FACEBOOK LIVE

WOUND EXUDATE
GETTING THE BALANCE RIGHT

THURSDAY
15 APRIL
7.30-8.30

FACEBOOK LIVE

Journal of Community Nursing
JCN

LISA WOOD

LUXMI DHOONMOON

SPONSORED BY: ConvaTec

LISA WOOD

CLINICAL STRATEGY MANAGER

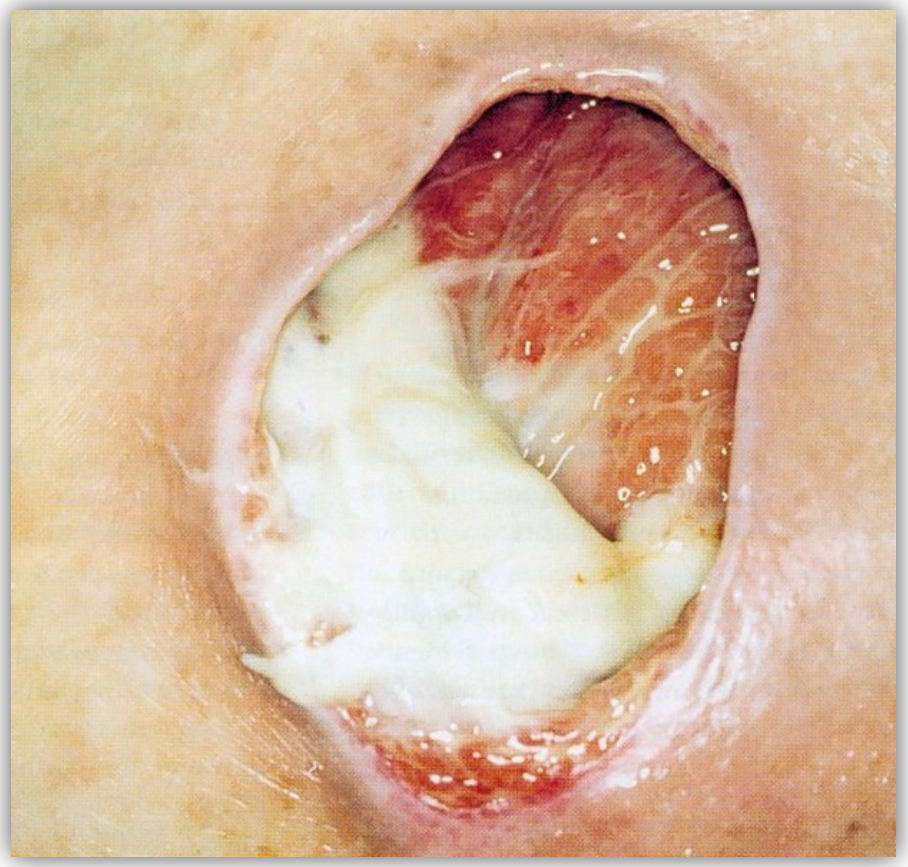
Journal of Community Nursing
JCN

AIMS AND OBJECTIVES

- To understand the role of wound exudate
- To differentiate types of exudate
- To understand the importance of moisture balance
- To discuss methods of exudate management.

WHAT IS WOUND EXUDATE?

- Water
- Electrolytes
- Nutrients
- Inflammatory mediators
- White blood cells
- Matrix metalloproteinases (MMPs)
- Growth factors
- Waste products.



THE IMPORTANCE OF EXUDATE

Exudate assists healing by:

- 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).

OPTIMISING THE WOUND BED

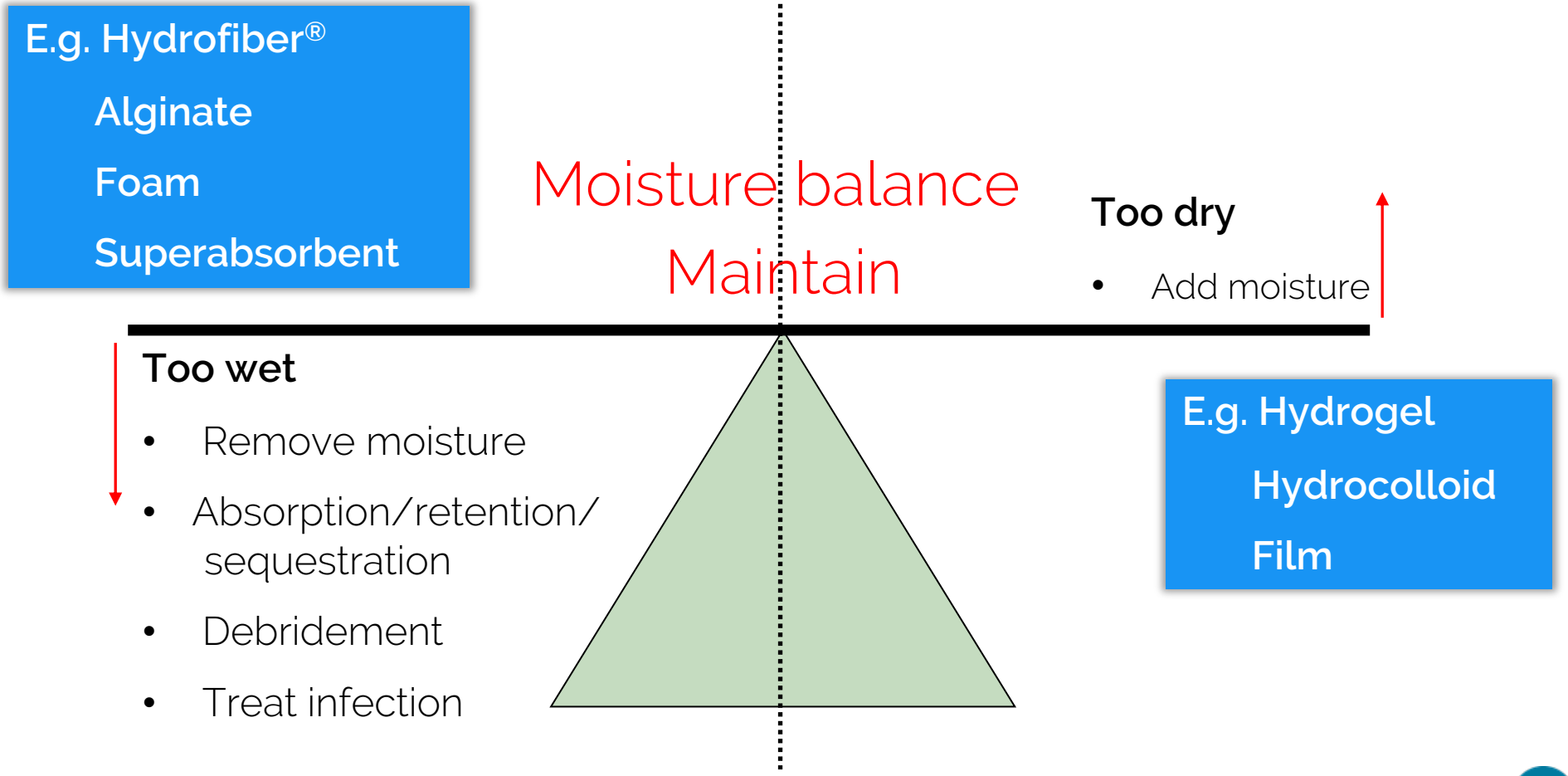


Image reproduced by ConvaTec

MOIST WOUND HEALING

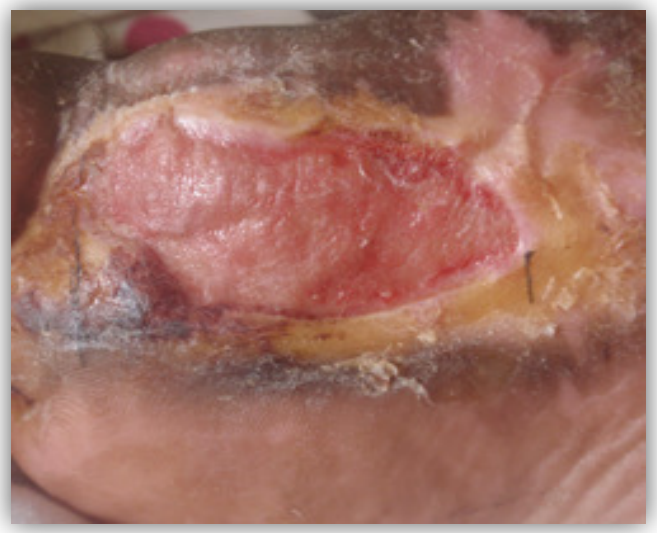
- Wounds with a moist environment heal more quickly than those that dry out and form a scab (Winter, 1962)
- In fact, moist wounds heal 2–3 times faster than dry wounds (Swezey, 2014).

Image used with permission from respective owner

GETTING THE BALANCE RIGHT

Exudate is a normal part of healing; however, it can cause problems in the wrong amount, in the wrong place, or when of the wrong composition (World Union of Wound Healing Societies [WUWHS], 2019).

You do not want to desiccate or macerate the wound.



SOMETIMES A DRY ENVIRONMENT IS OPTIMAL

- Ischaemic wounds
- Immunocompromised patients
- Focus for these patients is to prevent infection
- Guidance is also available for some pressure ulcers.

CAUSES OF EXCESSIVE EXUDATE

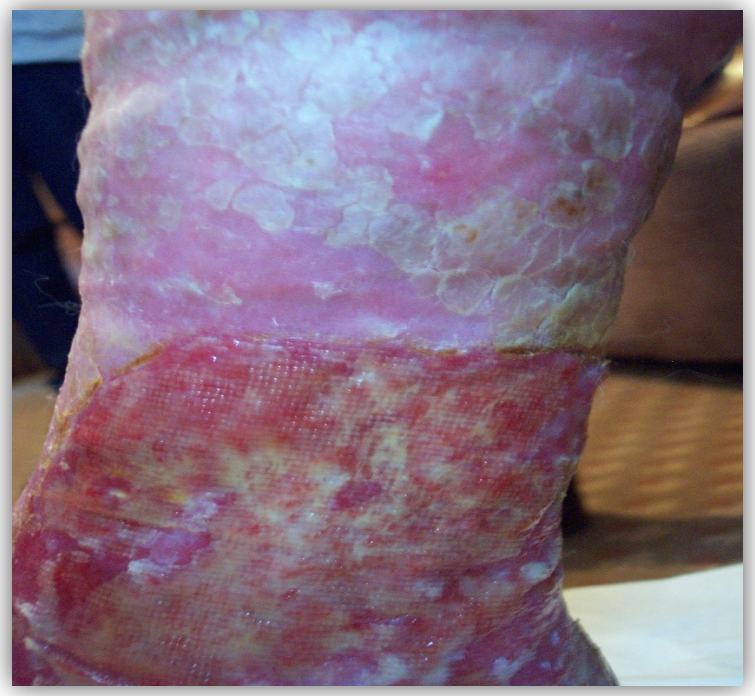
Image used with permission from respective owner

- Inflammatory response
- Wound infection
- Congestive cardiac failure (CCF)
- Oedema
- Venous hypertension
- Low serum albumin levels.

POOR EXUDATE MANAGEMENT

Periwound maceration

Demarcation of exudate



POOR EXUDATE MANAGEMENT

Erythematous maceration

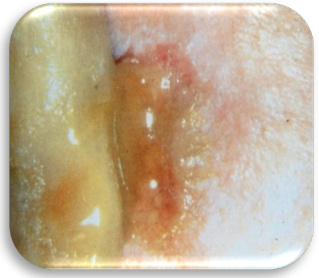
Periwound maceration

ASSESSING WOUND EXUDATE: COLOUR

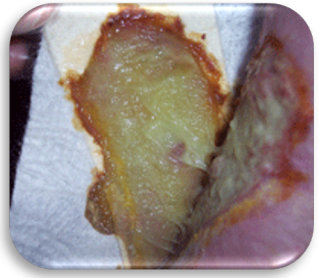
- How important is exudate colour in our assessment?
- Do you document exudate colour?
- Would you know what each colour can indicate?
- What does this exudate tell you?

Image used with permission from respective owner

COLOUR

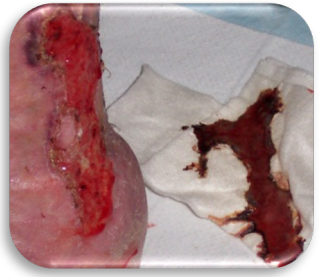


- Straw-coloured serous fluid, considered normal
- Beware of lymphatic or urinary fistula



- Yellow/brown may be due to the presence of wound slough, liquefaction of necrotic tissue, or possible infection

COLOUR



- Red/pink suggests exudate contains blood cells, possible infection, traumatic dressing removal

- Cloudy, milky or creamy: presence of fibrin strands in response to inflammation or to infection (purulent — contains white blood cells and bacteria)

COLOUR

- Green pus-like may be indicative of bacterial infection (*Pseudomonas aeruginosa*)

- Grey/blue can be a result of using some silver dressings

ASSESSING WOUND EXUDATE: QUANTITY

Describing exudate levels:

- \+ ++ +++
- Low, medium, high
- Minimal, moderate, heavy
- None, scant, moderate, heavy
- Dry, moist, wet, saturated, leaking (WUWHS, 2007).

DRY

Wound bed is dry; primary dressing is unmarked (WUWHS, 2007).

MOIST

Small amounts of fluid visible; primary dressing may be lightly marked (WUWHS, 2007).

WET

Small amounts of fluid visible when dressing removed, primary dressing extensively marked but no strikethrough (WUWHS, 2007).

SATURATED

Primary dressing is wet and strikethrough is occurring; periwound skin may be macerated (WUWHS, 2007).

LEAKING

Dressings are saturated, exudate is escaping and marking primary and secondary dressing onto clothes or beyond; dressing change is required much more frequently than usual for dressing type (WUWHS, 2007).

Image used with permission from respective owner

PATIENT QUALITY OF LIFE

- Leakage and soiling
- Odour
- Discomfort
- Pain; presence, quality and degree
- Tolerance

PATIENT QUALITY OF LIFE CONTINUED

- Compliance
- Emotional distress
- Sleep disturbance
- Related social and financial issues (WUWHS, 2007).

WHAT CAN WE DO FOR WET WOUNDS?

- Determine the underlying cause
- Assess any contributing factors
- Prioritise the aims of any future treatments
- Set short-term objectives
- Monitor closely.

MANAGING EXUDATE

- Where excessive exudate is a problem, or where exudate composition is suspected of impeding healing, removal of exudate from the wound bed is a priority
- Wound dressings are the main option for managing exudate
- Other options include negative pressure wound therapy (NPWT) and fluid collection devices/ostomy products.

MANAGING EXUDATE

There are numerous dressings available:

- Simple dressings
- Multi-layered dressings.

Understanding how a dressing functions will assist in appropriate dressing selection according to individual patient need.

CONSIDERATIONS

Vertical wicking, absorption and retention; we do not want lateral spreading or exudate to be forced out of the dressing.

LUXMI DHOONMOON

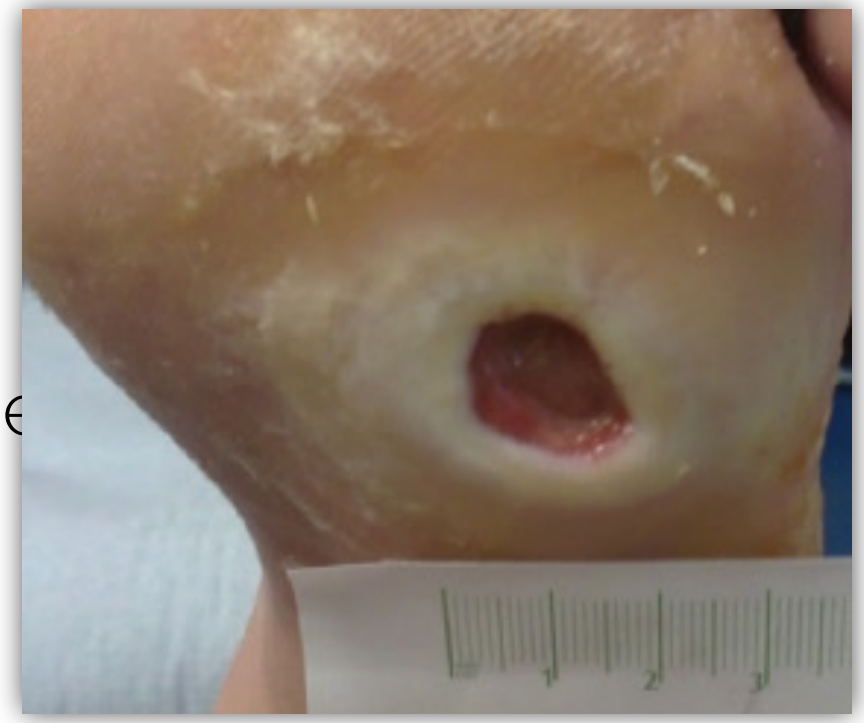
NURSE CONSULTANT TISSUE VIABILITY

Journal of Community Nursing
JCN

EFFECTIVE EXUDATE MANAGEMENT: DIABETIC FOOT ULCER (MITCHELL AND MUIR, 2011)

The wound:

- 50-year-old diabetic gentleman
- Ulcer over the 3rd metatarsal
- Over three months' duration
- High volume of exudate – dressed three times a week
- Surrounding skin macerated
- Wound size: 15x15x7mm.



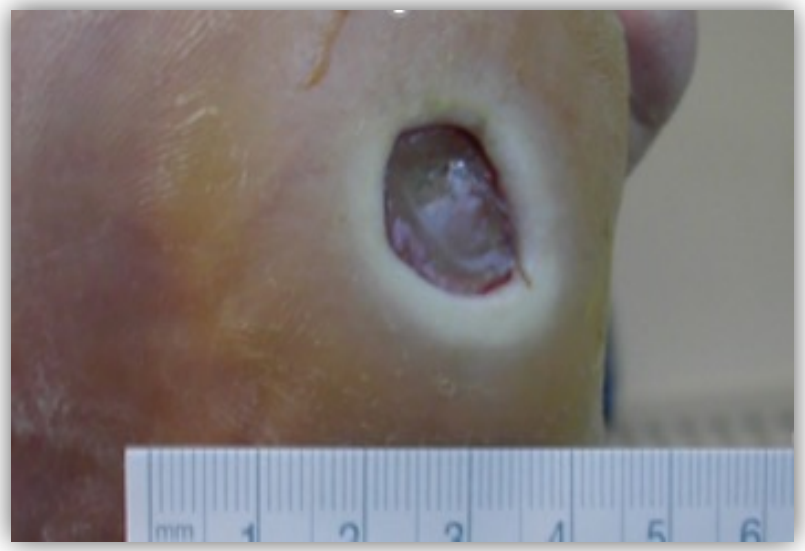
Journal of Community Nursing JCN

ConvaTec

EFFECTIVE EXUDATE MANAGEMENT

Clinical aims:

- Effectively manage the exudate and reduce periwound maceration
- Promote rapid debridement of sloughy tissue present within the wound
- Promote rapid granulation from the base of the wound upwards
- Reduce the number of dressing changes being done per week.

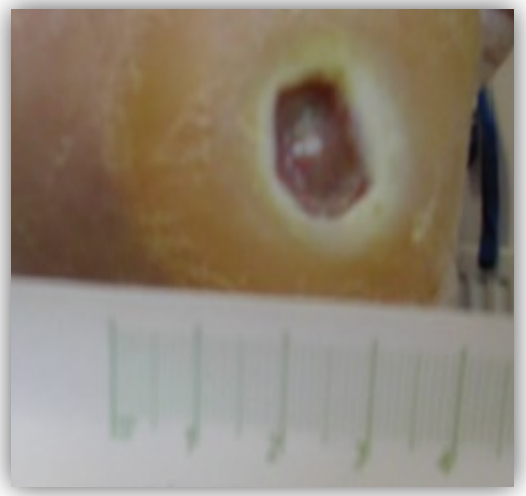


EFFECTIVE EXUDATE MANAGEMENT

Management: In view of wound exudate challenges, a clinical decision was taken to change the dressing regimen.

AQUACEL® Extra™ dressing was selected as the most appropriate primary dressing to manage wound symptoms.

An absorbent pad was applied as a secondary dressing.



After one week

Less than four weeks

EFFECTIVE EXUDATE MANAGEMENT

Outcome:

- After less than one month of treatment with AQUACEL® Extra™, the wound had reduced by 50% in size
- As the wound decreased, so too did the exudate volume, which resulted in a longer wear time
- By using a Hydrofiber® dressing which locks away exudate (Robinson, 2000), the periwound skin was protected, allowing the wound to progress to healing
- AQUACEL® Extra™ dressing aided debridement of sloughy tissue and promoted granulation.

EFFECTIVE EXUDATE MANAGEMENT: FUNGATING TUMOUR (CONVATEC, 2020)

The wound:

- 86-year-old gentleman with malignant fungating tumour on neck
- Wound static for six months
- Highly exuding sloughy wound
- Current dressing leakage often impacted on patient quality of life
- Challenging to dress and for dressing to stay in place.

EFFECTIVE EXUDATE MANAGEMENT

Management aims:

- Symptom management to improve patient quality of life
- Manage exudate, deslough and protect surrounding skin
- Reduce dressing change down from twice a day
- Enhance patient wellbeing and provide confidence of no leakage.

EFFECTIVE EXUDATE MANAGEMENT

Management: The wound was redressed with layered AQUACEL® Extra™ dressing 5x5cm (three dressings) covered with a ConvaMax™ Adhesive dressing, Hypafix® was applied to secure.

Less than three weeks

Images used with permission from respective owner

EFFECTIVE EXUDATE MANAGEMENT

Outcome:

- ConvaMax™ effectively managed the exudate volume in combination with AQUACEL® Extra™ which also aided debridement of sloughy tissue
- Reduction in number of dressing changes from twice daily to alternative days
- Significant improvement in quality of life, as patient was confident dressing would stay in place
- Valuable nursing time saved because of fewer visits.

SUMMARY

- Exudate production is a normal feature of a healing wound
- When the exudate produced is too much, too little or of the wrong composition, a wide variety of problems can occur, ranging from psychosocial issues, delayed healing and infection
- Careful attention to contributory factors and local management can help to reduce the likelihood of problems, encourage healing and avoid unnecessary health burden costs.

CALL TO ACTION

- Manage exudate effectively by understanding it and choosing a dressing that will absorb, retain and protect.

If you require any further information about the ConvaTec products mentioned during this session, please contact your local representative or the ConvaTec Clinical Support Helpline on:

Email: Wound.Webcare@convatec.com

Phone: 0800 289 738

REFERENCES

ConvaTec (2020) Case Study: Clinical experience using ConvaMax™ Superabsorber in combination with Aquacel® Extra™

Mitchell L, Muir F (2011) Clinical experience with AQUACEL® Extra™ dressing

Robinson BJ (2000) The use of a Hydrofibre dressing in wound management. *J Wound Care* **9(1):** 32-34

Swezey L (2014) *Moist wound healing*. Wound educators. Available online: https://woundeducators.com/wound-moisture-balance/

Winter GD (1962) Formation of the scab and the rate of epithelialisation of superficial wounds in the skin of the young domestic pig. *Nature* **193:** 293-4

WUWHS (2007) *Principles of best practice: Wound exudate and the role of dressings.* A consensus document. MEP Ltd, London. Available online: www.woundsinternational.com

WUWHS (2019) Consensus Document. *Wound exudate: effective assessment and management.* Wounds International, London. Available online: www.woundsinternational.com

FACEBOOK LIVE

DOWNLOAD CERTIFICATE

WWW.JCN-LIVE.CO.UK/CERTIFICATE