

## OUTLIN







Management of necrotic tissue



What is necrotic tissue??

## What is the process of wound healing

**Wound healing** is a complex **process** in which the skin, and the tissues under it, repair themselves after injury. ...

Phase 1: Hemostasis Phase. blood clotting (hemostasis)

Phase 2: Defensive/Inflammatory Phase.

Phase 3: Proliferative Phase. (tissue growth)

Phase 4: Maturation Phase.(tissue remodeling)

# Hemostasis & Coagulation Blood clot Inflammation Scab Fibroblast Macrophage Blood vessel Proliferative & Migration Fibroblasts proliferating Subcutaneous fat

**WOUND HEALING** 

Freshly healed

epidermis Freshly healed dermis Remodeling

## Stage of wound healing









Minutes	Hours	Days	Weeks	Months
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#### Inflammation

Hemostasis

Platelets Fibrin clot formation

Vasoactive mediator release

Cytokine and growth factor release

Inflammation

Master cells Platelet-activating mediator release

Vasoactive and chemotacticmediator release

Neutrophils and Chemotaxis, inflammation

Monocytes Killing and phagocytosing, wound debridment

Macrophages Chemotaxis, inflammation

Killing and phagocytosing, wound debridment

Cytokines and growth factor release

#### Proliferation

Skin resurfacing

Keratinocytes Reepithelialization

**Dermal restoration** 

Endothelial cells Fibroblasts Angiogenesis Fibroplasia

#### Remodeling

Keratinocytes Myofibroblasts Epidermis maturation Wound contraction

Apoptosis and scar maturation

Endothelial cells Apoptosis and scar maturation

Li, J., Chen, J., & Kirsner, R. (2007). Pathophysiology of acute wound healing. *Clinics in dermatology*, *25*(1), 9-18.

## Factors delay wound healing

#### Local Factors

- Slough
- Necrosis
- Oedema
- Infection
- Biofilm
- Ischaemia
- Excess exudate
- Low oxygen levels
- Elevated proteases
- Neuropathy
- Venous insufficiency





#### **Systemic Factors**

- ✓ Inadequate perfusion
- ✓ Elevated inflammation
- ✓ Poor diet
- ✓ Co-morbidities e.g. diabetes
- ✓ Obesity
- ✓ Polypharmacy/medication
- ✓ Stress
- ✓ Immunosuppression



## WOUND COMPLEXITY AND HEALING PROGRESSION

- patient-related factors
- wound-related factors
- ☐ skill and knowledge of the healthcare professional
- ☐ resources and treatment-related factors





# What is necrotic tissue death of cells in living tissue

Two main types of necrotic tissue present in wounds:

- **✓** Eschar
- √ Slough











## **PROGRESSION**

## Wound appearance the color model



Categorized according to the color of the wound surface

- √ red-granulation
- √ yellow slough
- ✓ pink-epithelialization
- √ black necrotic













# Etiology

## Etiology



**Necrosis** can be caused by a number of external sources

including:

injury, infection, cancer, infarction, poisons, and inflammation



Eschar presents as dry, thick, leathery tissue that is often tan, brown or black.



Black necrotic tissue is formed when healthy tissue dies and becomes dehydrated, typically as a result of local ischemia.



Slough is characterized as being yellow, tan, green or brown in color and may be moist, loose and stringy in appearance composed of pus and fibrin containing leukocytes and bacteria



## Management

# All wounds with necrotic tissue should be debrided (except eschar on heels) necrotic tissue delays wound healing and predisposes to infection.

## Managing necrotic tissue

### Debridement Techniques

- Autolytic debridement
- Mechanical debridement
- Sharp debridement
- Enzymatic debridement
- Larval (maggot) therapy



- uses the body's own processes (*enzymes and moisture*) to break down tough eschar and slough.
- □not damage healthy skin, but *breaks down dead and devitalized tissue* over time quite effectively.
- □ keep wound fluids in constant contact with the wound.
- □ use of semi-occlusive or occlusive dressings such as <u>transparent</u> <u>films</u>, <u>hydrogels</u> and <u>hydrocolloids</u>.
- □can be used on stage II or III wounds that are not heavily exudative.



# Autolytic debridement



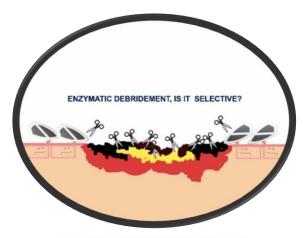
#### **Advantages**

- ✓ No damage to surrounding skin; is selective for necrotic tissue
- ✓ The process is safe because it uses the body's natural processes to rid the wound of necrotic tissue
- √ Easy to perform
- √ Very effective
- ✓ Not painful for the patient

#### **Disadvantages**

- X The process takes time (may take days to weeks)
- X The wound must be routinely monitored for signs of infection
- X Anaerobic growth may occur when an occlusive dressing is chosen

utilizes chemical agents to break down <u>necrotic</u> tissue. most useful for debriding wounds with a large amount of necrotic or eschar formation.



# **Enzymatic debridement**



#### **Advantages**

- ✓ Works faster than autolytic debridement
- ✓ If properly applied, there is little risk to healthy tissue

#### **Disadvantages**

- X The patient must have the chemical agent prescribed and it may be fairly expensive
- X Care must be taken to ensure healthy tissue does not come in contact with the chemical agent
- X A secondary dressing may be required to absorb exudate
- X Chemical debridement may cause some discomfort to the patient (i.e., burning sensation, increased wound pain)

Three main types of exogenous enzymes are available for enzymatic debridement; namely,

proteolytic, fibrinolytics, and collagenases.



Papain – urea

Papain – urea- chlorophyllin collagenase

## Surgical debridement

uses sharp instruments (such as a scalpel) or a laser to remove necrotic tissue

best for very large wounds with a lot of necrotic material and infected material.



#### Reference:

https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.shutterstock.com%2Fsearch%2Fdebridement&psig=AOvVaw10tsXeRgd8NylLW39YmPuJ&ust=1637052481315000&source=images&cd=vfe&ved=0CAsQjRxqFwoTCOiE3fX9mfQCFQAAAAAAAAAAABAD





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# Surgical debridement



#### **Advantages**

- ✓ Excellent control over what and how much tissue is removed
- ✓ Fastest way to achieve a clean wound bed
- Can speed the healing process

#### **Disadvantages**

- X Not cost-effective if an operating room is required
- X General anesthesia carries its own risks
- X Painful for the patient

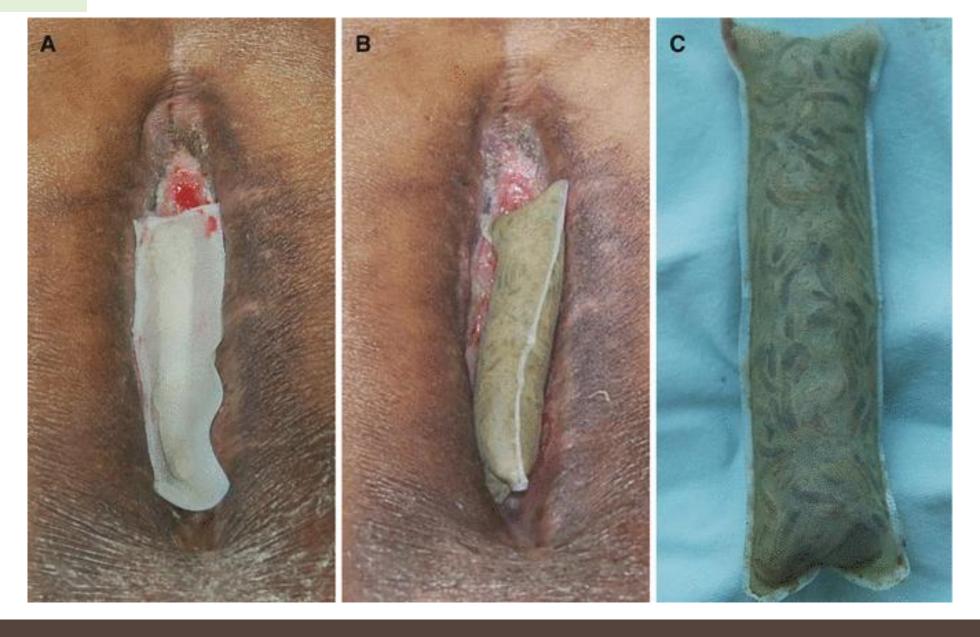
## **Biological** debridement

### two factors;



- I. The excretion of enzymes that degrade and liquefy necrotic tissue, and the physical removal of necrotic tissue and bacteria from the wound bed by ingestion.
- II. Biological debridement has been shown to decrease wound odor as well as increase the amount of granulation tissue; but increased pain can sometimes be reported among patients.

#### **MAGGOTS**



Han, S. K. (2016). Infection, Debridement, and Biofilm. In *Innovations and Advances in Wound Healing* (pp. 151-182). Springer, Berlin, Heidelberg.





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**Fungating mass** 



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How to management???









**Critical limb ischemia** 



**How to manage this wound?** 

Revascularization

**Must Debridement** 





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NA.











**Teamwork** 



