

Benefits of wound exudate.

In healing wounds, exudate supports healing and a moist wound environment. The main role of exudate is in facilitating the diffusion of vital healing factors (e.g. growth and immune factors) and the migration of cells across the wound bed.¹ It also promotes cell proliferation, provides nutrition's for cell metabolism and aids autolysis of necrotic or damaged tissue².

Rate of exudate production.

Moist wound healing (MWH) is necessary for optimal healing. As wounds heal, usually the exudate production decreases³ however over or under production of exudate can adversely affect the ability to heal.

Exudate sometimes delays healing.

In non-healing wounds exudate levels may be difficult to manage and may lead to the wound slowing down or even prevent cell proliferation; interfere with growth factor availability or contain elevated levels of MMPs^{1,4,5}. This can lead to damage to the wound bed, degrading of extracellular matrix and peri-wound problems.

1. Vowden K, Vowden P. The role of exudate in the healing process: understanding exudate management. In: White, R (ed), Trends in Wound Care: Volume III. 2004; 3-22 2. Exudate management made easy: <https://www.wounds-uk.com/resources/details/exudate-management-made-easy>. 3. Thomas S. Assessment and management of wound exudate. J Wound Care 1997; 6(7): 327-330. 4. Yager DR, Zhang LY, Liang HX, et al. Wound fluids from human pressure ulcers contain elevated matrix metalloproteinase levels and activity compared to surgical wound fluids. J Invest Dermatol 1996; 107(5): 743-48. 5. Trengove NJ, Stacey MC, MacAuley S, et al. Analysis of the acute and chronic wound environments: the role of proteases and their inhibitors. Wound Repair Regen 1999; 7(6): 442-52.

When too much or too little exudate is produced it is essential to determine and assess factors contributing to the problem.

Signs of ineffective exudate management.

Leakage and soiling; peri-wound maceration; delayed healing; odour; discomfort/pain; infection; protein loss/fluid and electrolyte imbalance, need for frequent dressing changes and associated psychosocial, that may relate to social isolation.

Effective exudate management.

Can reduce time to healing, reduce the risk of peri-wound damage and infection, improve patients quality of life and reduce dressing changes.










Choosing an appropriate dressing.²

- Fluid handling capacity
- Promotes moist wound healing
- Prevents further problems and meet patient's needs
- Provides ease of application, comfort and conformability
- Retention of exudate within the dressing and under compression
- Easy to apply and remove without causing pain
- Cost effective
- Protects peri-wound skin and avoids maceration

Exudate management with Kliniderm

Assess the patient and wound to identify any local, systemic, wound-related, environmental or psychosocial factors

Assess the volume of exudate and the wound bed

| | Dry  | Low  | Moderate  | High  | Excessive  |
|-----------------|---|---|---|---|---|
| Description | Wound is dry No visible moisture | Small amounts of fluid are visible when the dressing is removed No peri-wound maceration | Dressing may be extensively soiled Possible peri-wound skin maceration/excoriation | Excessive fluid is visible Primary dressing is wet and there may be strikethrough on secondary dressing Possible peri-wound skin maceration/excoriation | |
| Management aims | Increase level of moisture Donate fluid | Maintain moist wound healing Maintain peri-wound skin | | Reduce and manage the level of moisture Maintain peri-wound skin | |
| Dressing choice | |  kliniderm® foam silicone lite | |  kliniderm® foam silicone | |
| | | | |  kliniderm® superabsorbent* | |
| |  kliniderm® silicone wound contact layer** | | | | |

*May be used under compression

**Use with appropriate secondary dressing

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