THE MANAGEMENT AND TREATMENT OF HIGHLY EXUDING WOUNDS USING A DETAILED ASSESSMENT AID AND SUPERABSORBER DRESSING

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Introduction:
Exudate forms an essential part of the wound healing process with levels of exudate reducing as the wound progresses to healing. Exudate plays a vital role in wound healing by providing the wound with nutrients and creating an essential moist wound healing environment. However, exudate can become problematic and increased levels of exudate can then become detrimental to wound healing and the surrounding tissue. This increase in exudate can be influenced by a variety of factors and its cause is not always taken into account within a management plan. These factors can be highlighted into 4 categories, the wound stage, local, systemic and practical influences (Gardner, 2012). This poster will demonstrate the effectiveness of an exudate management algorithm to determine the appropriate use of a Superabsorber dressing. This evaluation demonstrates the importance of addressing the underlying cause through detailed and itemised assessment characteristics alongside the appropriate use of an exudate management dressing.

Method:
This evaluation was undertaken within the Eastbourne Wound Healing Centre CIC (EWHC). The EWHC is commissioned by the local Primary Care Trust (PCT) to provide advice and care for all chronic wounds referred by District Nurses, Practice Nurses and 124 local Nursing Homes in the 22 Surgery Community Commissioning Group (CCG) area.

This evaluation involved 10 subjects with chronic wounds ranging from 3 months to 13 years with an average across the 10 Subjects of 46 months. The Subjects had all previously received a variety of treatment regimens from a range of clinicians such as Practice Nurses and Community Nurses. All the Subjects had ulcers to the lower limb of venous, arterial or a mixed aetiology. 6 of the 10 Subjects had received and continued to receive throughout the study, compression therapy to the affected limb. The remaining 4 received no compression either due to the arterial status of the limb or because of tolerance issues. The Subject’s wounds were assessed prior to inclusion and at each dressing change using a exudate management algorithm. The criteria included factors influencing wound exudate, colour, viscosity, odour, discomfort, condition of surrounding skin, documented wear time and absorption characteristics. Wound pain scores and pH of wound exudate were also recorded. Each Subject was seen a minimum of 4 times over the course of the study period with the average number of visits totalling 6.

Results:
The exudate management algorithm was found to be simple to use in practice and was found to be valuable in identifying patients where exudate management was problematic. The algorithm was used to document changes in wound characteristics and exudate production at each dressing change. This enabled the clinician to determine the appropriate continued use of a Superabsorber alongside patient reassurance that the wound was continuing in the right direction.

The dressing performed well in terms of its absorbency and integrity. Overall, the dressing was easy to apply and remove and provided excellent super-absorbency. None of the Subjects’ wounds succumbed to any persistent maceration of the surrounding tissues and photographic evidence demonstrated peri wound improvement. The study also found a correlation between raised pH, malodour and increased exudate levels alongside poor wound progression and found that these all decreased as the exudate was managed more effectively.

Discussion:
Super absorbent dressings have become an important feature of the Nurses’ tool box in recent years. Many of these dressings rely partly on their ability to evaporate fluid through the dressing and also on the ability of the dressing to ‘lock’ the exudate away in a central core. As a consequence of their absorbency, they help prevent maceration of the wound bed and the surrounding tissues; by removing excess exudate, they also help in the removal of microbes. Furthermore, they prolong wear time, thus reducing both nursing time and dressing expenditure. This makes super absorbent dressings a cost effective way to manage highly exuding wounds when used appropriately.

Conclusion:
This poster presents a clinical algorithm used to determine clinical indications of a highly exuding wound, assessment criteria on its severity and appropriate use of available dressings. A case series of highly exuding wounds has demonstrated effective clinical outcomes using a super absorbing dressing and has evaluated progress of factors associated with high levels of exudate.

Information taken from this case study has assisted 3M in the production of a generic exude e-learning module. This module details all characteristics used within the case report file and cross references the recently published Wounds UK best practice statement. This poster has included a QR code to allow the reader to access details on where to take the exudate management module, which uses learning checks throughout and challenges the reader to solve a case study scenario prior to completion.

Case example:
History:
This patient has an endocrine disorder, peripheral vascular disease, anaemia and type I diabetes, which will all have an effect on the wound healing potential.

Treatment:
The dressing changes were dictated by his ability to travel and attend clinic on a weekly basis, as such exudate management was key. The previous dressing regime was not able to manage his exudate levels over 7 days and was associated with peri-wound maceration and discomfort (Figure 1). Tegaderm Superabsorber dressings were applied first horizontally, then at an angle (Diamond) to aid conformability.

Conclusion:
Wound pain reduced dramatically with use of Tegaderm Superabsorber; from 8 at the start of the study then to 1 (Figure 4) by the end of the study period. Similarly, pH levels decreased in a similar trend (Figure 3) and may indicate reduced bacterial loading. Removal of the dressing was easy and after 1 weeks use (1 visit) the peri-wound maceration had virtually resolved (Figure 2) with use of Tegaderm Superabsorber and remained healthy for the remainder of the study. The introduction of Tegaderm Superabsorber into the care of this patient led to better exudate management over a 7 day period with associated benefits to patient comfort and wound condition.

Wounds UK Conference, Harrogate, UK, 11th – 13th November 2013

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