Trust Policy	Worcestershire Acute Hospitals NHS Trust

Conservative Sharp Debridement in Advanced Wound Care

Department / Service:	Tissue Viability
Originator:	Claire Hughes TVN Lead nurse
Accountable Director:	Chief Nurse
Approved by:	Clinical Governance Group
Date of approval:	2nd March 2021
Review date: **This is the most current document and should be used until a revised version is available**	1st May 2025
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All Clinical Areas
Target staff categories	

Policy Overview:

The presence of dead/devitalized tissue hinders wound healing, so debridement provides the foundation for subsequent tissue growth.[2] Appropriate and early debridement accelerates wound healing. This in turn delivers additional benefits of improved quality of care, enhanced patient health and wellbeing and a reduction in treatment costs.[3]

Where there is any evidence of slough, necrotic tissue or eschar debridement of this non-viable tissue will help progress the wound towards healing. The presence of non-viable tissue will delay wound healing as it hinders the formation of granulation tissue but it can also be a cause of bacterial growth increasing the risk of infection.[4]

Surgical sharp and conservative sharp debridement is performed by a skilled practitioner using surgical instruments such as scalpel, curette, scissors and forceps. This debridement type promotes wound healing by removing biofilm and devitalized tissue. The level of debridement is determined by the level of devitalized tissue removal. Sharp and conservative debridement can be performed in a clinic or at the bedside with sterile instruments. [1]

Key amendments to this policy:

Date	Amendment	Approved By:
March 2021	New document approved	CGG
19/03/2024	Document extended for six months	Claire Hughes
Jan 25	Document extended for 3 months	Claire Hughes/Alison

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1. Introduction

Conservative sharp debridement is performed by a skilled practitioner in the selective removal of loose devitalized tissue which lies above the level of viable tissue using surgical instruments such as scalpel, curette, scissors and forceps11. This debridement type promotes wound healing by removing biofilm and devitalized tissue. The level of debridement is determined by the level of devitalized tissue removal. Sharp and conservative debridement can be performed in a clinic or at the bedside with sterile instruments. [1]

The presence of dead/devitalized tissue hinders wound healing, so debridement provides the foundation for subsequent tissue growth.[2] Appropriate and early debridement accelerates wound healing. This in turn delivers additional benefits of improved quality of care, enhanced patient health and wellbeing and a reduction in treatment costs.[3]

Where there is any evidence of slough, necrotic tissue or eschar, debridement of this non-viable tissue will help progress the wound towards healing. The presence of non-viable tissue will delay wound healing as it hinders the formation of granulation tissue but it can also be a cause of bacterial growth increasing the risk of infection.[4]

2. Scope of this document

To ensure the safety of all patients who should require conservative sharp debridement to remove devitalised tissue. To help direct health professionals in the assessment and management of patients with wounds which have devitalised tissue (Slough or necrosis) present that can be removed by conservative sharp debridement , and to help receive appropriate care in a timely manner .

This document is aimed to support and guide other trained staff in making appropriate referrals for the procedure.

Whilst it is recognised that podiatrists also carry out sharp debridement as part of their role, their practice lies outside the scope of this document.

3. Definitions:

T.V.N*:* Tissue Viability Nurse

Debridement: any method to remove dead, nonviable/devitalised tissue, infected or foreign material from the wound bed and surrounding skin .3

Conservative Sharp Debridement: **(CSD)** Conservative debridement is the removal of dead tissue, with a scalpel or scissors, above the level of viable tissue. 5

Devitalised Tissue: The presence of non-viable tissue which will delay wound healing as it hinders the formation of granulation tissue but it can also be a cause of bacterial growth increasing the risk of infection.[4]

4 .Responsibility and Duties

Conservative sharp debridement can only be carried out by medical staff with appropriate competency or TVNs who have completed an appropriate course and in addition achieved the accompanied clinical competence under supervision. However, it is advocated that, if conservative sharp debridement is performed correctly and viable tissue is not exposed, there should be no danger to viable tissue (O'Brien, 2003).6

5. Policy Detail

Prior to Procedure

Action	Rationale
1 .The Registered Healthcare Professional will ensure that an appropriate referral has been made to the Tissue Viability Team ensuring the patient fulfils the criteria for conservative sharp debridement. Other methods of debridement have been considered.	• Appropriate patient referral • Appropriateness for CSD procedure. • Tissue Viability specialist advice MUST be sought when considering NPWT for paediatric patients. • Appropriate patient referral : assess any intrinsic/ extrinsic factors that will affect procedure or wound healing following procedure.
2. Ensure person undertaking CSD has appropriate course and Competent to undertake procedure.	• Ensure Accountability and patient safety.
3. The Registered Healthcare Professional should ensure that further clinical investigations where appropriate are carried out (as indicated in the Worcestershire Acute NHS Trust Wound Management policy, 2015) before Conservative debridement is commenced.	• Vascular assessment (ABPI) , • Infection markers (CRP). • Patients with a chronic wound should have a Full Blood Count test and any anaemia treated. • Where a wound is identified as being delayed in healing a blood glucose test should be taken to assess for diabetes. Additionally good glycaemic control should be attained for patients with diabetes.
4. Consider requirement for Antibiotic cover during / after procedure if clinical signs of infection present.	• To treat possible/confirmed underlying tissue infection
5. The Registered Healthcare Professional should decide the appropriate level of conservative sharp debridement required following an in-depth wound assessment, using T.I.M.E.S frame work. 11	• To provide baseline wound status prior to C.S.D. • Record wound depth, size, shape, position and site • Estimate percentage of devitalised tissue pre CSD. • Photograph wound pre CSD completing image consent form as per hospital policy(WAHT-CG-075) • Note proximity of any potential under lying structures or anatomical feature(Bone ,tendon, grafts, prosthesis)

6. Adequate pain relief for the patient should be discussed and prescribed prior to procedure taking place. Procedural pain results from a routine intervention such as dressing removal, cleansing or dressing application.10 (Consider Systemic, local or topical analgesia)	• Pre assess patient's pain in preparation for CSD. • Ensure adequate pain relief in place for duration of CSD procedure.
7. The Registered Healthcare Professional performing the conservative sharp debridement is responsible and accountable for the patient who receiving this treatment.	• Inform patient / relative/carer of procedure and other options considered. It is the legal responsibility of medical practitioners to ensure patients have an understanding of the facts and implications of any medical interventions. 9
8. Patient consent should be gained prior to the conservative sharp debridement procedure Department of Health (2001) good practice guidelines in relation to consent state that the provision of information is central to the consent process.7 It has, therefore, become even more important to ensure that consent is fully documented.8	• Explain why CSD has been chosen. • Adhere to local consent for examination and treatment (WAHT-CG-075)
9. Where the patient lacks capacity, the principles of the mental capacity Act (2005) are to be followed. (Policy **WAHT-CG-075)**	• Following hospital policy to still treat such a patient if the treatment would be in their best interests

EQUIPTMENT REQUIRED FOR PROCEDURE

Dressing trolley cleaned using clinell wipe
Dressing Pack
Sterile Gloves
Disposable dag
Sterile scalpel or sharp sterile scissors
Fine Forceps capable of grasping/holding devitalised tissue
Wound probe / swab for assessing tracking and wound depth.
Sterile Gauze
Appropriate cleansing solution
Post procedure dressing

Haemostatic/ Hydro fibre dressing (Aquacel extra or Aquacel Extra AG)
Equipment to take image of area
Sharps Bin for safe removal of sharps

Ensure environment where CSD procedure taking place is adequate and well prepared.
(adequate Lighting , bed height , fans off , windows closed, free from cleaners)

During CSD Procedure

Ensure :	
• Patient is comfortable, well positioned for wound to be assessed and accessed easily. • Clinician/ TVN specialist carrying out CSD procedure is in comfortable position. • Prepare sterile field ensuring all equipment and required resources at hand.	• Allow safe area for CSD to happen. • Provide a safe working environment. • Access to all required resources and equipment.

CSD is not suitable for all patients or all wounds. Before proceeding with CSD the following must always be considered.

Contraindications:

CSD will not be carried out when :

- Underlying structures such as muscle, tendon or bone are clearly visible /identified.
- The interface between Viable & Non –Viable |Tissue cannot be identified.
- The Wound is Malignant or Fungating.
- If patient lacks capacity or unable to give verbal consent – best interest decision might be used in these cases.(WHAT-CG-075)
- The wound location is on Hands or Face- Consider Plastics team advice/ referral.

Consider a referral to an appropriate consultant surgeon with any of the above contraindications.

Cautions:

- Is the patient under 18 years of age.
- Wounds that are in close proximity to – Arterial structures
  Vascular Grafts
  Prothsesis
  Dialysis Fistulas.
- Current anticoagulation therapy.
- Ischaemic Digits- If toes ref to Podiatry.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
Sec 4	All staff undertaking Conservative Sharp debridement procedure (CSD)will have competencies completed	Tissue Viability Specialists to ensure that staffs do not undertake CSD until completed appropriate course trained and completed required additional competencies.	Each time CSD is undertaken on a patient, we must ensure that competencies are completed prior to procedure.	Tissue Viability Specialist	Tissue Viability Specialist will ensure Adequate up to date CSD training and completed competencies prior to any CSD being undertaken.	NA

4. Policy Review

[This section should state the frequency of review of the Policy and which person or group will be responsible]

5. References

Code:

Woundsource.com. The Primary Methods of Debridement. April 19th. 2018.	1
O'Brian. (2003) Debridement: ethical, legal and practical considerations. British Journal of Community Nursing (supplement) 23-25.	2
Wounds UK (2013) Effective Debridement In a changing NHS : a UK consensus	3
Broadus .C. (2013) Debridement Options: BEAMS made easy. Wound Care Advisor 2(2) 15-18.	4
NICE (2005) The management of pressure ulcers in primary and secondary care .NICE ,London	5
O'Brien M (2003) Debridement; ethical, legal and practical considerations. *Br J Community Nurse* **8(3):** 23–5	6
Department of Health (2001) *Good Practice in Consent Implementation Guide: Consent to Examination or Treatment.* The Stationery Office, London Dimond B (2005) *Legal Aspects*	7
Chadwick,P, Haycocks, S(2008) Sharp debridement of diabetic foot ulcers and the importance of meaningful informed consent Wounds UK , 2008, Vol 4, No 1	8 , 9
MEP Ltd; London: 2004. "Minimizing pain at wound dressing-related procedures. A consensus document." World Union of Wound Healing Societies' Initiative.	10
Quick Guide: Times Model of wound bed preparation TIMES **Resource topics:** Exudate management, Service development and delivery, Skin integrity, Wound assessment **Date:** 7 November 2017	11
Gray,D,Acton,C.Chadwick,P,Fumarola,S,Leaper,D,Morris,C,Stang,D,Vowden,K,VowdenP and Young(2011)Consensus guidance for the use of debridement techniques in the UK. Wounds UK .7 (1), pp 77-84	12

6. Background

6.1 Equality requirements

[A brief description of the findings of the equality assessment Supporting Document 1]

6.2 Financial risk assessment

[A brief description of the financial risk assessment Supporting Document 2]

6.3 Consultation

[This section should describe an appropriate consultation process which should involve stakeholders]

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee

6.4 Approval Process

This section should describe the internal process for the approval and ratification of this Policy.

6.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Claire Hughes	**TV Lead Nurse**	**Claire.hughes9@nhs.net**
Date assessment completed	**June2020**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** **Conservative Sharp Debridement in Advanced Wound Care**			
What is the aim, purpose and/or intended outcomes of this Activity?	• To ensure the safety of all patients who should require conservative sharp debridement to remove devitalised tissue. • To support and guide other trained staff in making appropriate referrals for the procedure.			
Who will be affected by the development & implementation of this activity?	X X ❑	Service User Patient Carers Visitors	X ❑ ❑ ❑	Staff Communities Other _____
Is this:	❑ Review of an existing activity			

	❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual		X		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Orientation				
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Ensure all Staff undertaking CSD will be fully qualified with accredited courses to do so	*.To request confirmation of qualification to undertake CSD*	**Ward managers/TV Lead Nurse**	**Ongoing**
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**Ongoing**			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Claire Hughes
Date signed	June 2021
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	Potential funding of courses / time to complete appropriate accredited course for TVN specialist nurse
	Other comments:	No

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval