goldsmith D, Fairlamb DM. The Potential Role for a Painless Enzymatic Debridement Gel in Wound Bed Preparation for Venous Leg Ulcers-A Dose Escalation Study. Int Wound J. 2025 Jun;22(6):e70702.

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