

Supplemental Table 2. COMPARISON OF DEBRIDEMENT TYPES**Autolytic debridement**

Indications	Uncomplicated wounds with minimal amounts of nonviable tissue
Contraindications	Contact allergic or contact irritant sensitivity to products, patients with peripheral arterial disease, ischemic wounds, patients who are palliative or at end of life where healing is not the goal and where acute infection or sepsis is suspected
Advantages	Is selective; activates the body's natural process; readily available and inexpensive; simple application; minimal training and skill required; suitable for all care settings; not usually painful
Disadvantages	Slowest form of debridement; risk of infection due to local moisture favoring bacterial growth including anaerobic bacteria; risk of maceration; increased product utilization and nursing time
Other considerations	Amount of exudate determines dressing; periwound protection required

Mechanical debridement

Indications	Wounds containing large amounts of slough or infected chronic wounds
Contraindications	Painful wounds or in patients with bleeding disorders, peripheral arterial disease, ischemic wounds, uncontrolled diabetes; patients who are palliative or at end of life
Advantages	Rapid process for the removal of large amount of slough; may disrupt biofilm; some methods are readily available; suitable for most settings
Disadvantages	Nonselective; can damage healthy tissue; can be painful and cause bleeding; ineffective with dry eschar; time consuming; cost related to frequent dressing replacement
Other considerations	Many methods including dressings, monofilament pads, and some cleansing techniques

Enzymatic debridement

Indications	Wounds containing moist, nonviable tissue and partial-thickness wounds
Contraindications	Rare sensitivity to collagenase; dry necrotic eschar; wounds where acute infection or sepsis is suspected
Advantages	Selective, nontraumatic debridement; suitable for all care settings; minimal training required; fast application; usually not painful. Can be used with other methods of debridement, for example, in between serial sharp debridement
Disadvantages	Requires a prescription in most countries and can be costly for someone with no access to public or third-party funding; daily application; is slower than conservative sharp wound debridement; risk of maceration so requires periwound protection
Other considerations	Inactivated by metal (mercury, silver) ions. When it is not moist, scoring the thick eschar first can break it down but not to bleeding tissue

Biological debridement

Indications	Wounds containing moist, nonviable tissue. Suitable when surgical debridement is not an option or when wounds are infected
Contraindications	Patients with allergies to egg, soybean, or fly larvae; not to be used on facial wounds, upper gastrointestinal wounds, open vessels or near major vessels, deep wounds, cavities, or sinus tracts; patients on anticoagulant therapy and where the position/location of the wound would affect survival of larvae
Advantages	Selective, rapid form of debridement; assists in the removal of biofilm; relatively inexpensive due to short length of time required; can remain in place for 4–5 days
Disadvantages	Increased cost compared with autolytic; local restrictions may apply; medical grade required and not always available; time-consuming application and in some cases removal
Other considerations	Pain may present in ischemic wounds; bleeding can occur; do not use occlusive dressings over larvae to ensure viability

Conservative sharp wound debridement

Indications	Wounds containing nonviable tissue including callus
Contraindications	Where there is inadequate pain control. Viable tissue. Proceed with caution if larger blood vessels, nerves, and tendons are close to the skin surface (eg, temporal areas, on the neck, axilla, groin). There is increased risk of bruising with advanced age, multiple comorbidities, or patients who are palliative or near end of life. This form of debridement should not be performed by anyone without advanced education and training in appropriate knowledge, skills, and judgment
Advantages	Selective and rapid form of debridement; best used in combination with other methods if indicated; can be performed at the bedside (see the section on infection control and practice setting); cost-effective
Disadvantages	Requires performance by only those with advanced training; higher risk of complication; setting may not be suitable; increased risk of bleeding, infection, and pain; sterile equipment required

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Supplemental Table 2. COMPARISON OF DEBRIDEMENT TYPES, CONTINUED

Other considerations	Requires a clean field and should only be done by an HCP if this is within their scope of practice with access to safe disposal of sharps. The use of anticoagulant therapy and bleeding disorders should require extra precautions to avoid unintentional bleeding from surface blood vessels
Sharp surgical debridement	
Indications	Wounds with extensive nonviable or infected tissue, where there is need to extend into viable tissue, or where urgent debridement is needed for life- or limb-threatening infection
Contraindications	Patients with advanced age-related skin fragility, multiple comorbidities, or poor general health, palliative, or near end of life; patients on anticoagulant therapy, underlying uncorrected bleeding disorders, or inadequate tissue perfusion; lack of an experienced surgeon/ other qualified HCP
Advantages	Selective; very rapid; stimulates the healing process; removes biofilm and infected tissue; reduced risk of sepsis; source control in septic processes
Disadvantages	Risk of surgical complications may warrant extended admission to hospital; may require regional or general anesthetic; requires availability of HCPs able to perform surgery
Other considerations	Risk of postoperative bleeding and pain; injury to surrounding vital structures; possible need for further operations to facilitate adequate closure of surgically created defect; need for prolonged application of assistive wound closure devices requiring frequent home care services and social support

Abbreviation: HCP, healthcare professional.