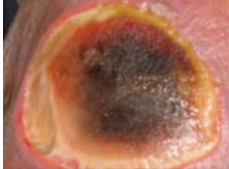


Wound Bed Preparation: The TIMES TABLE – removing the barrier to wound healing



Tissue Type

Devitalised tissue (slough & necrosis) impairs the progress of wound healing & provides an ideal environment for microbial growth. In most cases, it should be removed to expedite healing. Do not remove stable eschar over areas such as the feet & heels as the circulation can often be poor to these areas.

Promote autolytic debridement by re-hydrating and liquefying necrotic tissue e.g.

Aquaform gel – low exudate

Actiform (remove both backing strips) / Sorbsan / Tegaderm hydrocolloid – moderate exudate

Aquacel Extra – high exudate

UCS for mechanical debridement



Infection / Biofilm

Wound infection can result in delayed healing, extension of the wound, altered exudate, malodour, increased pain, abnormal granulation, new areas of slough, inflammation.

A biofilm will often cause static healing

Use UCS to mechanically disrupt the biofilm or remove slough.

Reduce the bacterial bioburden with a topical antimicrobial dressing:

Inadine / Flaminal Hydro – low exudate

Iodoflex (not deep cavities) / Flaminal Forte/ Kytocel for moderate to high exudate.

NB 2-week use & check for sensitivities & contraindications



Moisture Imbalance

Exudate is a normal part of wound healing, and drying out can impede the healing process.

High levels of moisture (often containing harmful proteases) can break down new wound tissue and macerate periwound skin.

Re-hydrate a dry wound bed with Urgotul (fragile wounds) or Tegaderm Hydrocolloid

Find out cause, control / contain / correct exudate.

Apply moisture balancing dressings & protect surrounding skin.

Sorbsan / Allevyn range / Tegaderm Foam for moderate exudate

Aquacel Extra – high exudate

Zetuvit as a secondary dressing for Sorbsan or Aquacel to help manage exudate



Edge of Wound

Lack of new, healthy tissue at the wound edges, or the presence of rolled edges, indicate wound healing is not progressing normally.

Ensure T I M are addressed first. Reduce inhibitory factors with corrective dressings that alter the osmotic pull/capillary permeability, reduce harmful proteases, stimulate fibroblast / keratinocyte activity and protect endogenous growth factors

Urgotul for fragile shallow wounds

Tegaderm Hydrocolloid for low to moderate exudate

Aquacel Extra for exuding wounds

Seek specialist advice



Surrounding Skin

The barriers to wound healing / wound management strategy may affect the surrounding skin — the condition of which can, in turn, impair wound healing or lead to wound extension.

Address the causes of skin issues.

UCS for hyperkeratosis

Cavilon No Sting Barrier Film to protect this skin from moisture from exudate or from dressing adhesives

50:50 / Cetraben / Zeroderm for dry skin & hyperkeratosis

Dermol 500 for dry and pruritic skin conditions including eczema and dermatitis

If no improvement within 2 – 4 weeks / any concerns - contact Tissue Viability