



# Managing exudate in complex leg ulcers: a leg ulcer clinic challenge.

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## Introduction

Working in a leg ulcer clinic, patients are referred by community teams and practice nurses due to the complexity and longevity of their wounds. This means they are already in a state of chronicity, characterised by prolonged wound duration, recurrent infections, devitalised tissue, and frequently high levels of exudate. This case series looks at exudate management using two types of Superabsorbent Polymer (SAP) dressings. Three patients evaluated Zetuvit® Plus Superabsorber under compression bandaging, and one patient evaluated RespoSorb® Silicone Border. The leg ulcer clinic trialed these products because the current SAP and Silicone foam dressings were not managing the chronic exudate and impacting peri-wound skin. Balancing the wound environment is key to keeping wounds on the healing trajectory and reducing the risk of chronicity. Chronic wound exudate becomes caustic to the peri-wound skin due to elevated biomarkers such as matrix metalloproteinases (MMPs) and elastase.<sup>[1]</sup> This poster demonstrates how SAP dressings helped redress the imbalance of biomarkers, improving both the wound and surrounding peri-wound tissue.

## Method

Four patients were selected for the evaluation due to their high levels of exudate or lymphorrhea, and the vulnerability of their peri-wound skin. All wounds were classed as hard to heal due to their chronicity and lack of significant healing over the preceding twelve weeks. Most patients were treated using full compression bandages or hosiery kits, except for one patient who had been temporarily removed from compression due to a recent hospital admission. In this case, compression therapy was gradually reintroduced, following the guidelines of the National Wound Care Strategy Programme.<sup>[2]</sup> The trial spanned a 3-to-4-week period during which exudate management, peri-wound condition, and patient comfort were monitored closely.

## Results

The results from the trial were overwhelmingly positive. Exudate management with both Zetuvit® Plus Superabsorber and RespoSorb® Silicone Border was rated as excellent or good in all patients. A notable reduction in peri-wound maceration was documented across the evaluation period. Furthermore, patient comfort and the conformability of the dressings were rated as excellent. The clinic staff found Zetuvit® Plus Superabsorber to be easy to apply under compression bandaging without disrupting the compression process. The dressing also provided sufficient flexibility to

conform to the shape of the limb, ensuring effective wound coverage. Importantly, no adverse skin reactions were noted in the patient using RespoSorb® Silicone Border, despite this patient's history of reacting to other silicone foam dressings.

The improvements in both the wound bed and the peri-wound skin led three patients to continue using the dressings after the study. Notably, one patient's wound healed completely within the three-week evaluation period. The significant improvements in exudate management, peri-wound skin condition, and overall patient comfort reinforce the clinical efficacy of these SAP dressings.

## Discussion

In the UK, leg ulceration has increased by 37% from 2012/2013 to 2017/2018. This surge in chronic wounds places substantial pressure on the National Health Service (NHS) both in terms of clinical resources and financial costs.<sup>[3]</sup> It is estimated that two weeks of community treatment for a leg ulcer costs on average £166 per person with a national cost annually of £4,787.07 per person without antimicrobials or absorbent dressings.<sup>[4]</sup> Venous leg ulcers are often highly exuding due to venous hypertension, and if the exudate is poorly managed it has an impact on healing as well as the patient's quality of life.<sup>[5]</sup> There is an aim to reduce the need for dressing changes and to improve exudate management.<sup>[6]</sup> RespoSorb® Silicone Border and Zetuvit® Plus Superabsorber both contain SAP that can sequester MMPs, bacteria and exudate aiding a reduction in dressing changes and promoting undisturbed wound healing.<sup>[7]</sup>

## Conclusion

Zetuvit® Plus Superabsorber exceeded expectations in this case series by effectively managing high levels of exudate. The wear time of 4 to 7 days, combined with excellent patient comfort, compliance, and cost-effectiveness, made it a standout option for use under compression bandaging. Additionally, the dressing's ease of application and its ability to conform to the limb without affecting compression made it a preferred choice among clinic staff. Although RespoSorb® Silicone Border was less commonly used due to the complexity of the ulcers seen in clinic, the dressing still demonstrated a significant reduction in peri-wound maceration and was well tolerated by patients. Overall, both SAP dressings showed considerable promise in managing chronic exudate and improving wound outcomes in patients with hard-to-heal leg ulcers.

## Patient Case Studies:

### Patient 1 – Zetuvit® Plus Superabsorber



10th July 2024

66 Year old Female  
PMH: Lymphodema,  
CVA & Obesity

#### Wound Assessment prior to evaluation:

Recurrent ulcers since 2022  
Wound: 7cm x 4.5cm  
60% slough 40% Granulation  
Moderate exudate levels –  
excoriation noted

#### Results of evaluation:

3.8cm X 1.9cm  
50% granulation, 30% slough,  
20% epithelial tissue  
– healthy peri wound  
Low exudate levels



9th October 2024

### Patient 2 – RespoSorb® Silicone Border



5th July 2024

71 year old female  
PMH: Heart failure, hypertension,  
recurrent wound infections  
(MRSA Feb 24)

#### Wound Assessment prior to evaluation:

2 x wounds: 18mm x 6mm  
& 7mm x 5mm  
10% Slough 90% granulation  
Maceration note

#### Results of evaluation:

Wounds measured as one wound  
– 22mm X 12mm  
5% slough 40% granulation and  
60% epithelial tissue  
Low exudate levels  
Maceration resolved



26th July 2024

## References

[1] Garten, A. et al. (2023) Wound balance: achieving wound healing with confidence. Wounds International, London. Available to download from [www.woundsinternational.com](http://www.woundsinternational.com). [2] National Wound Care Strategy Programme: (2024) Leg Ulcer Recommendations. Available at <https://www.nationalwoundcarestrategy.net/lower-limb/>. [3] Atkins, L. (2021) Highly exuding non-healing leg ulcers: a surmountable challenge. British Journal of Nursing, 30(5) (supplement 1). [4] Urwin, S. Dumville, J.C. Sutton, M. et al. (2021) Health service costs of treating venous leg ulcers in the UK: evidence from a cross-sectional survey based in the north west of England. BMJ Open ;12:e056790. doi:10.1136/bmjopen-2021-056790. [5] Barrett, S. Chadwick, P. Haycocks, S. Rippon, M. et al. (2018) An observational study of a superabsorbent polymer dressing evaluated by clinicians and patients. JWC, 27(2). [6] Hampton, S. Verrall, D. (2013) Exudate management. British Journal of Nursing. 22 Sup 3. [7] M. Velickovic V, Macmillan T, Lones E, et al. Systematic review and quality assessment of clinical and economic evidence for superabsorbent wound dressings in a population with chronic ulcers. Int Wound J. 2024; 21(3):e14750. doi:10.1111/iwj.14750 WM-0097/24-GB