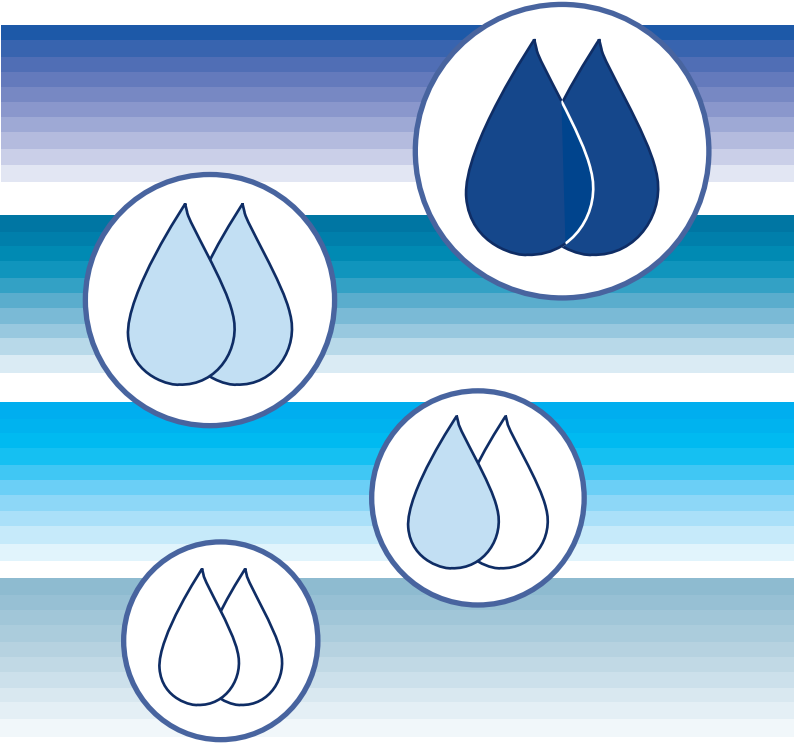
QUICK GUIDE

EXUDATE MANAGEMENT



Wounds UK

OPTIONS FOR EXUDATE MANAGEMENT

Effective exudate management can promote healing, improve quality of life and enhance healthcare effectiveness. Absorbent products vary in the materials they are made from and in their ability to manage exudate. Knowing how they manage fluid is key to selecting the most appropriate and effective dressing/technology for each wound.

FOAMS

Composition: vary in thickness, with or without silicone wound contact layer, bordered or non-bordered

Action: absorb exudate, allowing evaporation to occur via a polyurethane top film

Advantages: easy to apply, low-pain removal, successful in many wound types

Drawbacks: some foams leak fluid when under pressure, might require frequent dressing changes

Wound characteristics: traditionally, thinner foams have been designed for lower exudate levels; more absorbent foams can be used for highly exuding wounds

GEL-FORMING FIBROUS DRESSINGS/ALGINATES

Composition: 100% carboxymethylcellulose (CMC), 100% alginate, or a combination

Action: transforms into a moist, gel-like sheet or conformable gel when absorbing exudate; transmits water from the wound surface

Advantages: maintain moist wound environment, comfortable, conforms to wound, can be used in deep wounds

Drawbacks: can stick to wound edges or dry out if wound fluid levels are low, requiring irrigation

Wound characteristics: moderate to heavily exuding wounds; not on fragile skin

SUPERABSORBENTS

Composition: multi-layered polymer construction

Action: wick moisture from the wound and lock fluid inside the dressing

Advantages: enhanced absorbency, longer wear times, less-frequent dressing changes

Drawbacks: can become heavy and bulky; can dry out wound if used inappropriately

Wound characteristics: heavily exuding wounds

NEGATIVE-PRESSURE WOUND TREATMENT (NPWT)

Composition: gauze or foam interface

Action: controlled suction on wound via a filler, sealed with an adhesive film and usually drained into a canister

Advantages: manage high volume of wound exudate, even in complex and challenging wounds

Drawbacks: not available in all facilities; might be seen as a high-cost option

Wound characteristics: wounds that are deep, dehisced or heavily exuding

DECISION-MAKING ALGORITHM

Four guiding principles for effective exudate management:

1. Choose primary and secondary dressings according to their ability to handle volume and type of exudate.
2. Match dressing change frequency to the patient's need and product's fluid-handling abilities.
3. Treat the underlying cause(s) of exudate as well as the symptoms at the wound site.
4. Reassess the wound and dressing choice at each dressing change and perform a full review at two weeks.

STEP 1: Assess exudate volume

Low
Small amounts of fluid on dressing and wound; periwound skin likely to be intact, hydrated, maceration-free

Moderate
Small amounts of fluid on wound; primary dressing extensively marked; periwound maceration possible

High/ very high
Free fluid on wound; strikethrough on primary dressing; frequent dressing changes; periwound maceration

STEP 2: Consider exudate viscosity (exudate consistency) and colour

Is it thin and watery?
Is it clear, cloudy, pink?

Is it thick and/or possibly sticky?
Is it red, green, yellow, brown?

STEP 3: Consider wound depth

superficial	
deep	Wound filler/ alginate gel
superficial/ deep	Wound filler/ alginate gel

STEP 4: Choose dressing

Thin/Watery	Thick/Sticky
 Foam	 Foam
 Foam Superabsorbent	 Fibrous gel/alginate
 Fibrous gel/ alginate	 Fibrous gel/alginate Superabsorbent NPWT

STEP 5: Other considerations

If present ...	... modify dressing choice to use one that
Leakage and strikethrough	has increased fluid-handling abilities
Too-frequent dressing changes	has increased fluid-handling abilities
Periwound maceration	has increased fluid-handling abilities
Discomfort/pain	conforms to the wound with silicone layer for gentle adhesion to skin around wound
Odour/infection	offers effective antimicrobial action
Venous leg ulcer with moderate to high levels of exudate	locks in fluid when applied under compression

STEP 6: Reassess at each dressing change

DRESSING CHOICE AND EXUDATE MANAGEMENT

Ideal dressing qualities for managing exudate:

- ✓ Effectively handles fluid
- ✓ Prevents leakage between dressing changes
- ✓ Prevents strikethrough
- ✓ Protects from excoriation/maceration
- ✓ Can be used under compression
- ✓ Stays intact and can be left in place for long duration, avoiding too-frequent dressing changes, which can damage skin on removal
- ✓ Minimises trauma and pain on removal
- ✓ Is gentle, comfortable and conformable during wear
- ✓ Is cost-effective

Adapted from Wounds UK Best Practice Statement. Effective exudate management. London: Wounds UK, 2013. Available to download from: www.wounds-uk.com

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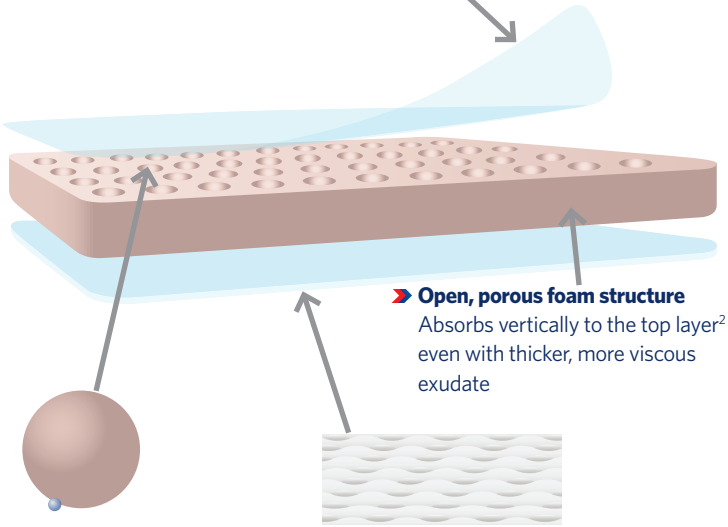
CUTIMED® SILTEC: A FOAM DRESSING WITH A DIFFERENCE

Four layers for effective total fluid handling that can be used under compression

Highly breathable polyurethane top film
Reacts to exudate level to optimise the moist wound environment[1]



Open, porous foam structure
Absorbs vertically to the top layer[2] even with thicker, more viscous exudate

Superabsorbers above foam core
Absorb and retain[3] fluid securely to help prevent maceration,[1,4] even under compression[5]

Non-adhesive silicone contact layer
Conforms to ensure close contact with wound bed[6] and skin surface, protecting fragile new tissue,[3,4] while being gentle enough to result in pain-free, atraumatic dressing changes[3,4,7]