Effective exudate management can promote healing, improve quality of life and enhance healthcare effectiveness. Absorbent products vary in the materials they are made from and in their ability to manage exudate. Knowing how they manage fluid is key to selecting the most appropriate and effective dressing/technology for each wound.

### FOAMS

**Composition:** vary in thickness, with or without silicone wound contact layer, bordered or non-bordered  
**Action:** absorb exudate, allowing evaporation to occur via a polyurethane top film  
**Advantages:** easy to apply, low-pain removal, successful in many wound types  
**Drawbacks:** some foams leak fluid when under pressure, might require frequent dressing changes  
**Wound characteristics:** traditionally, thinner foams have been designed for lower exudate levels; more absorbent foams can be used for highly exuding wounds

### GEL-FORMING FIBROUS DRESSINGS/ALGINATES

**Composition:** 100% carboxymethylcellulose (CMC), 100% alginate, or a combination  
**Action:** transforms into a moist, gel-like sheet or conformable gel when absorbing exudate; transmits water from the wound surface  
**Advantages:** maintain moist wound environment, comfortable, conforms to wound, can be used in deep wounds  
**Drawbacks:** can stick to wound edges or dry out if wound fluid levels are low, requiring irrigation  
**Wound characteristics:** moderate to heavily exuding wounds; not on fragile skin

### SUPERABSORBENTS

**Composition:** multi-layered polymer construction  
**Action:** wick moisture from the wound and lock fluid inside the dressing  
**Advantages:** enhanced absorbency, longer wear times, less-frequent dressing changes  
**Drawbacks:** can become heavy and bulky; can dry out wound if used inappropriately  
**Wound characteristics:** heavily exuding wounds

### NEGATIVE-PRESSURE WOUND TREATMENT (NPWT)

**Composition:** gauze or foam interface  
**Action:** controlled suction on wound via a filler, sealed with an adhesive film and usually drained into a canister  
**Advantages:** manage high volume of wound exudate, even in complex and challenging wounds  
**Drawbacks:** not available in all facilities; might be seen as a high-cost option  
**Wound characteristics:** wounds that are deep, dehisced or heavily exuding
Four guiding principles for effective exudate management:

1. Choose primary and secondary dressings according to their ability to handle volume and type of exudate.
2. Match dressing change frequency to the patient’s need and product’s fluid-handling abilities.
3. Treat the underlying cause(s) of exudate as well as the symptoms at the wound site.
4. Reassess the wound and dressing choice at each dressing change and perform a full review at two weeks.

STEP 1: Assess exudate volume
- Low: Small amounts of fluid on dressing and wound; periwound skin likely to be intact, hydrated, maceration-free
- Moderate: Small amounts of fluid on wound; primary dressing extensively marked; periwound maceration possible
- High/very high: Free fluid on wound; strikethrough on primary dressing; frequent dressing changes; periwound maceration

STEP 2: Consider exudate viscosity (exudate consistency) and colour
- Is it thin and watery?
- Is it clear, cloudy, pink?
- Is it thick and/or possibly sticky?
- Is it red, green, yellow, brown?

STEP 3: Consider wound depth
- Superficial/deep
- Wound filler/alginate gel
### STEP 4: Choose dressing

<table>
<thead>
<tr>
<th>Thin/Watery</th>
<th>Thick/Sticky</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foam</td>
<td>Foam</td>
</tr>
<tr>
<td>Foam</td>
<td>Fibrous gel/alginate</td>
</tr>
<tr>
<td>Superabsorbent</td>
<td>Superabsorbent</td>
</tr>
<tr>
<td>Fibrous gel/alginate</td>
<td>Fibrous gel/alginate</td>
</tr>
</tbody>
</table>

### STEP 5: Other considerations

<table>
<thead>
<tr>
<th>If present ...</th>
<th>... modify dressing choice to use one that ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leakage and strikethrough</td>
<td>has increased fluid-handling abilities</td>
</tr>
<tr>
<td>Too-frequent dressing changes</td>
<td>has increased fluid-handling abilities</td>
</tr>
<tr>
<td>Periwound maceration</td>
<td>has increased fluid-handling abilities</td>
</tr>
<tr>
<td>Discomfort/pain</td>
<td>conforms to the wound with silicone layer for gentle adhesion to skin around wound</td>
</tr>
<tr>
<td>Odour/infection</td>
<td>offers effective antimicrobial action</td>
</tr>
<tr>
<td>Venous leg ulcer with moderate to high levels of exudate</td>
<td>locks in fluid when applied under compression</td>
</tr>
</tbody>
</table>

### STEP 6: Reassess at each dressing change
Ideal dressing qualities for managing exudate:

- Effectively handles fluid
- Prevents leakage between dressing changes
- Prevents strikethrough
- Protects from excoriation/maceration
- Can be used under compression
- Stays intact and can be left in place for long duration, avoiding too-frequent dressing changes, which can damage skin on removal
- Minimises trauma and pain on removal
- Is gentle, comfortable and conformable during wear
- Is cost-effective


REFERENCES:

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For further information: T – 01482 670100 W– www.bsnmedical.co.uk
CUTIMED® SILTEC: A FOAM DRESSING WITH A DIFFERENCE

Four layers for effective total fluid handling that can be used under compression

- **Highly breathable polyurethane top film**
  Reacts to exudate level to optimise the moist wound environment

- **Open, porous foam structure**
  Absorbs vertically to the top layer even with thicker, more viscous exudate

- **Superabsorbers above foam core**
  Absorb and retain fluid securely to help prevent maceration, even under compression

- **Non-adhesive silicone contact layer**
  Conforms to ensure close contact with wound bed and skin surface, protecting fragile new tissue while being gentle enough to result in pain-free, atraumatic dressing changes