

The Clean, Beefy-Red Wound Bed

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A clean, beefy-red wound bed often represents a good sign of wound healing. However, many interventions may be necessary before a wound reaches this point. As a general surgeon, I am often asked to consult on wounds that clearly require debridement. Although many necrotic wounds can benefit from surgical debridement, some patients are not candidates for this procedure because of their overall condition, the care setting lacks access to a surgeon or other appropriate licensed provider, or the overall wound treatment objective is not compatible.

Nonsurgical debridement strategy options offer specific advantages and disadvantages. As clinicians, we must select the strategy that offers the patient the best results with the least amount of pain, while staying on course with the patient's overall treatment objective in their particular care setting. When signs of infection or wound deterioration are present, we may turn to strategies that include autolytic, enzymatic, or other mechanical debridement to clean up a wound bed and remove nonviable tissue to facilitate optimum wound healing.

Selecting the appropriate debridement strategy should be based on the clinical experience and competency, plus the "where" and "who" will manage these patients as they move through the healthcare continuum. Your strategy can include a blend of approaches, such as a light surgical debridement along with application of autolytic agents combined with application of any number of suitable dressing alternatives. Ultimately, the final goal should be based on what will benefit the patient most while maintaining a cost-effective approach. Keeping this in mind, the beefy-red wound bed is not far behind. - OWM

Commentary from Ferris Mfg. Corp.

When wound treatment goals include autolytic debridement, PolyMem® QuadraFoam® dressings can provide the actions necessary to clean up a wound bed. PolyMem dressings continuously fill, cleanse, absorb, and moisten a wound. PolyMem dressings do not stick to the wound bed so their removal is atraumatic and pain-free. Additionally, the dressings help relieve wound pain by reducing the spread of the inflammatory response beyond the margins of the involved site and into uninjured tissues surrounding the wound.¹

In a representative case study,² following surgical debridement the physician managed a pressure ulcer to complete closure in 4 months utilizing PolyMem Silver® and PolyMem Wic Silver®. Systemic antibiotics were avoided due to patient's medical condition.



September 13: Wound after surgical debridement. Pain is 7 on a 0-10 scale and Pseudomonas is 4+. Treatment with PolyMem Wic Silver and PolyMem Silver is initiated.



September 30: Wound pain is 0 without analgesia.



October 14: Wound culture is negative and the wound is fully granulating and substantially smaller.

References

1. Beitz AJ, Newman A, Kahn AR, Ruggles T, Eikmejer L. A polymeric membrane dressing with antinociceptive properties: analysis with a rodent stab wound secondary hyperalgesia. *J Pain*. 2004;5(1):38-47.
2. Agathangelou C. Huge sacral pressure ulcer closed in four months using silver polymeric membrane dressings and wound filler. Poster presented at the Third World Congress of the World Union of Wound Healing Societies. Toronto, Ontario, Canada. June 2008.

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