

7. Wound cleansing

The aim of cleansing is to create the optimal local conditions for a wound to heal by removing exudate, debris such as dressing residue, slough and necrotic tissue. (Morison 1989)

Wound cleansing should only be considered following a thorough assessment of the wound. If the disturbance to the wound bed is not justified, then the wound is probably best left alone. (Cutting 1990)

The most common solutions, which are currently used, are sodium chloride 0.9% or tap water. The use of antiseptics are no longer recommended, as they are not effective and are potentially harmful (Miler 1994)

Practice Guidelines

- Irrigation is the preferred method of wound cleansing
- Irrigation solutions should be applied at approximately 37°C to prevent a drop in the wound bed temperature
- Chronic wounds such as venous leg ulcers can be cleansed using tap water and an emollient
- Do not use cotton wool balls/gauze as they shed fibres prolonging the inflammatory phase, delaying healing. (Surgical Materials Testing Laboratory 1992)