Ministry of Health
Translational Research
Grant Proposal

Wound Debridement Frequency and Healing Outcomes in Diabetic Foot Ulcers

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Translational Research Grant Scheme

Funds projects that will;

1. Translate to better patient outcomes, health service delivery and population health and well-being

2. Accelerate development of research capability and evidence translation in the NSW Health system

Debridement Study Overview

The study design has been developed to closely follow standard clinical care, in authentic clinical services, with experienced clinicians and patients who are representative of the patient cohort to whom the treatment is applied. In using this protocol, the study will translate directly to clinical practice.
Debridement Study Overview

To determine the effect of sharp wound debridement (SWD) performed at weekly versus second weekly intervals, on the percentage of diabetes-related foot ulcers (DRFU) healed by 12 weeks.

Secondary endpoints:
- % reduction ulcer area by 4 and 12 weeks
- frequency and severity of ulcer infection
- frequency of hospitalisation for DFU
- frequency and level of any amputation
- ulcer and ulcer free survival at 6 months
Debridement Study Overview

Patient / ulcer inclusion criteria
- Diabetes
- Aged 18 and 85 years
- Ambulant
- Plantar neuropathic or neuro-ischaemic foot ulceration of duration >2 weeks < 6 months
- Ankle Brachial Index (ABI) >0.6
- Ulcer area ≥ 0.5cm² and ≤ 10cm²
- Infection, if present must be managed with systemic antibiotic (Pedis grade 1 - 2)

Clustered Randomised Controlled Study
n= 120 participants

- RPAH Diabetes Centre HRFS
- Bankstown Hospital, HRFS
- Concord Hospital HRFS
- Royal Newcastle Centre, HRFS
Why?

1. There is no interventional data, world-wide, about the optimal frequency of debridement obtained from appropriately designed clinical studies.

“In general, a lower rate of healing was observed in those centers that performed less frequent debridement. The improved response rate observed with more frequent debridement was independent of the treatment group.” (Steed DL et al 1996)
2. Treatment frequency has workforce implications

- Podiatry is a small profession
- Most work in private practice (15% in public health)
- Concentrated in metropolitan areas
Expected benefits of the project

- Increased capacity for research
- Clinical Practice Guidelines
- Data to inform workforce requirements
- Healing outcomes & current practice
- Better patient outcomes

NSW Government Health Sydney Local Health District
State-wide Audit and Survey

A NSW dataset to inform what is standard care in NSW
- Ulcer severity
- % healed at 12 weeks
- Severity

Provides participating sites a simple method for services to self assess and can be used for quality improvement and capacity to benchmark.
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