debridement

prior to irrigation

turn into surgical wound

tourniquet - put on, don't inflate

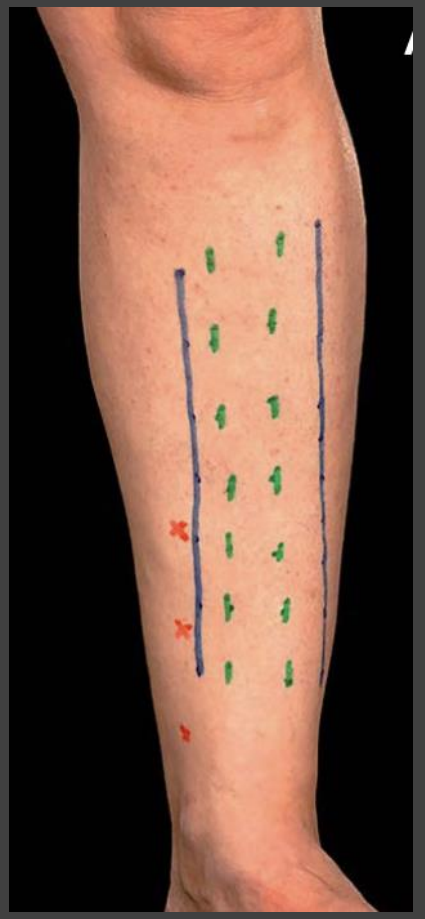
requires wound extension

- longitudinal

systematic fashion

- skin – fat – fascia – muscle - bone





PHOTOS

debridement - skin

extend the wound

must see entire zone of injury – longitudinal

keep skin excision kept to a minimum

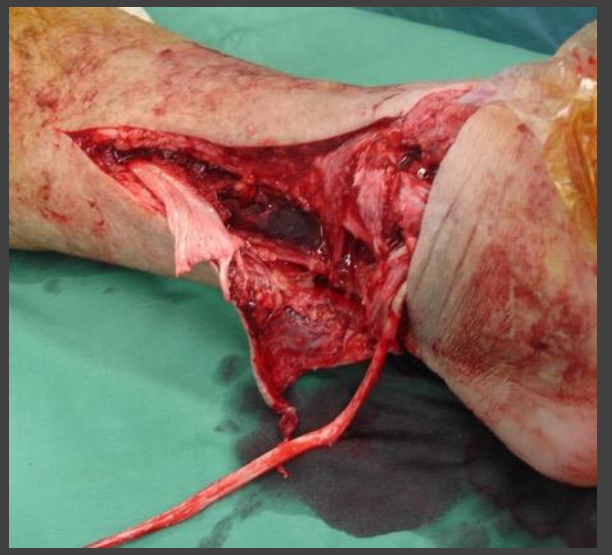
especially subcutaneous tibia border

skin can recover and functions as dressing

consider future flaps

excise dead fat and dirty fascia



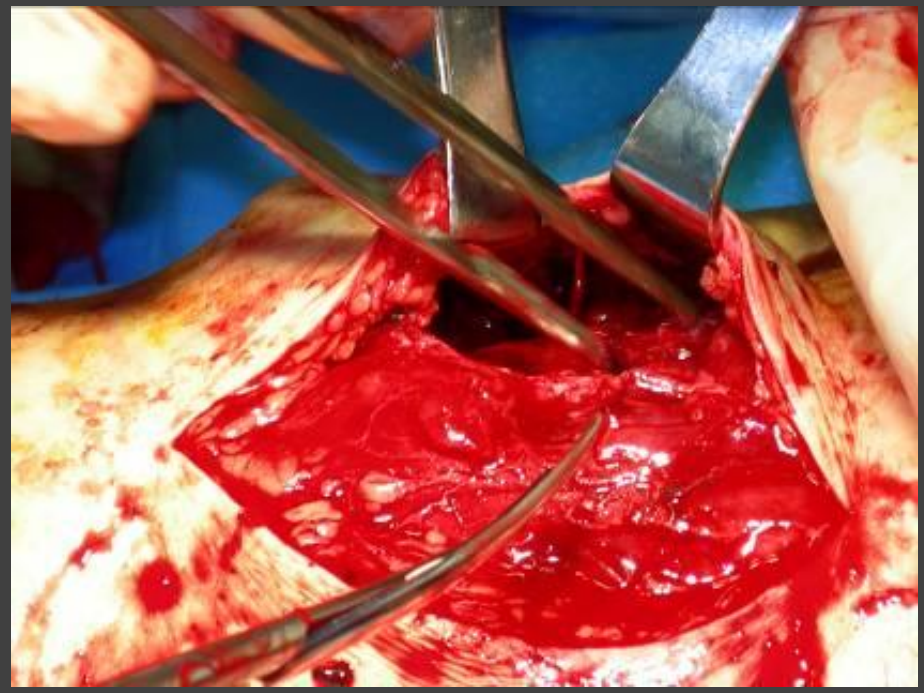


debridement - muscle

open compartments
to see extent of injury

remove dead / necrotic muscle

colour
consistency
contractility
capacity to bleed



debridement - bone

tug test

no bleeding / no attachments: out

keep large articular fragments

consider fixing at initial debridement





debridement – ideal timing (BOAST 4)

immediately if highly contaminated

< 12 hours IIIA / IIIB not contaminated

< 24 hours for all other fractures

debridement

think like a tumour surgeon: radical removal of dead tissue

the biggest mistake is if your incision is too small



more than two debridements =
independent predictor for infection

SHARP dissection, don't use blunt instruments to spread tissue
destroys horizontal layers – creates bigger traumatic wound

debridement contd…

if good debridement and closure: change instruments

in doubt bring a friend

photos before and after

VERY good documentation – text, drawings

documentation helps with audits and research

it's an art, not a science, you will get better with experience