

CONTINUOUS INTEGRAL DEBRIDEMENT: OPTIMISING WOUND BED PREPARATION THROUGH THE CLEANSE, DEBRIDE, CLEANSE AND DRESS CYCLE

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INTRODUCTION

Why continuous Integral Debridement?

- Debridement is frequently performed as a single intervention.
- Slough and biofilm rapidly re-accumulate, delaying healing.
- Continuous Integral Debridement (CID) provides a structured, repeatable treatment strategy suitable for all healthcare professionals.

CLINICAL CASE

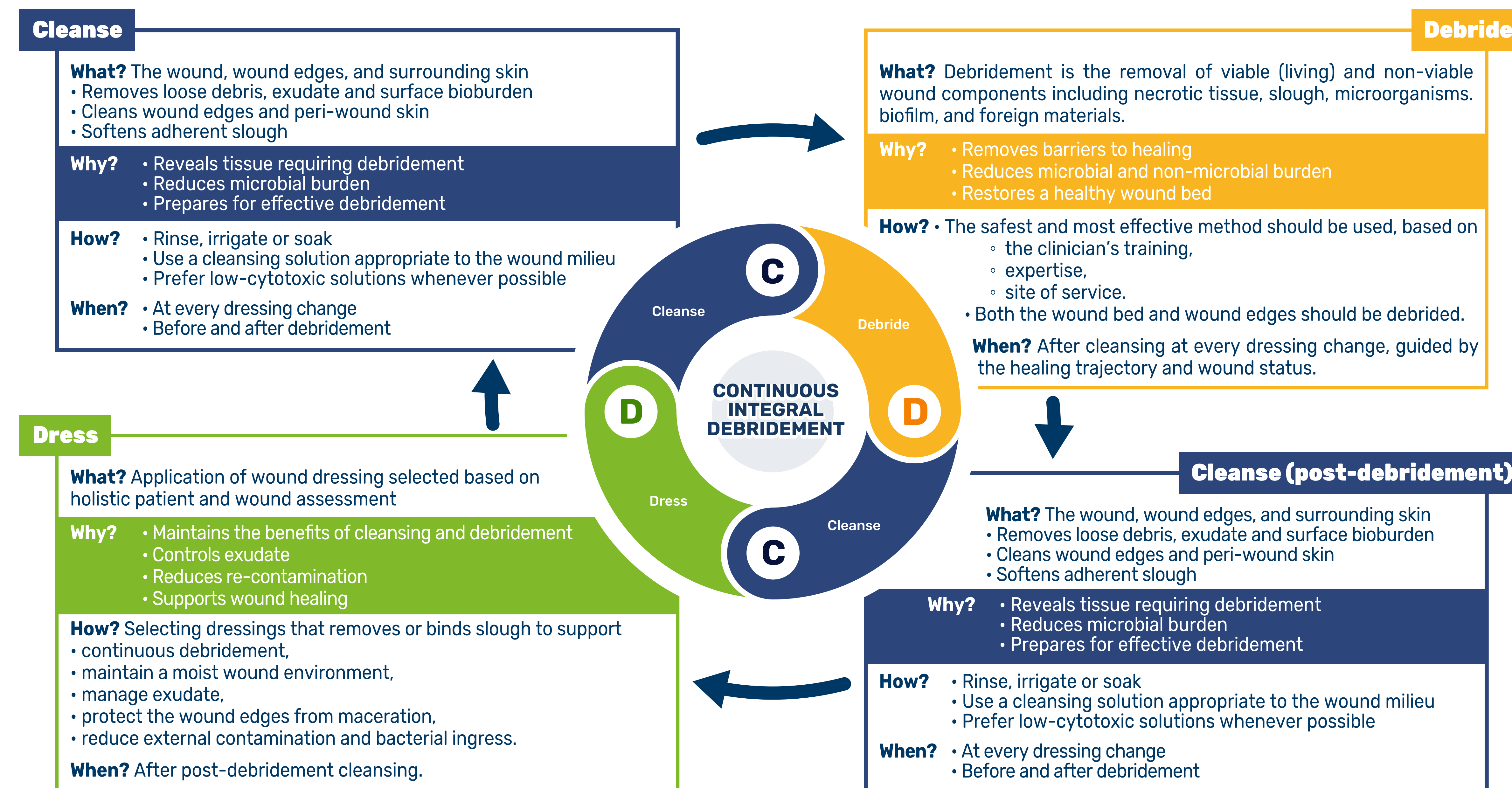
Continuous Integral Debridement (CID) builds upon Integral Debridement¹ by combining complementary debridement methods into a patient-centred treatment cycle adapted to:

- Patient needs
- Available skills and resources
- The clinical and social context

RESULTS

Continuous integral debridement (CID)² addresses this need!

- Comprises four sequential steps: cleanse, debride, cleanse and dress (CDCD).
- These four components, none of which is sufficient alone to promote wound healing, are implemented in turn, forming an integrated cycle of wound care.



CONCLUSION

- Continuous Integral Debridement is not a single intervention but an ongoing therapeutic strategy that maintains a healthy wound bed through repeated cleansing, debridement and appropriate dressing selection.
- Through its focus on tissue management, infection control and inflammation reduction, CID aligns with the TIME and TIMERS frameworks^{3,4} and the International Wound Infection Institute (IWII) Principles of Best Practice⁵.
- The step-up, step-down approach aligns with antimicrobial stewardship⁶ by supporting the targeted, appropriate and time-limited use of antimicrobial dressings.
- CID extends beyond Wound Hygiene – where debridement is often performed as a one-off intervention, without maintenance - by emphasising ongoing cleansing, debridement and appropriate dressing application to maintain or promote a clean wound environment, which will promote healing and help avoid complications.

References

1. Mayer D, et al (2026) Continuous integral debridement: optimising wound bed preparation through the cleanse, debride, cleanse and dress cycle. J Wound Care. 35 Sup6d / 2. Mayer d et al (2024) Best practice for wound debridement. J Wound Care. 33(6) SupC / 3. Garten A, et al. Strategies to reduce practice variation in wound assessment and management: the T.I.M.E. Clinical Decision Support Tool – Wounds International. 2020. / 4. Atkin L, et al. Implementing TIMERS: the race against hard-to-heal wounds. J Wound Care. 2019;28(S3a):S1-S50 / 5. Swanson T, et al. (2022) IWII Wound Infection in Clinical Practice consensus document: 2022 update. J Wound Care. ;31(S12):S10-S21 / 6. Dyar, O. J., Huttner, B., Schouten, J., & Pulcini, C. (2017). What is antimicrobial stewardship?. Clinical microbiology and infection, 23(11), 793-798.

