



# TIMES MODEL

*of wound bed preparation*

Wounds UK

# THE TIMES TABLE: REMOVING THE BARRIERS TO WOUND HEALING

## Tissue, non-viable or deficient



The overall appearance of the wound bed indicates the 'health' of the tissue within the wound bed.

Devitalised tissue provides an ideal environment for microbial growth and, in most cases, should be removed to expedite healing.

### Key actions:

- Mechanical debridement (e.g. Debrisoft®) is recommended<sup>1</sup>
- Use a moisture-donating dressing (e.g. ActiFormCool®) to soften remaining devitalised tissue (if needed) between dressing changes

## Infection, inflammation or biofilm



Wounds contain bacteria, which may proliferate and cause infection — delaying healing, and increasing pain, exudate and malodour.

Even where infection is not apparent, healing may also be impeded by the presence of biofilm.

### Key actions:

- Mechanically disrupt biofilm (e.g. by using Debrisoft) to break it up and allow antimicrobials to work
- After disruption, use an antimicrobial dressing (e.g. Suprasorb® X+PHMB) for 2 weeks, then review

## 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.

### Key actions:

- Dry wound: Mechanically debride to remove loose dry skin; then hydrate with a moisture-donating dressing (e.g. ActiFormCool)
- High exudate levels: Mechanically debride to reduce the body's automatic response to produce moisture; then select an absorbent dressing that retains exudate effectively (e.g. Flivasorb®)

## Edge of wound: non-advancing, undermining

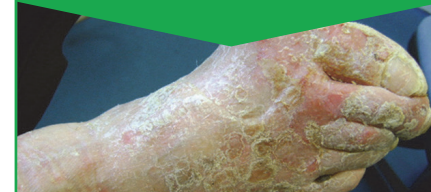


Lack of new, healthy tissue at the wound edges, or the presence of rolled edges, indicate wound healing is not progressing normally.

### Key actions:

- Mechanically debride (e.g. Debrisoft) encrusted exudate at wound edges to remove local barriers to healing
- Assess why the edge is not progressing — consider biofilm management (see I) or referral for biopsy
- Protect delicate edge tissue (e.g. dressing with Lomatuell® Pro)

## Surrounding skin



The wound management strategy may effect the surrounding skin — the condition of which can, in turn, affect the wound healing process.

### Key actions:

- Address the causes of skin issues
- Manage hyperkeratosis/dry skin/eczema/oedema/skin damage
- Mechanically debride hyperkeratosis (e.g. using Debrisoft)<sup>3</sup>
- Protect the skin from further damage in line with best practice and local formulary guidelines
- Encourage self-care



# ASSESS, DRESS, COMPRESS

The **Best Practice Statement: Holistic management of venous leg ulceration** reiterates that initial assessment of leg ulceration should include:<sup>4</sup>

## General assessment

- Medical and family history
- Lifestyle
- Psychosocial status

## Leg assessment

- Vascular assessment (including Doppler)
- Limb factors (e.g. shape/oedema)

## Wound/skin assessment

- Aetiology of wound
- Presentation of the wound and surrounding skin

## Time for TIMES

➤ The Best Practice Statement panel revised the TIME framework, a structured, holistic approach to wound bed assessment and preparation, and updated it to TIMES. Incorporating 'S' into the framework recognises the importance of also assessing and managing the surrounding skin

### Assess

Debrisoft aids wound assessment and preparation by removing barriers to healing enabling improved visibility and healthier wound bed and skin even after one treatment. (see Figures 1 & 2)

### Dress

After Debrisofting™, the correct dressing should provide an optimum environment to continue healing

### Compress

For venous leg ulceration, compression therapy is the gold standard in holistic care



Figure 1: before

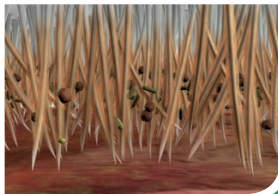


Figure 2: after

# THE DEBRISOFT® DIFFERENCE

## Unique mode of action of Debrisoft and Debrisoft Lolly

- Quickly lifts debris (including slough, exudate and biofilm) and binds it within the fibres
- Removes barriers to healing without damaging new, viable tissue
- Leaves area clear and promotes development of healthy tissue



## Debrisoft supports wound bed preparation<sup>5</sup>

**T**

reported reduction in slough

**89.4%**

**I**

reported no local signs of infection

**83.1%**

**M**

reported reduction in excess exudate

**77%**

**E**

reported improved granulation tissue quality

**88.9%**

**S**

reported improvement when addressing a skin condition

**97.6%**

### References

1. Strohal et al, 2013.
2. European Wound Management Association, 2012.
3. Wounds UK, 2012.
4. Wounds UK, 2016.
5. Feedback from 1,994 clinicians who took part in The Debrisoft Difference Challenge for up to 2 weeks; 64.7% of wounds in the study were static. 64.4% of wounds were leg ulcers.

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