**Managing the Challenge of Wound Exudate.**

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**AIM**

Since the concept of wound bed preparation was described in 2000¹, clinicians have focused on the importance of maintaining an optimum moisture balance at the wound bed. It is recognized that not only the amount of exudate, but also the contents of exudate can influence the potential of the wound to progress to healing². Wound exudate may be beneficial to wound healing, but has also been described as a "corrosive biological fluid"³ which can inhibit the healing process. In addition, the exudate of infected wounds contains bacterial toxins which can also indirectly delay wound progression⁴.

It is recognised that the application of an appropriate dressing may be beneficial to facilitate wound healing, by removing excess exudate and its harmful components⁵ such as bacteria. It is also observed that there is often difficulty in finding the right dressing to meet the patients’ clinical needs⁶.

It is the role of the Wound Care Service to establish through evaluating which products are effective and should be included in the Wound Care Formulary. One such evaluation was undertaken on a new antimicrobial foam dressing that contains 0.5% Polyhexamethylene biguanide (PHMB)⁷. A number of patients were identified who had been fully holistically assessed. It was considered that exudate management and potentially bacterial burden was a problem, and subsequently they were considered suitable for the evaluation.

**Results**

The results of the evaluation were positive, with the outcome of 5 patients identified in the poster through a descriptive case series approach.

All of the patients experienced problems with exudate levels which may have led to excess bacterial burden and were difficult to manage and therefore had a negative impact on their quality of life.

**Patient 1.**

A 47 year old male was involved in a road traffic accident. As a result he suffered an injury to the ankle, which then went on to develop osteomyelitis and abscess formation. Surgery was undertaken to correct and drain the abscess, following which the wound was treated with Negative Pressure Wound Therapy (NPWT). Once this therapy was discontinued, high levels of wound exudate continued to be a problem using conventional wound care products. Ultra-soft antimicrobial foam dressings impregnated with 0.5% PHMB™ were applied and the dressings changed twice weekly. The wound progressed to healing.

**Patient 2.**

A 47 year old female had a trans-flap reconstruction of the breast, following a mastectomy for carcinoma. NPWT was applied to facilitate exudate management and to try maintain the existing scarline. The peri-wound tissue was very macerated. An ultra-soft antimicrobial foam dressing impregnated with 0.5% PHMB™ was selected because of its ability to control moisture and bacteria it is believed to be effective, as it appeared to control moisture and bacteria it is believed to have contributed to wound healing. (There is no follow up photograph as the patient went on holiday to Spain!)

**Conclusion**

Clinicians are often faced with the difficult decision of which dressing to select when treating complex wounds. A number of factors influence this decision, and managing exudate and the wound bioburden need to be considered.

This can be challenging, but the combination of holistic patient care and an effective wound care product which is acceptable to the patient, can have a positive influence on wound healing.

**REFERENCES**


Presented at EWMA 2009.

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*Kendall™ AMD ultra-soft antimicrobial foam dressing impregnated with 0.5% PHMB™ by Covidien.*

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