

# DRESSINGS DESIGNED FOR EXUDATE MANAGEMENT IN CLINICAL PRACTICE

Bronwen Lafferty



Rachael McGhie



Roxy Woodward



Wednesday 17 June 2026

19:30 - 20:30



# LIVE Q&A

Send in your questions by  
commenting on the video

# WHAT DO YOU EXPECT OF YOUR FOAM DRESSINGS?

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# WHAT ARE THE MOST IMPORTANT FACTORS OF A FOAM DRESSING TO YOU?

Submit your answer in the comments



# BALANCING PERFORMANCE: DEVELOPING FOAM DRESSINGS

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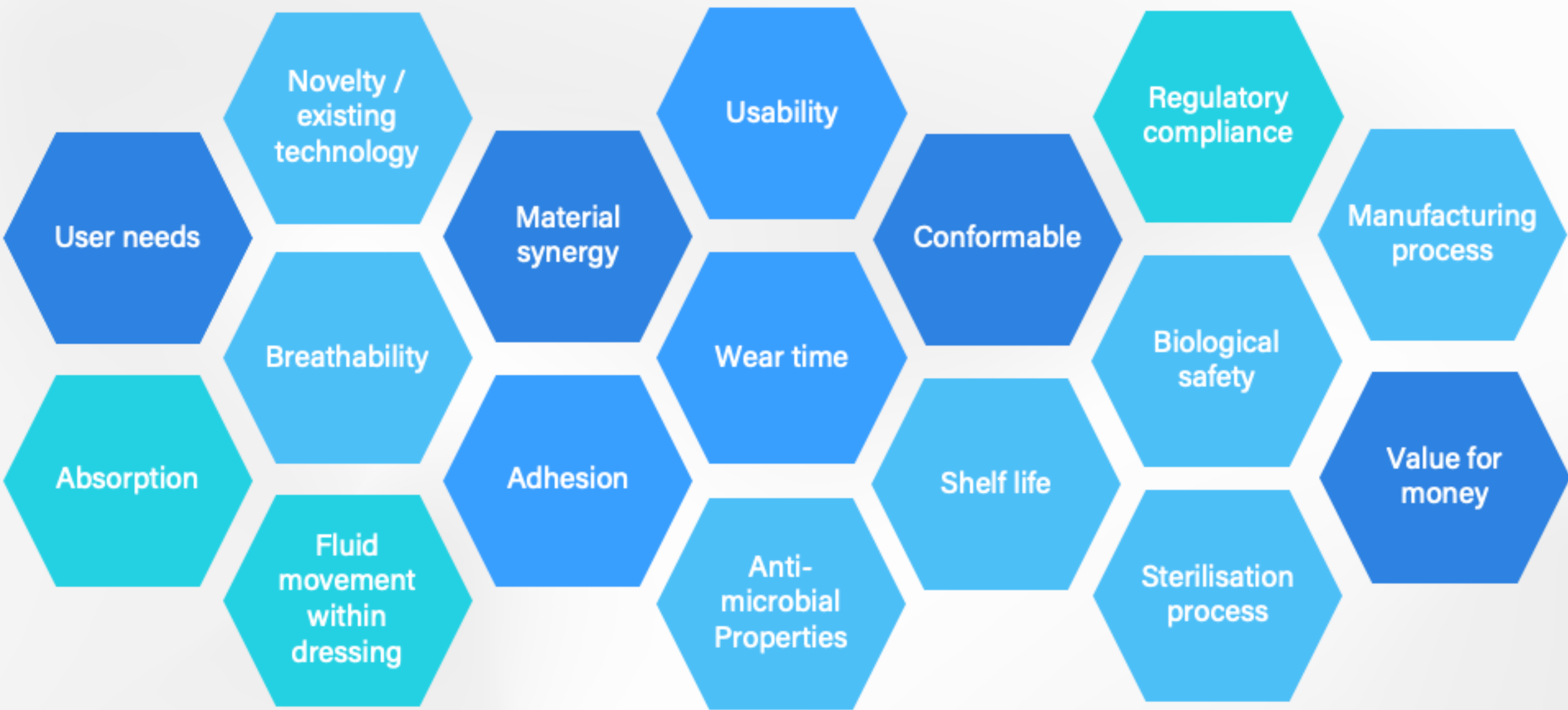
**Roxy Woodward**  
Technical Lead, R&D

# NOT ALL DRESSINGS ARE MADE EQUAL



**WHAT ASPECTS DO  
WE NEED TO CONSIDER  
WHEN DESIGNING A  
FOAM DRESSING?**

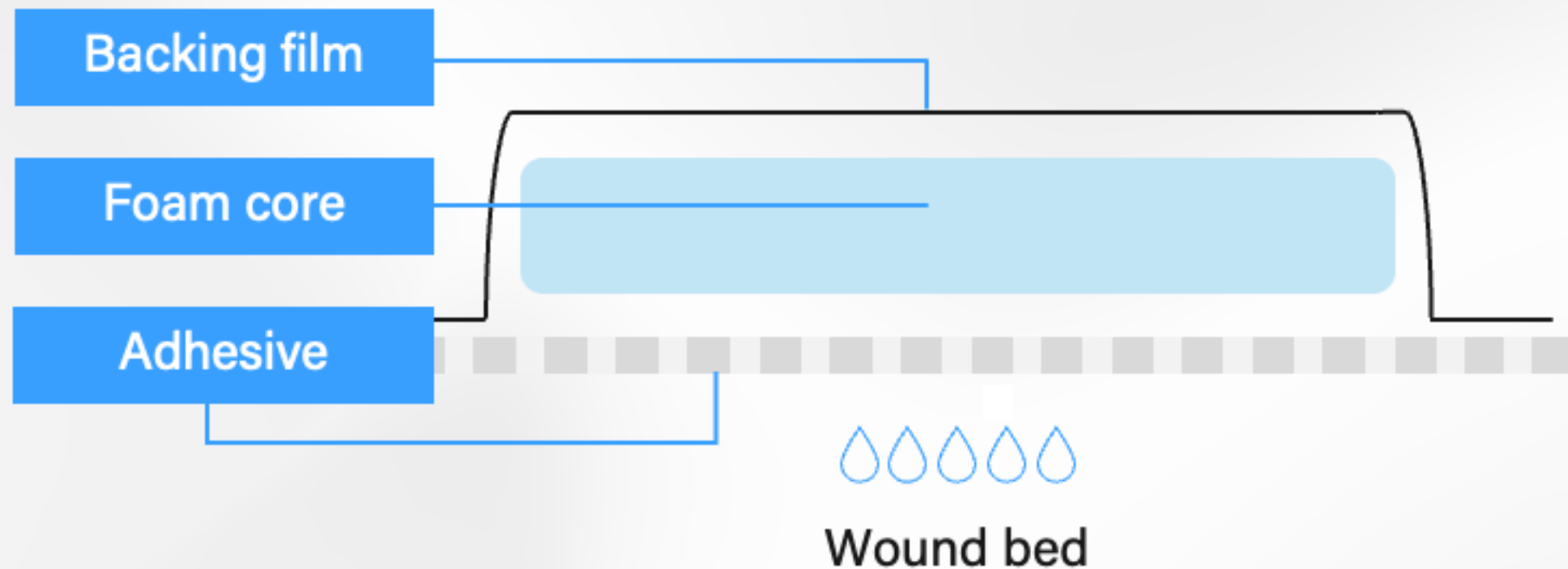




# EXUDATE MANAGEMENT



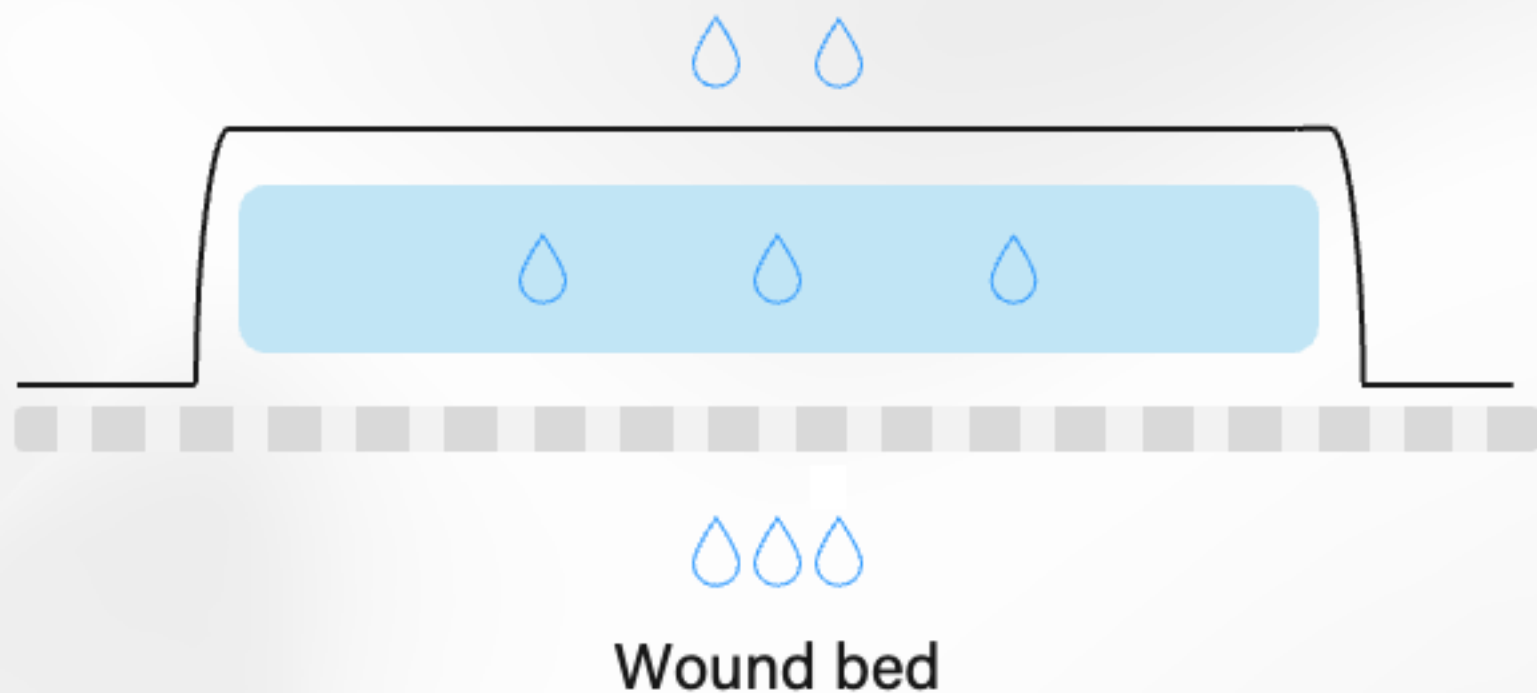
# EXUDATE MANAGEMENT WITHIN FOAM DRESSINGS



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# EXUDATE MANAGEMENT WITHIN FOAM DRESSINGS

Exudate travels  
both vertically  
through the  
dressing...

... and laterally  
across the foam  
pad



# BALANCING MATERIAL PROPERTIES FOR CLINICAL PERFORMANCE



# MATERIAL SELECTION: ADHESIVE

## Function:

- Adhere the dressing to the patient for the intended wear time
- Allow exudate to transfer from the wound bed, to the absorbent core.



## Adhesive

**Too high:**  
Long wear time  
Robust over joints  
Pain on removal

**Too low:**  
Lower wear time  
Gentle on fragile skin

## Perforations

**Too big:**  
Poor adhesion  
Faster absorption

**Too small:**  
Poor exudate transfer  
Poor peri-wound  
breathability

# MATERIAL SELECTION: FOAM CORE

## Function:

- Absorb and manage exudate from the wound bed.



## Absorption

**Too high:**  
Dry wound bed

**Too low:**  
Soggy dressing  
Maceration

## Wicking

**Too big:**  
Vertical – dry  
wound bed  
Lateral – peri-wound  
maceration

**Too small:**  
Vertical – saturated  
dressing  
Lateral – poor vapour  
transfer

# MATERIAL SELECTION: FOAM CORE

## Function:

- Absorb and manage exudate from the wound bed.



## Superabsorbents

**Fibers:**  
Dressing may be cut

**Beads:**  
Dressing may not  
be cuttable

## Bonding

**High:**  
May impact  
conformability and  
absorption

**Low:**  
May impact vertical  
wicking and cuttability  
/ integrity when wet

# MATERIAL SELECTION: FOAM CORE

## Function:

- Absorb and manage exudate from the wound bed.



## Thickness

**High:**  
Pressure offloading  
properties  
Uncomfortable

**Low:**  
Slim reduces rucking  
and friction  
Low/slow absorbency

## Conformability

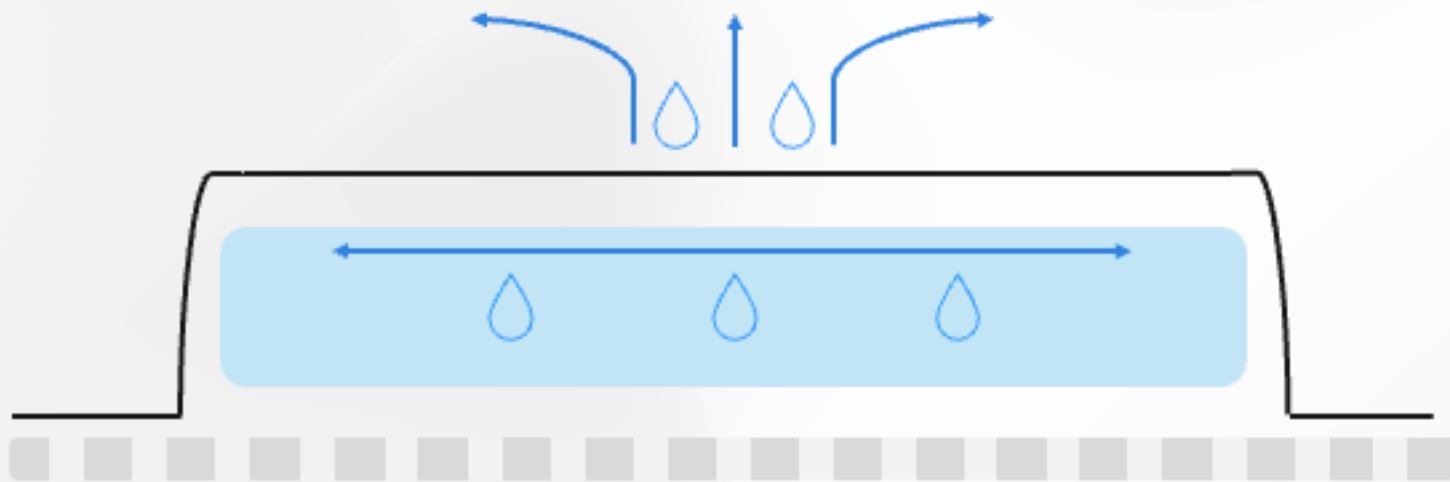
**High:**  
Comfort and flexion  
over joints. Adapts to  
wound bed and contours

**Low:**  
Stiff and rigid impacting  
comfort, wear time  
and absorption

# MATERIAL SELECTION: BACKING FILM

## Function:

- Provide a semi-permeable barrier
  - Allow moisture to vaporise through the film into the environment
  - Prevent water/bacteria from penetrating into the dressing



Thickness

**High:**  
Low breathability  
Barrier properties

**Low:**  
High breathability

Conformability

**High:**  
Comfort and flexion  
over joints. Adapts to  
wound bed and contours

**Low:**  
Stiff and rigid impacting  
comfort, wear time  
and absorption

# CONCLUSION



# SUMMARY: THE 'IDEAL' DRESSING

Manages exudate

Breathable

Meets the user's needs

Absorbent

Wear time

Soft and conformable

Great value for money



# HOW CAN THE USE OF DRESSINGS ASSIST WITH WOUND HEALING?

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Bronwen Lafferty, Dip HE DN, BSc (Hons) DN  
Clinical Strategy Manager

# STAGES OF WOUND HEALING<sup>1</sup>



## Haemostasis Phase

Protects the body from excessive blood loss and increased exposure to bacterial contamination through:

- Vasoconstriction to minimise blood flow
- Initiation of clotting process accelerated by platelets sticking together
- Formation of fibrin temporarily closes wound.



## Inflammatory Phase



## Proliferative Phase

1. Velnar T, Bailey T, Smrkolj V (2009) The wound healing process: an overview of the cellular and molecular mechanisms. *J Int Med Res* 37: 1528–42

# STAGES OF WOUND HEALING<sup>1</sup>



**Haemostasis Phase**



**Inflammatory Phase**

This stage prepares the wound bed for healing by removing necrotic and foreign material. This natural process is known as autolysis. Neutrophils and macrophages are key cells as they clear dead tissue and bacteria (phagocytosis). Macrophages attract fibroblasts to wound which synthesis collagen.



**Proliferative Phase**

1. Velnar T, Bailey T, Smrkolj V (2009) The wound healing process: an overview of the cellular and molecular mechanisms. *J Int Med Res* 37: 1528–42

# STAGES OF WOUND HEALING<sup>1</sup>



## Haemostasis Phase



## Inflammatory Phase



## Proliferative Phase

This stage fills and covers the wound bed as quickly as possible through three stages:

1. **Granulation:** Formation of the extracellular matrix and angiogenesis. Characteristic beefy red new tissues.
2. **Contraction:** Fibroblasts begin to change into myofibroblasts and contract at the wound edges, bringing them closer together.
3. **Epithelialisation:** Epithelial cells grow from wound edges and residual hair follicles and migrate across moist tissue. These are pale pink to white in colour.

1. Velnar T, Bailey T, Smrkolj V (2009) The wound healing process: an overview of the cellular and molecular mechanisms. *J Int Med Res* 37: 1528–42

# TISSUE TYPES<sup>1,2</sup>



**Necrotic**

The death of cells due to lack of oxygen supply to the tissues. Devitalised tissue.



**Slough**

Slough is typically a white/yellow colour made up of dead cells that have accumulated in the exudate. It can be related to the end of the inflammatory stage in the healing process.



**Unhealthy Granulation**

Wound does not appear outwardly unhealthy. Granulation tissue is present, but wound is failing to progress. Often bleeds on contact and may indicate presence of infection.



**Granulation**

Beefy red tissue formed during wound healing, with a rough or irregular surface and a rich supply of blood capillaries.



**Epithelialisation**

Epithelial cells migrate across wound bed to complete the repair process.

1. Understanding the basics of wound assessment. *Wounds Essentials* 2021. Volume 2

2. Embedding Wound Hygiene into a proactive wound healing strategy. *Journal of Wound Care, Consensus Document* 31(4) April 2022

# WOUND PROGRESSION AND EXUDATE LEVELS<sup>1</sup>

In a healing wound, exudate production generally reduces over time. In a wound that is not healing as expected, exudate production may continue and be excessive due to ongoing inflammation or infection.



1. World Union of Wound Healing Societies (2007) *Principles of best practice: wound exudate and the role of dressings. A consensus document*

# EXUDATE MANAGEMENT



# WHAT IS EXUDATE?

- Informal terms for wound exudate include 'wound fluid' or 'wound drainage'<sup>1, 2</sup>
- A generic term given to fluid produced by chronic wounds, and acute injuries once haemostasis has been achieved<sup>3</sup>
- Slow escape of liquid containing water, electrolytes, nutrients, inflammatory mediators, white blood cells, protein-digesting enzymes, growth factors and waste products<sup>1</sup>
- It is released from blood vessels as a result of inflammation and is a normal part of the healing process.<sup>1</sup>

1. World Union of Wound Healing Societies (2007) *Principles of best practice: wound exudate and the role of dressings. A consensus document*

2. Lloyd Jones M (2014) Exudate: friend or foe? *Br J Community Nurs (Suppl)*: S18-23

3. Sweeney IR, Mirafteb M, Collyer G (2012) A critical review of modern and emerging absorbent dressings used to treat exuding wounds. *Int Wound J* [internet] 9(6): 601-12. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1742-481X.2011.00923.x/full>

# EXUDATE ASSISTS HEALING BY<sup>1</sup>...

- Preventing the wound bed from drying out
- Aiding the migration of epithelial cells
- Carrying essential growth factors for cell regeneration
- Assisting separation of dead or damaged tissue (autolysis).

Wounds with a moist environment heal more quickly than those that dry out and form a scab<sup>2</sup>. In fact, moist wounds heal 2–3 times faster than dry wounds<sup>3</sup>.

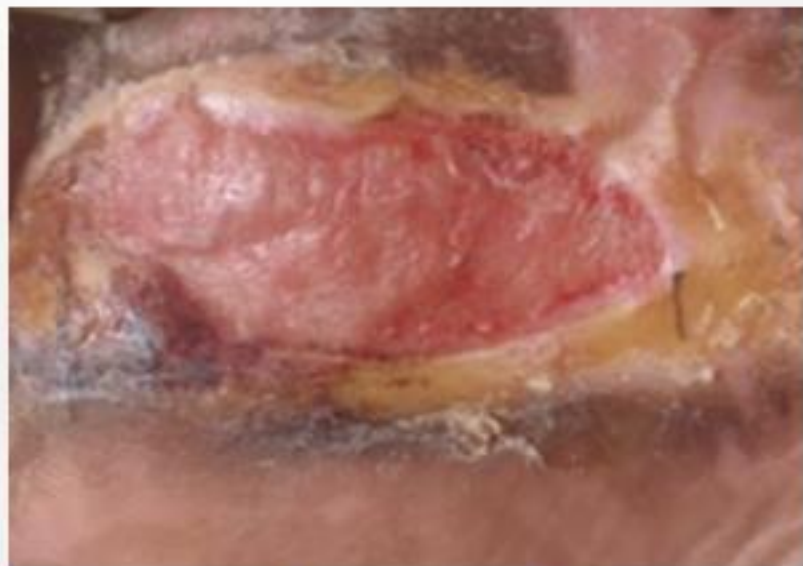
1. World Union of Wound Healing Societies (2007) *Principles of best practice: wound exudate and the role of dressings. A consensus document*  
2. Winter GD (1962) Formation of the scab and the rate of epithelialization of superficial wounds in the skin of the young domestic pig. *Nature* **193**: 293  
3. Swezey L (2014) Moist wound healing. Wound Educators. Available at: <https://woundeducators.com/wound-moisture-balance/>

## EXCESS EXUDATE MAY<sup>1</sup>...

- Cause maceration and/or excoriation of surrounding, peri-wound skin
- Delay or prevent wound healing
- Trigger subsequent infection and further deterioration of the wound
- Cause an increased demand on healthcare resources
- Hugely impact patient quality of life (QoL).

# GETTING THE BALANCE RIGHT<sup>1</sup>

You don't want to desiccate or macerate the wound



**TOO DRY**

Increase moisture\*



**TOO WET**

Reduce moisture

1. World Union of Wound Healing Societies (2007) *Principles of best practice: wound exudate and the role of dressings. A consensus document*

# SOMETIMES A DRY ENVIRONMENT IS OPTIMAL<sup>1</sup>

**The focus for these patients is to prevent infection!  
Keep dry and seek specialist advice.**



**ISCHAEMIC WOUNDS**



**NECROTIC PRESSURE ULCERS**

# FACTORS THAT MAY INFLUENCE EXUDATE PRODUCTION<sup>1</sup>

- Inflammation/infection
- Congestive cardiac failure (CCF)
- Excess oedema
- Venous insufficiency
- Low serum albumin
- Non concordance.

1. World Union of Wound Healing Societies (2007) *Principles of best practice: wound exudate and the role of dressings. A consensus document*



# MANAGING EXUDATE

Where excessive exudate is a problem, or where its composition is suspected of impeding healing, removal of exudate from the wound bed is a priority.

## AIMS<sup>5</sup>

- Optimise the wound bed moisture level
- Manage symptoms and improve quality of life
- Protect surrounding skin

## MANAGEMENT OPTIONS<sup>5</sup>

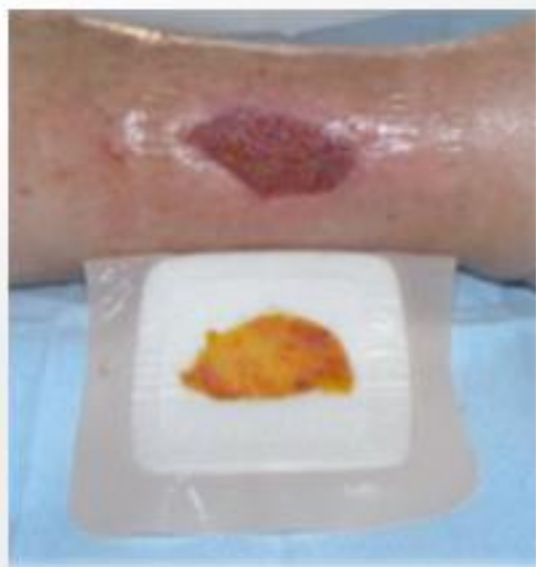
- Dressings
- Compression therapy
- NPWT
- Fluid collection devices

# DRESSING-RELATED FACTORS TO CONSIDER

**We don't want lateral spreading, or fluid to be forced out of the dressing!**



**VERTICAL WICKING**



**ABSORPTION, RETENTION &  
FLUID HANDLING CAPACITY**

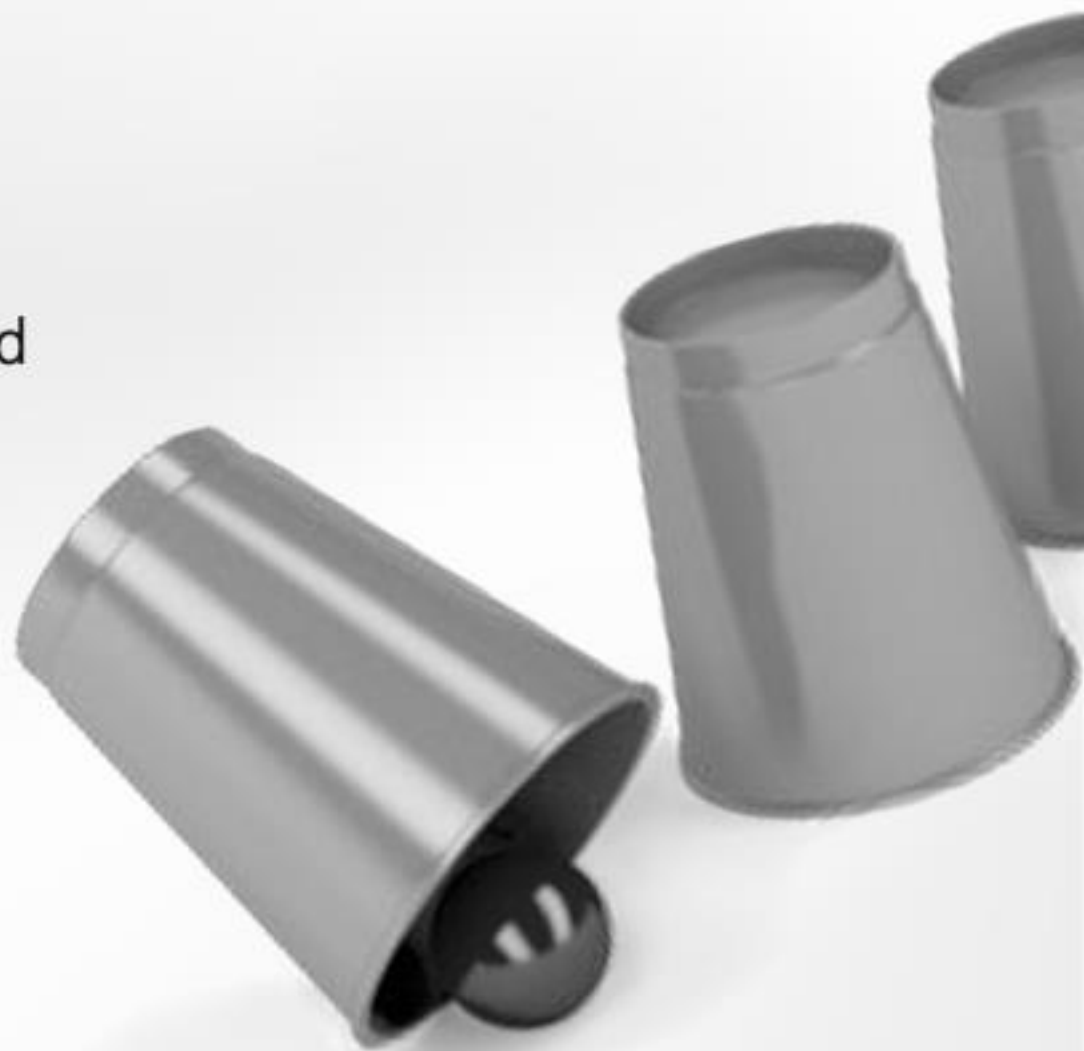
**WE NEED TO AVOID THIS...**



# MAKING THE RIGHT MANAGEMENT CHOICE

Indications that the right choice has been made and that the wound is progressing to healing include:

- Healthy or improving peri-wound skin
- Healthy wound bed, with no sign of infection
- Reduced dressing change requirements
- Lack of, or reduction in wound odour
- Reduction in, or lack of wound pain.



# SUMMARY

## Exudate production is a normal feature of healing wounds<sup>1</sup>

However, it may become a problem for the patient/caregiver when the quantity produced and/or its composition delay or prevent wound healing, cause physical and psychosocial morbidity and/or increase demand on healthcare resources.<sup>1</sup>

Careful attention to contributory factors and local management can help to reduce the likelihood of these problems, encourage healing and avoid potential additional healthcare-associated costs.

The properties and usages of individual dressings of the same broad type can vary considerably, based upon their make-up. Effective management aims to achieve a moist but not macerated wound bed. It is important to consider multiple factors when selecting a dressing to achieve this balance, including absorption, moisture vapour transfer rate (MVTR), retention and sequestration of exudate components.<sup>1</sup>

# INTRODUCING CONVAFOAM™

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Rachael McGhie  
Senior Brand Manager

# INTRODUCING CONVAFOAM™

ConvaFoam™ is the **only** foam dressing that combines our **three technologies**:

- Aquacel® Hydrofiber®
- Superabsorber fibers
- ConvaTac™ Silicone

**ConvaFoam™**

Border



Breathable Protective Cover

Protective Foam Cushioning Layer

Superabsorber Fibers  
Rapid Absorption Layer

Aquacel® Hydrofiber®  
Intimate Wound Bed Conformable Layer

ConvaTac™ Silicone  
Skin-friendly Adhesive Layer

**ConvaFoam™**

Silicone



**ConvaFoam™**

Non-adhesive



To deliver superior\*<sup>1</sup> exudate management and skin-friendly adhesion\*<sup>2</sup> for longer lasting wear time\*<sup>2</sup> which optimises healthcare efficiency.\*<sup>3</sup>

\*vs selected dressings tested *in vitro* or fluid handling

1. WHRI9478 MS168\_DHF1093 ConvaFoam Superiority Report Testing between May 2023 - June 2022

2. WHRI8050 MS172 Adhesion Characteristics of ConvaFoam

3. Wounds UK (2013) *Best Practice Statement. Effective exudate management*. London: Wounds UK. Available to download from: [www.wounds-uk.com](http://www.wounds-uk.com)

## CONVAFOAM™ HAS SUPERIOR 7-DAY FLUID HANDLING CAPACITY COMPARED TO OTHER DRESSINGS TESTED\*1

This is the amount of fluid that a 10x10cm pad can handle over 7 days.

*Caveats to this demonstration: This would be the case if the whole dressing was fully saturated from the beginning.*



ConvaFoam™

929mL



Market leading,  
multi-layered silicone  
bordered foam dressing

778mL



Market leading,  
bordered foam  
dressing

781mL



Multi-layer foam  
dressing

386mL

ConvaFoam™ showed superior retention vs other foam dressings tested<sup>2\*</sup>:

ConvaFoam™ Silicone: 79%

ConvaFoam™ Border: 78%

Market leading, multi-layered silicone bordered foam dressing: 69%

Market leading, bordered foam dressing: 67%

Multi-layer foam dressing: 71%.

Ability to retain fluid and exudate means a **reduced risk of maceration** of at-risk or peri-wound skin.<sup>3,4</sup>

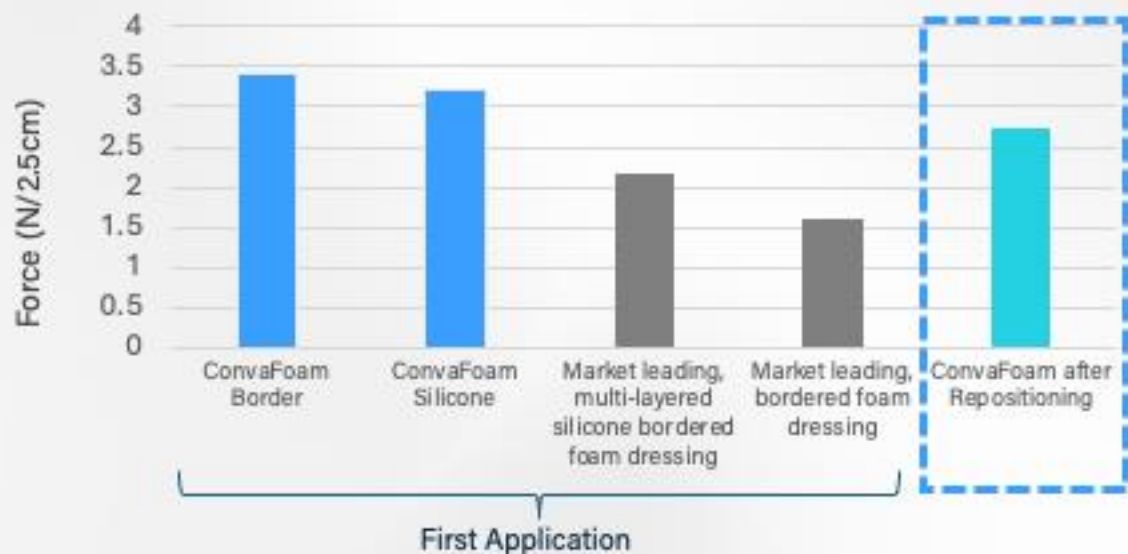
Retention and locking in of exudate and bacteria means that ConvaFoam™ provides the optimum wound healing environment, **increasing the likelihood of faster healing.**<sup>3, 4</sup>

\*vs selected dressings tested *in vitro* for fluid handling

1. WHRI9478 MS168\_DHF1093 ConvaFoam Superiority Report Testing between May 2023 - June 2022
2. WHRI8086 MS175 In-Vitro Performance Characteristics of ConvaFoam Border, ConvaFoam Silicone & Competitor Dressings
3. WHRI8051 MS173 In-vitro Performance Characteristics of ConvaFoam
4. Robinson BJ (2000) The use of a hydrofibre® dressing in wound management. *J Wound Care* 9(1): 32-34

# CONVAFOAM™ WITH NEW CONVATAC™ SILICONE OFFERS SUPERIOR ADHESIVE STRENGTH COMPARED TO OTHER DRESSINGS TESTED\*<sup>1</sup>

Adhesive strength to polycarbonate<sup>2</sup>



Comparable / increased adhesion compared to competitors **after** removal and repositioning

\*vs selected dressings tested *in vitro* for adhesion

1. WHRI9478 MS168\_DHF1093 ConvaFoam Superiority Report Testing between May 2023 - June 2022
2. WHRI8050 MS172 Adhesion Characteristics of ConvaFoam

# REDEFINING WHAT'S POSSIBLE WITH CONVAFOAM™

The only foam dressing that combines our three technologies, Aquacel®, Hydrofiber®, Superabsorber fibres and ConvaTac™ silicone to deliver superior performance\*<sup>1</sup>.



## ABSORPTION

Superior\*<sup>1</sup> absorption, retention and fluid handling – for superior\*<sup>1</sup> exudate management



## EASY REMOVAL

7-day wear time<sup>1</sup> reduces the number of dressing changes<sup>2</sup>, optimising healthcare resources<sup>3</sup>



## ADHESION

Superior\*<sup>1</sup> skin-friendly adhesive strength that maximises wear time<sup>2</sup>



## LONGER WEAR TIME

Minimises pain on removal, increasing patient comfort<sup>4</sup>

\*vs selected dressings tested in vitro for absorption, retention, fluid handling and adhesion

1. WHR19478 MS168\_DHF1093 ConvaFoam Superiority Report Testing between May 2023 – June 2022
2. WHR18050 MS172 Adhesion Characteristic of ConvaFoam
3. Wounds UK Best Practice Statement (2013) *Effective exudate management*. London: Wounds UK. Available to download from: [www.wounds-uk.com](http://www.wounds-uk.com)
4. Soft silicone dressings made easy, Meulenaire F, Rucknagel H, Wounds International, May 2013
5. WHR18051 MS173 In-vitro Performance Characteristics of ConvaFoam
6. ConvaFoam IFU

ConvaFoam can also be cut to aid application on difficult-to-dress areas!<sup>6</sup>



Scan for further information & to get your free sample of Convafoam™

Now available on  
DT & NHSSC