

Continuous debridement for every clinician

Expert Consensus, Wounds UK 2025:

Optimising debridement strategies for effective management of local wound infection

Why Debride? To remove slough

Removes physical barriers to healing

Enhances wound assessment

Reduces infection risk

Improves treatment effectiveness

Reduces pain and malodour

Supports biofilm management

When to Debride?

ASSESSMENT

- Holistic patient assessment
- Identify infection risk
- Consider biofilm presence
- Evaluate healing potential
- Plan treatment approach

TIMERS Framework

- Tissue type
- Inflammation
- Moisture balance
- Edge assessment
- Repair factors
- Social Factors

DEBRIDE

When debridement is needed, consider:

Clinician Skill Level

Match method to available expertise and training

Patient Factors

Consider pain tolerance, comorbidities, preferences

Care Setting

Home vs clinic environment and resources

Wound Characteristics

Size, depth, tissue types, infection, status

UrgoCleanAg

Multidimensional dressings simplify care and improve outcomes

Effective

Providing continuous debridement with the added benefit of silver

Accessible

Enabling all clinicians to provide the benefits of debridement without delay^{1,2,3}

Easy, safe & pain-free

Easy for clinicians to use and pain free for patients^{2,3}

How to Debride?

NON-SPECIALIST

Autolytic

The body's own enzymes break down devitalised tissue

Mechanical

Physical removal of devitalised tissue with products such as debridement pads

Enzymatic

Topical chemical agents containing enzymes

Biosurgical

Use of larvae to selectively remove devitalised tissue

Sharp

Removal of devitalised tissue with tools such as scalpels or curettes

HydroSurgical

High-energy saline stream creates a vacuum to remove tissue

Surgical

Use of sharp tools to more extensively remove tissue

SPECIALIST TRAINING REQUIRED

Choose a suitable debridement method

Why UrgoCleanAg

Enables continuous debridement of slough^{1,2,3}

Destroys and disrupts biofilm^{4,5}

Fights against signs of local infection^{4,5}



DOWNLOAD the consensus report here...

