

Clinical challenges of exudate management

This article is based on a Made Easy workshop held at the Wounds UK annual conference in Harrogate, UK, on 10 November 2015. The aim of the workshop was to provide practical guidance to dealing with exudate, with an introduction to the issue as a whole, followed by a demonstration, in which delegates had the opportunity to gain practical experience using Sorbion Sachet S dressings (BSN medical) to assist with exudate management. Voting keypads were used, to provide a picture of delegates' views and experience regarding exudate management in clinical practice.

PROBLEMS RELATING TO EXUDATE

Exudate is a massive issue. It presents a huge challenge to clinicians, particularly as there is not a clear management pathway: exudate can vary considerably and be very changeable.

Managing exudate is crucial to maintaining the integrity of the surrounding skin. If exudate is not managed correctly, the wound may increase in size and become more problematic. It is important to remember that sometimes in wound care, it is only possible to manage the symptoms, rather than achieve full healing: we must be realistic from the outset.

As such, it is critical to acknowledge that exudate assessment is only a part of the full holistic assessment. It is important to look at the wound itself, pain and exudate, but it is also vital to look at the patient as a whole.

WHAT IS EXUDATE?

Wound exudate is a general term given to the liquid produced by chronic wounds, fistula, or other acute wounds once haemostasis has been achieved. It presents as wound fluid, usually a pale yellow colour, which discolours in the presence of faecal matter or other contaminants e.g. *Pseudomonas aeruginosa*.

Exudate is not necessarily 'bad'. In acute wounds, exudate production is stimulated

at the inflammatory phase and therefore is rich in growth factors to promote wound healing; on the other hand, chronic wound exudate is different because it is likely to contain bacteria, dead white cells, and tissue-degrading enzymes, which facilitate autolytic debridement.

ASSESSING EXUDATE VOLUME AND VISCOSITY

Traditionally, when looking at exudate, a wound has been classified as lightly, moderately, or heavily exuding. It is assumed that nurses can differentiate between these classifications.

In 1997, a study demonstrated that experienced nurses could not decide which classification represented each wound. This can make dressing selection very difficult, unless a specific assessment tool is used.

Early documentation of exudate through to and including the 1980s relied upon + / ++ / +++. It is now classified using 'high', 'medium' and 'low', but this does not seem to have significantly improved the classification system, as it still uses the same principle. The problem in both cases is that this system is subjective; the baseline by which to measure may vary between practitioners. Therefore, we should not just rely on numbers; we should describe exudate (*Box 1*) and document what is actually going on rather than using subjective systems.

Assessment is a crucial element of the clinician's role (*Box 2*). It is vital to assess both the wound and the patient. It is also essential to address

Box 1. Describing exudate

- Serous – clear, amber, thin, watery
- Fibrinous – cloudy, strands of fibre
- Serosanguinous – clear, pink, watery
- Seropurulent – opaque, milky, and sometimes green
- Haempurulent – red, milky, viscous
- Haemorrhagic

Box 2. The clinician's role

1. Holistic assessment
 - Medical history
 - Social history
 - Will the wound heal?
2. Assessment of the case
3. Address the patient's concerns
 - Pain
 - Odour
 - Risk
4. Evaluation of the wound bed
 - Debridement
 - Bacterial load
 - Moist interactive environment
 - Size of wound vs. level of exudate
5. Assessment of exudate
 - Type (serous, sanguineous, serosanguineous, purulent)
 - Amount
 - Consistency/viscosity
6. Dressing requirements
 - Efficacy
 - Onset
 - Adverse effects

the patient's concerns and the effects that these have — for instance, pain can be an important factor and can influence mobility and other areas. Exudate and odour can both be significant problems for people; odour connected to exudate can have a considerable negative effect on patients' lives.

MONITORING MOISTURE LEVELS

Moisture levels also need to be monitored; the correct moisture level can be difficult to achieve. In these terms, it is important to consider dressing choice in managing moisture levels: is the dressing you're using the most effective? In clinical practice, a useful question to ask is 'would I use this dressing on a member of my family?'

It is very important to consider possible causes and any underlying conditions. The process of root cause analysis should be used to identify the cause of the wound, and lessons could be learned from the investigation. We must question why the wound is not healing and what the potential problem might be.

Causes and underlying factors that should be considered include:

- » Stage of healing
- » Local infection
- » Venous insufficiency
- » Lymphatic disease
- » Medication
- » Malnutrition
- » Poor compliance
- » Inappropriate dressings
- » Failure — cardiac, renal, hepatic.

PERIWOUND SKIN

It is also crucial to assess the periwound skin. The periwound skin should be assessed for:

- » Maceration
- » Excoriation
- » Erythema
- » Loss of colour
- » Spongy texture
- » Loss of skin integrity.

Excoriation is a key problem when dealing with exuding wounds. In order to treat excoriation, we have to identify the irritant causing it (e.g. wound exudate, bacterial invasion, or incontinence). The focus should then be concerned with the treatment of the cause.

Best practice for assessing the wound and the periwound skin should consist of:

- » Determining the effect on the wound
- » Assessing the periwound skin to determine the risk of damage
- » Assessing the dressing in use.

ASSESSMENT AND DRESSING CHOICE

Dressing selection is an important part of exudate management. A dressing that can manage the type and amount of exudate is vital. Viewing the patient holistically and listening to their views is another key element of this process — e.g. encouraging the patient to voice any concerns such as leakage, odour, discomfort, pain, emotional distress, sleep disturbance, and any related social factors.

Practical concerns should also be considered, such as whether the wound location will affect exudate production, dressing performance and the wound healing process. Overall, it is important to use the results of the assessment to select a dressing that will suit the patient and effectively manage the amount and type of wound exudate.

Figure 2. Are you confident that the Sorbion Sachet S range will work under compression? A: before demonstration; B: after demonstration

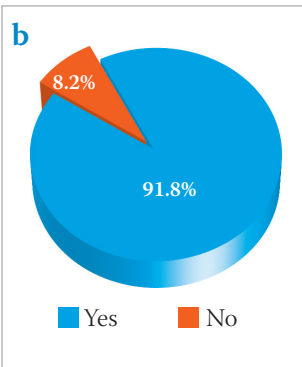
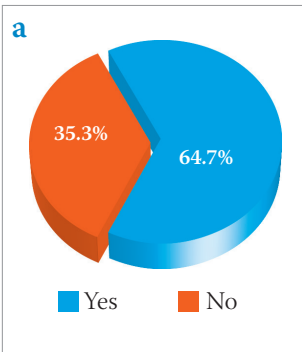


Figure 3. Are you confident that the Sorbion Sachet S range will retain the exudate against gravity? A: before demonstration; B: after demonstration

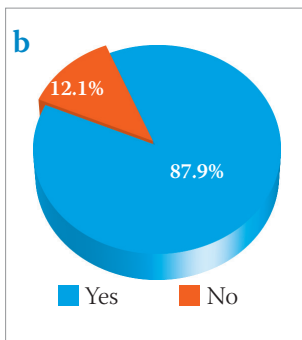
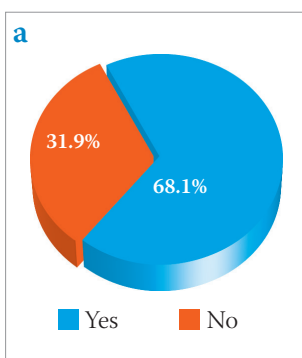
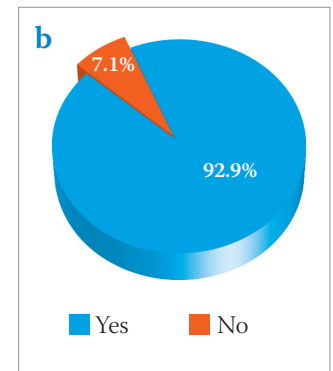
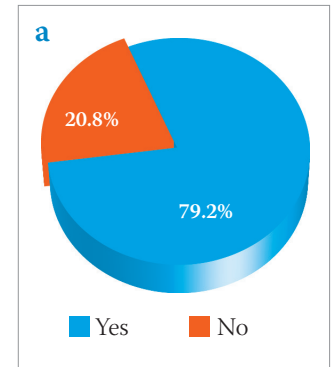


Figure 1. Practical demonstration using Sorbion Sachet S dressings

Figure 4. Are you confident that the Sorbion Sachet S range can lock exudate into the dressing without the risk of lateral moisture spread? A: Before demonstration; B: after demonstration



SUMMARY

There are many challenges to the practitioner in wound care, yet the most crucial factor is often overlooked. This part is the patient and their underlying condition. If we manage exudate as part of a holistic wound care assessment, then there is every chance we will manage the patient and the wound effectively. Assessment and dressing selection are key. It is important to follow best practice pathways, but we also need to treat patients as individuals.

PRACTICAL DEMONSTRATION

The Sorbion Sachet S dressing range has a high fluid-handling capacity and is ideal for use to effectively manage exudate.

A practical demonstration of Sorbion Sachet S dressings showed delegates how the dressing works in practice (Figure 1). The 10 cm x 10 cm dressing was allowed to absorb 100 ml of fluid

within a very short period of time and then left to replicate a wet wound with a dressing in contact for 2.5 hours. It was evident that there was no leakage and the dressing maintained its integrity. The dressing felt moist to the touch, but not wet.

A second demonstration proved that the dressings are suitable to be used under compression. The dressing was allowed to absorb 100 ml of fluid, and then compressed under a 5 kg weight. This weight is equivalent to 40 mmHG mercury compression. Under the weight, the dressing retained its shape and no fluid leakage could be seen.

DELEGATE VOTING

The delegates' views on dealing with exudate and using Sorbion Sachet S dressings were documented via voting pads, both before and after the dressing demonstration.

Figure 5. Are you confident that Sorbion Sachet S dressings will stay in place with large volumes of exudate absorbed? A: Before demonstration; B: after demonstration

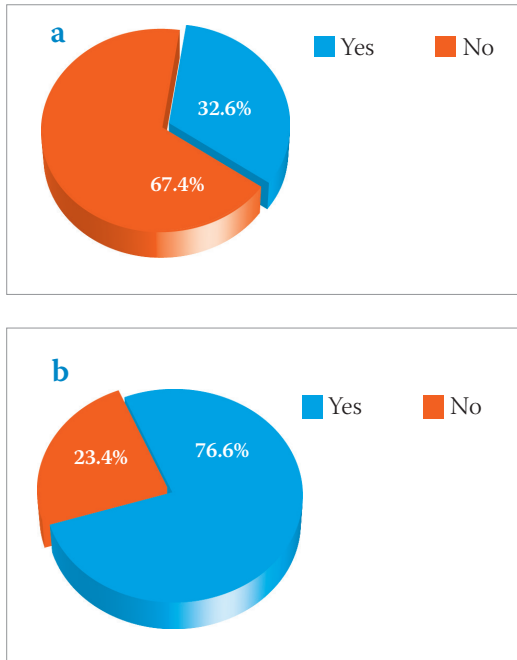
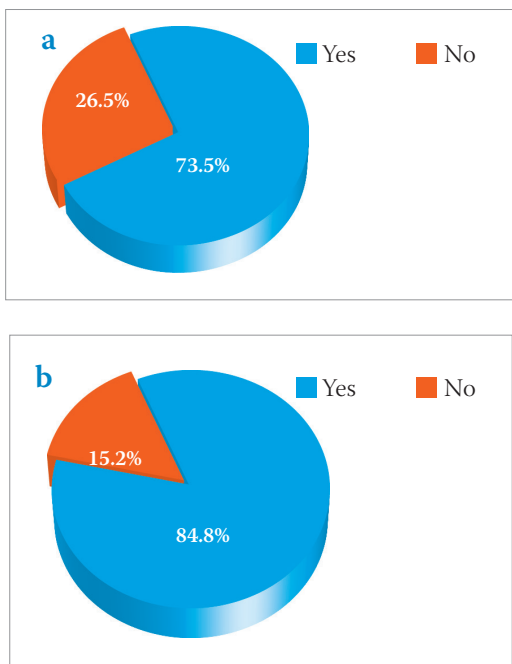


Figure 6. Are you likely to try the dressings? A: before demonstration; B: after demonstration



■ Yes ■ No

Clinicians' voting pad results

Delegates were asked whether they were confident that Sorbion Sachet S dressings would work under compression and against gravity. The delegates' responses varied, but in both cases considerably more delegates were confident of the dressings' abilities after having viewed the demonstration of the dressing in practice. The delegates' confidence in the dressings working under compression increased from 65% before seeing the demonstration to 92% after the demonstration (Figure 2). The delegates' confidence in the dressing working against gravity increased from 68% to 88% (Figure 3).

Similarly, considerably more delegates were confident that the dressings were able to lock exudate without the risk of lateral moisture spread, and that the dressing would stay in place with large volumes of exudate absorbed, having seen this demonstrated in practice. There was an increase in delegate confidence that Sorbion Sachet S dressings would safely lock away exudate (from 79% to 93%, Figure 4), and the proportion confident the dressing would stay in place increased from 33% to 77% (Figure 5).

Finally, when asked whether they would be likely to try using the dressings themselves, the vast majority of delegates agreed that they would after viewing the practical demonstration. This positive contingent increased from 73% to 85% (Figure 6).

CONCLUSION

Managing exudate is a huge issue. Assessing both the level and type of exudate — as well as a holistic assessment of the patient as an individual — is vital. Assessment can help to lead to the correct dressing choice, which is a key element of exudate management.

Sorbion Sachet S dressings have a high fluid-handling capacity and can be used effectively under compression. The evidence and demonstration showed that the dressings can be an effective option in managing highly exuding wounds, providing benefits to both the patient and practitioner.



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