

Conservative Sharp Wound Debridement

A guide for home care in Alberta with a focus on Indigenous health.

This guide contains information to be used as a cue for action when determining the appropriate use of conservative sharp wound debridement (CSWD).

It is important to remember that care is to be collaborative, using a patient-centred approach based on respect, dignity, empathy, compassion, cultural appropriateness and shared decision making.

Introduction

Several types of wound debridement are available to health-care providers to use in managing certain wounds. These include biological (biosurgical), mechanical, hydrosurgical, chemical, autolytic, enzymatic, surgical and conservative sharp. The purpose of debridement is to provide an improved wound environment to promote wound healing by removing debris and foreign bodies; necrotic, devitalized or infected tissue; or any other tissue or substance, such as slough and pus, that will slow or prevent healing.^{1,2}

For more information on all types of debridement, please visit pages 41–45 of [Foundations of Best Practice for Skin and Wound Management: Best Practice Recommendations for the Prevention and Management of Wounds](#).¹

Conservative Sharp Wound Debridement (CSWD)

CSWD involves the removal of devitalized or non-viable tissue, usually with a scalpel, scissors, dermal curette, forceps and/or other sharp instruments.³

The decision to use CSWD is based on a number of factors, including:^{1,2}

- The findings from a comprehensive patient and wound assessment (see Table 1 on page 2)
- Availability of a health-care provider with specialized knowledge, skill, judgment (critical-thinking abilities) and scope of practice to perform the procedure (for clinicians not skilled in sharp debridement, other forms of debridement may be the preferred option (see Table 1 on page 2))
- Patient preferences

Caution!

CSWD carries significant risk and should only be undertaken by a qualified health-care provider in an appropriate setting.^{1,2} Only health-care professionals who have the proven CSWD knowledge, skill and documented mentorship (including a supervised hands-on experience) and who have obtained organizational and physician permission to perform the procedure may perform it at the bedside or in a clinical setting.¹⁻³ Clinicians must verify within their health-care institution or agency that sharp debridement is within their scope of practice and whether there is a policy indicating who may perform CSWD.³

The patient must provide informed consent (written or verbal) based on information that includes why the procedure is being conducted, the benefits and risks.^{1,4}

Table 1: Key Factors in Deciding Method of Debridement¹

	Surgical/sharp	Enzymatic	Autolytic	Biologic	Mechanical
Speed	1	3	5	2	4
Tissue selectivity	3	1	4	2	5
Painful wound	5	2	1	3	4
Exudate	1	4	3	5	2
Infection	1	4	5	2	3
Cost	5	2	1	3	4

1 is most desirable and 5 is least desirable

The Home Care Visit

In the home care setting, safety of the patient and health-care professional is the priority.

Do not proceed if you lack the knowledge, skills, judgment, authority, resources.

Step 1: Assess for safety in the home

Ensure there is a safe workplace. Follow Alberta Health Services-Covenant Health recommendations for a safe workplace.

Consider the following elements:

For the patient:

- Patient hand hygiene infographic
- Informed consent for CSWD
- Safe environment and positioning of patient (can patient hold position safely, in the presence of conditions such as Parkinson's disease or spasms?)
- Family/care partner present to assist
- Waste, dressing disposal

For the health-care provider:

- Routine practices: Follow infection prevention and control (IPAC) policies and procedures
- Follow policy and procedure for CSWD
- Safety: ergonomics, excellent lighting, equipment for CSWD
- Support person to aid in procedure

Step 2: Conduct a comprehensive patient and wound assessment

- Use validated tools
 - Include a validated pain assessment (before, during, after)
- Document findings as per policy
- Discuss any concerns with the team (including the patient)

Step 3: Set the stage

- Discuss with the patient and support person(s) what is going to happen during the procedure
- Outline risks and benefits

- Set goals for desired outcomes
- Obtain informed consent from the patient

Step 4: Assemble resources

- Assemble equipment for CSWD, including hand hygiene supplies, gloves (sterile, non-sterile), cleansing solution, antiseptic, dressing tray, scissors, disposable pad, forceps, scalpel (disposable or reusable), wound measurement guide, sharps container, dressing supplies and supplies to manage bleeding risk⁴ (note: bleeding in non-viable tissue is unexpected and should be considered an incident)
- Prepare the patient, including medications and time for the medication to be effective (before, during, after)
- Position the patient for comfort
- Communicate to the support person how they can be of assistance
- Have an emergency plan and resources in place in case of adverse events

Wound-specific resources:

- [Skin and Wound Clean-up](#) helps users choose appropriate skin and wound cleansers as well as irrigating solutions.
- [Wound Dressing Formulary](#) describes common wound dressings in generic categories and lists usage considerations.
- [Wound Dressing Selection Guide](#) helps users choose appropriate primary and secondary dressings based on common clinical situations and wound care goals.

Step 5: Perform CSWD

Perform debridement considering the following:

Do

- Leave it alone if you are in doubt.
- Always ask yourself, “How did that wound get there?”
- Take the appropriate amount of time to perform debridement.

Don't debride

- What you can't see
- Radiated wound beds
- Vasculitic wounds
- Dry eschar with minimal blood flow
- If you lack the knowledge, skills, judgment, authority, resources
- If you feel uneasy

Dress the wound appropriately.

Step 6: Perform post-CSWD activities

- Safely dispose of CSWD materials following IPAC principles.
- Discuss findings and wound assessment with the patient and/or care partners and family.
- Continue pain management if required and plan ongoing use of medications.
- Reassess and document wound parameters (the wound measurements may have changed).

- Document procedure and outcomes.
- Plan next visit/follow-up.
- Report findings to the team.

Step 7: Evaluate outcomes

Evaluation of the wound care plan should be routine and ongoing to identify whether the plan is effective in meeting the goal(s). If, after the steps above have been completed, and the debridement goals have not been fully met, go back to the assessment step and then repeat the rest of the steps, incorporating any new information you have discovered during the assessment step. Remember: there are several debridement approaches and another approach may support the goal(s) as well.

For Wounds Canada resources for your patients, visit the Care at Home Series:

- [Caring for Your Wound at Home: Changing a Dressing](#)
- [Caring for Your Swollen Legs at Home: Preventing and Managing Venous Leg Ulcers](#)
- [Caring for Pressure Injuries at Home: Preventing and Managing Pressure Injuries](#)
- [Caring for Your Feet: Safe Foot Care if You Have Diabetes](#)
- [Diabetic Foot Complications: When is it an emergency?](#)
- [Caring for Yourself After Surgery: Preventing Surgical Site Infections](#)
- [Caring for Easily Injured Skin: Preventing and Managing Moisture-associated Skin Damage](#)
- [Preventing and Managing Skin Injuries: Minor Trauma \(Cuts, Scrapes and Bruises\)](#)
- [Burns: Preventing and Managing Skin Injuries](#)
- [Keeping Your Home Safe: Preventing Skin Injuries for the Whole Family](#)

Additional Resources

The following resources provide additional information about conservative sharp wound debridement.

- [Wounds Canada. BPR Brief: Prevention and Management of Wounds](#)
- [Wounds Canada: Best Practice Recommendations for the Prevention and Management of Wounds](#)
- [Wound Care Canada: Hematoma: Sometimes a Mild Bump Can Lead to Large Bruises. \(an example with images of wound debridement\)](#)

References

1. Orsted HL, Keast DH, Forest-Lalande L, Kuhnke JL, O'Sullivan-Drombolis D, Jin S, et al. [Best practice recommendations for the prevention and management of wounds](#). In: Foundations of Best Practice for Skin and Wound Management. A supplement of Wound Care Canada; 2017.
2. NSWOCC. [Debridement: Canadian Best Practice Recommendations for Nurses](#). 2021.
3. European Wound Management Association (EWMA). [Debridement: An updated overview and clarification of the principle role of debridement](#). 2013.
4. Wounds Canada Institute. [Skills lab for wound debridement](#). 2022. [PowerPoint, slides 1–56].
5. British Columbia Provincial Skin and Wound Committee. [Guideline: Wound Management for Adults & Children](#). 2018.

Funding for this resource provided by FNIHB ISC - Alberta Region.



Indigenous Services
Canada

Services aux
Autochtones Canada