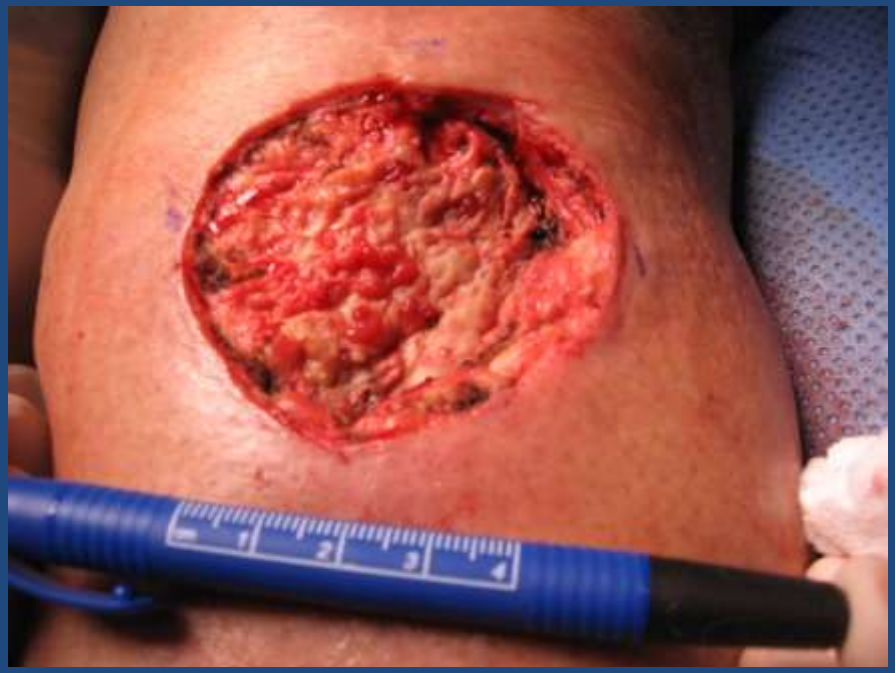
Wound Bed Preparation



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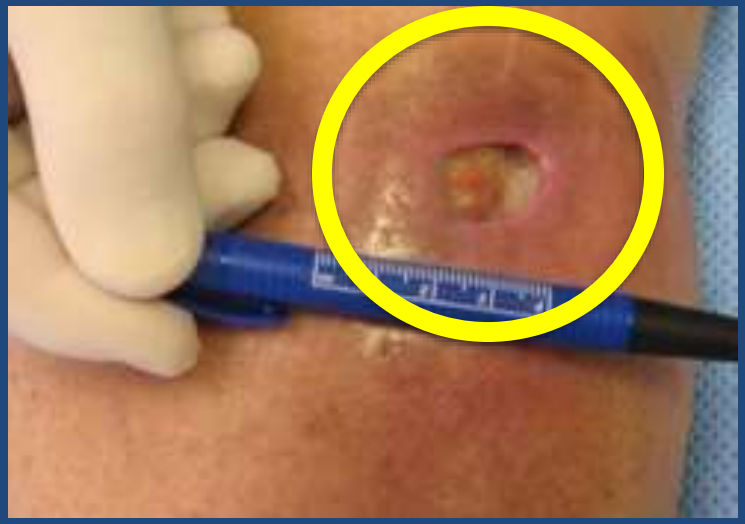
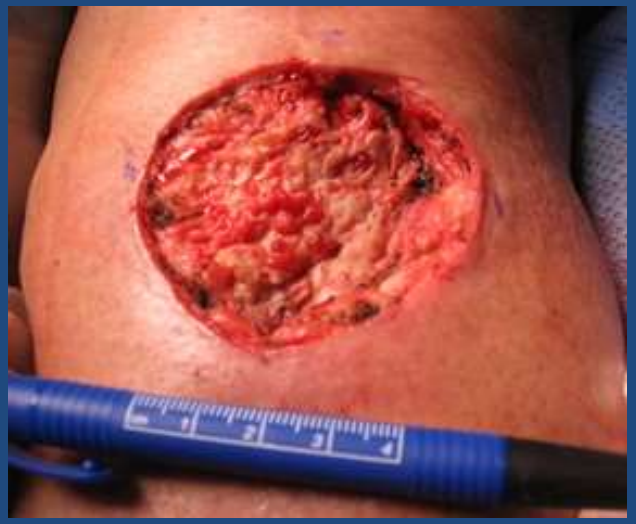
Foundations in Plastic Surgery





Healing cannot proceed in a metabolically hostile environment

TIME was Right

T – **TISSUE** – debride devitalized tissue and foreign material

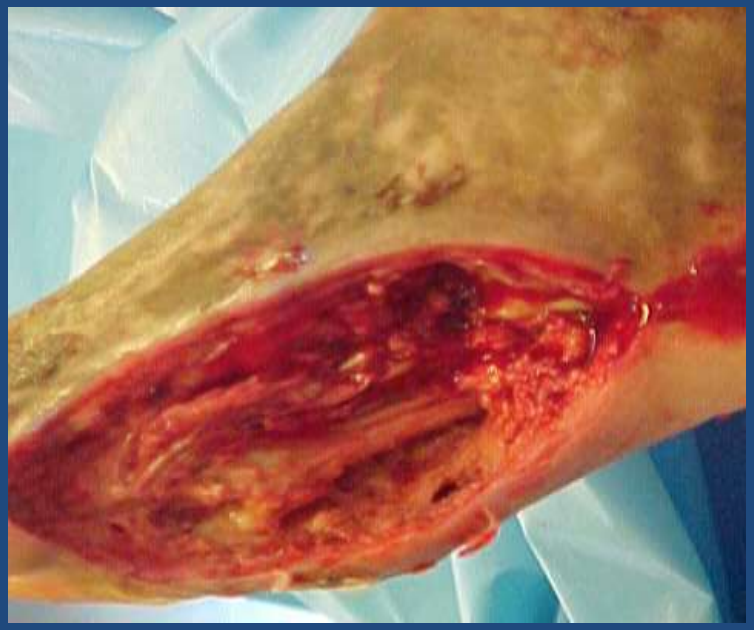
I – **INFECTION & INFLAMMATION** identify and address

M – **MOISTURE** – assess and optimize volume and nature of exudate

E – **EDGE** – assess for viability, undermining, & responsiveness

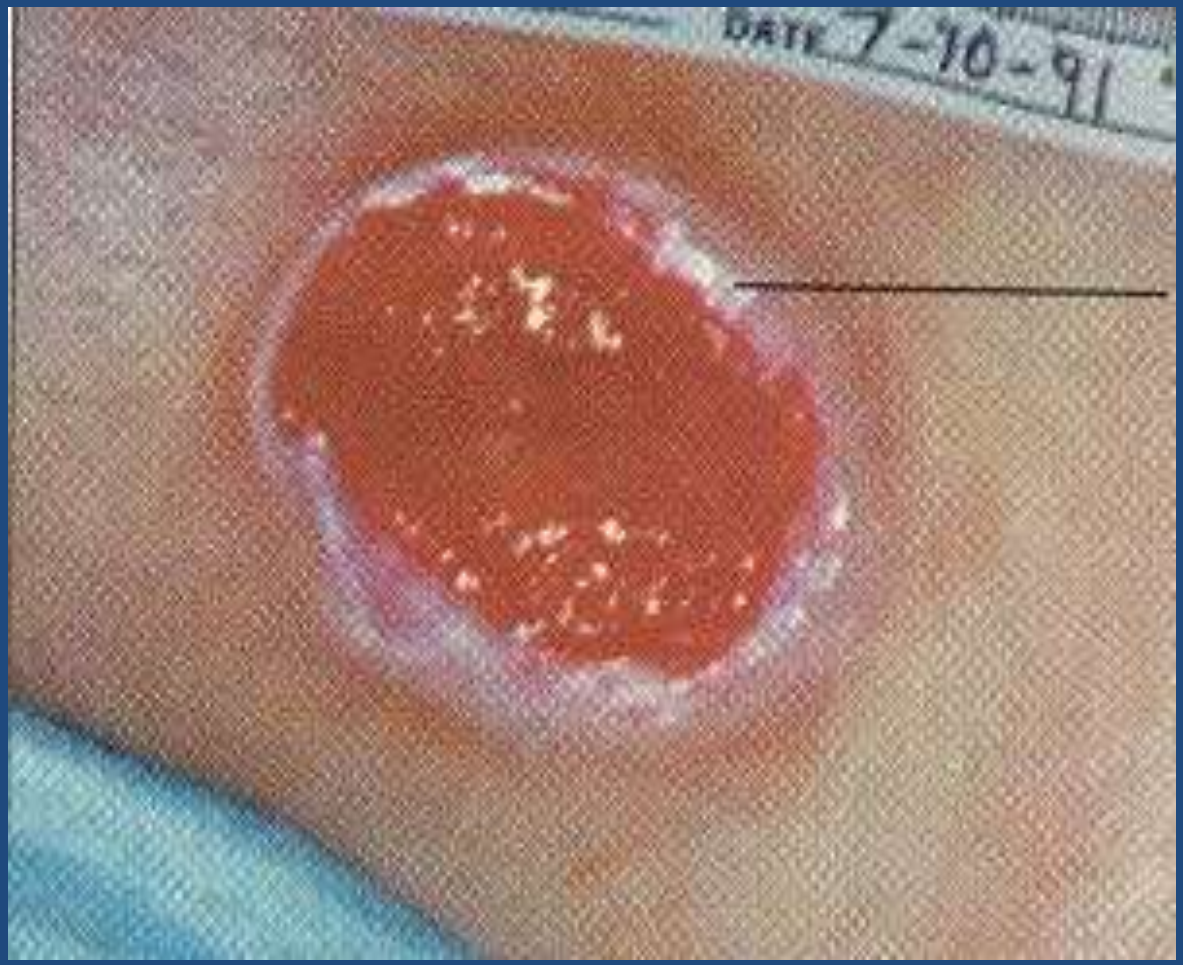
Schultz GS, et al. Wound bed preparation: a systematic approach to wound mgt. WRR 2003; 11:1-28

TISSUE



Initial debridement should be aggressive and attempt to remove ALL devitalized tissue and foreign debris that might create barriers to healing.

TISSUE



The Evidence

Original Investigation
Frequency of Debridement and Time to Heal
A Retrospective Cohort Study of 312,744 Wounds

CONCLUSIONS AND RELEVANCE The more frequent the debridement, the better the healing outcome.

James R. Wilcox, RN et al JAMA Dermatol. doi:10.1001/jamadermatol.2013.4960 Published online July 24, 2013.

Infection & Inflammation

- Inflammation is physiologic to healing
- Infection is not physiologic and requires tx
- Treatment of infection should be:
  - Targeted by C&S when possible
  - Stopped when microbial balance is restored
- All culture methods are not created equal
  - Biopsy is best
  - Curettage is nearly equal
  - Swab is acceptable, ideally with Levine technique

Infection & Inflammation

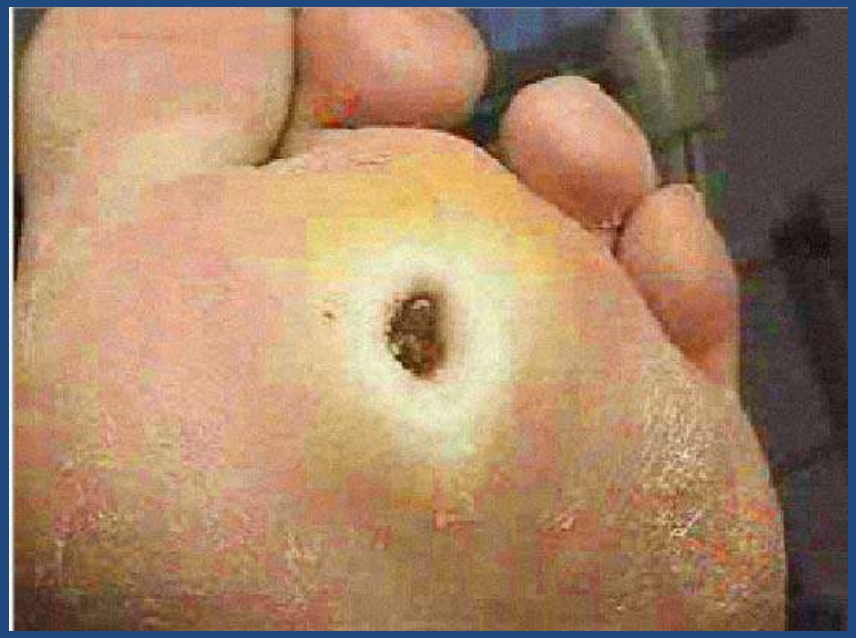
- Biofilm is not something you can see
- Biofilm incites inflammation
- Debridement disrupts & weakens biofilm

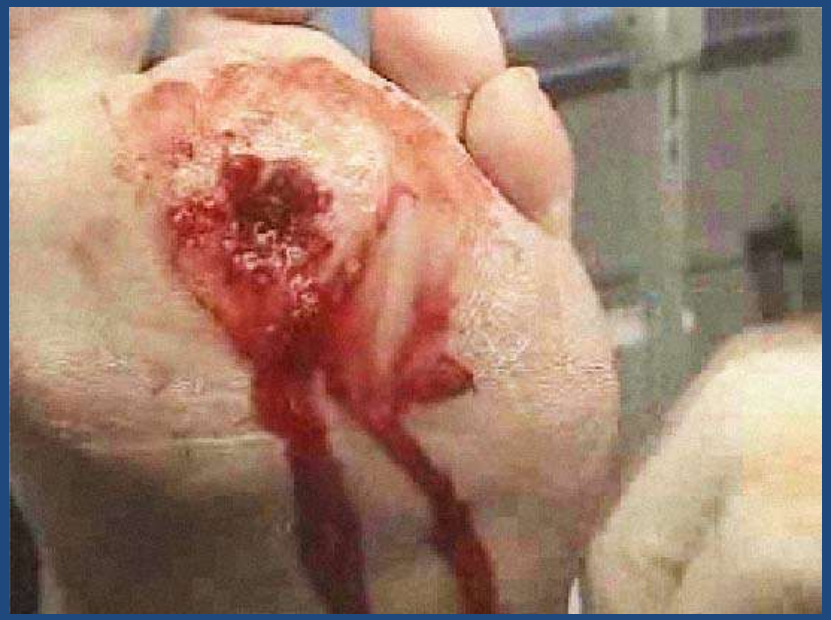
Moisture Balance

- Excessive or deficient moisture is damaging
- Epithelium cannot migrate across dry wound
- Excess exudate = physiologic malfunction
  - Infection
  - Suboptimal edema control
  - Metabolic issues
- Select topical care to optimize moisture balance

EDGE & EPITHELIAL MIGRATION

- Undermining
- Epibole
- Senescent or unresponsive tissue






BUT WAIT
THERE'S MORE
memes.com