Wound Debridement

A wound must be clean to heal. It also must get a good supply of blood. Anything that is stopping this must be taken out of the wound. This could be dead tissue, scar tissue, or a collection of fluid (*pus*). Something from outside the body also might have gotten into the wound. These items are removed in a procedure called debridement. Wounds that are not cleaned by debridement heal slowly or not at all. They can become infected. The infection can also spread to nearby areas or to other parts of the body through the blood.

Debridement is sometimes done to get a sample of tissue from the wound. The tissue can be checked under a microscope or sent to a lab for testing.

BEFORE THE PROCEDURE

- The wound will be checked for signs of healing or infection. This may include:
  - Blood tests to check for infection.
  - Measuring the wound. This includes how deep it is. A metal tool (*probe*) may be used.
- You must give informed consent. This requires signing a legal paper that gives permission for the procedure.
- You may need to speak with the person who would give you anesthesia during the procedure (*anesthesiologist*). Sometimes anesthesia is not needed. If anesthesia is used, the area around the wound may be numbed (*local anesthesia*). If the wound is deep or wide, you may be put to sleep during the surgery (*general anesthesia*). Ask your caregiver what to expect.
- If you are having general anesthesia, do not eat or drink anything for at least 6 hours before the procedure. Ask if it is okay to take needed medicine with a sip of water.
- This might be an outpatient procedure, meaning you will go home the same day. Make arrangements ahead of time for someone to drive you home. Also, make sure someone can stay with you for a few days.
- On the day of the debridement, your caregiver will need to know the last time you had anything to eat or drink. This includes water, gum, and candy.

LET YOUR CAREGIVER KNOW ABOUT:

- Allergies to food or medicine.
- Medicines taken, including vitamins, herbs, eyedrops, over-the-counter medicines, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or numbing medicines.
- History of bleeding problems or blood clots.
- Previous surgery.
- Other health problems, including diabetes and kidney problems.
- Possibility of pregnancy, if this applies.

PROCEDURE

- Small monitors may be placed on your body. They are used to check your heart, blood pressure, and oxygen level.
- You may be given medicine through an intravenous (IV) access.
- You might be given a sedative. This medicine will help you relax.
- You may be given general anesthesia to help you sleep or local anesthesia to numb the area around the wound.

Surgical debridement:

- Once you are asleep or numb, the wound may be washed with a sterile saltwater solution.
- Scissors, surgical knives (*scalpels*), and surgical tweezers (*forceps*) will be used to remove dead or dying tissue. Any other material that should not be in the wound will also be taken out.
- After the wound is clean, it will be washed again.
- A dressing (*medicine and bandage*) may be placed over the wound.

Sometimes, other methods are used. These methods might be done along with surgical debridement or instead of it. They include:

Mechanical debridement:

- A moist dressing is placed over the wound. It is left in place until it is dry. The dressing is lifted off. This lifts away any dead tissue.
- Sometimes, whirlpool baths are used.
- Sometimes, pulsed lavage is done. This involves flushing the wound with sterile solution under pressure.

Chemical debridement:

- A chemical medicine is put on the wound. The aim is to dissolve dead or dying tissue. Ointments may also be used.

Autolytic debridement:

- A special dressing is used to trap moisture inside the wound. The goal is for the wound to heal naturally under the dressing. Healing takes longer with this treatment.

AFTER THE PROCEDURE

- You will stay in a recovery area until the anesthesia has worn off. Your blood pressure and pulse will be checked periodically. You may continue to get fluids through the IV for awhile. Once you have recovered, you should be able to go home.
- Some pain after debridement is normal. You will probably be given pain medicine.
- Before you go home, make sure you know how to care for the wound. This includes knowing when the dressing should be changed and how to change it.
- Set a follow-up appointment before leaving.

RISKS AND COMPLICATIONS

Problems from debridement are rare. If they do occur, they are usually not serious. Risks could include:

- Bleeding that does not stop.
- Infection.
- Damage to healthy tissue inside the wound. This could include blood vessels or nerves.
- Pain.
- Lack of healing. This could mean another debridement is needed.

HOME CARE INSTUCTIONS

- Take all medicine that has been prescribed. Follow the directions carefully. **Do not** take over-the-counter painkillers unless your caregiver says it is okay. Some of them can cause bleeding after surgical procedures.
- **Do not** drive if you are taking narcotic pain medicine.
- Follow all instructions about caring for your wound.
- How active you can be will depend on your wound. Ask your caregiver whether there is anything you should or should not do while you heal.
- Keep all follow-up appointments.

SEEK MEDICAL CARE IF:

- You have any questions about medicines.
- You have any questions about caring for your wound.
- Pain continues, even after taking pain medicine.
- You have an oral temperature above 102° F (38.9° C).

SEEK IMMEDIATE MEDICAL CARE IF:

- Pain increases, even after taking pain medicine.
- A bad smell comes from the wound.
- The wound becomes red or swollen.

- Blood or other fluid is leaking from the wound.
- The skin around the wound becomes white, blue, or black.
- You have an oral temperature above 102° F (38.9° C), not controlled by medicine.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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