

**MARCH**

**4**

**ADDRESSING EXUDATE  
IN VLU: SHIFTING FROM  
MANAGEMENT TO  
REDUCTION**



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# Learning objectives

- Understand the role of exudate in wound healing
- Understand the factors which can turn exudate into a problem for venous leg ulcers (VLUs)
- Recognise the simple steps you can take to greatly reduce the volume of exudate and progress VLUs





# WHAT IS EXUDATE AND WHY DOES A HIGH VOLUME BECOME PROBLEMATIC?



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# Challenge of excessive exudate in VLU

Guest et al, 2015  
IMS data 2020



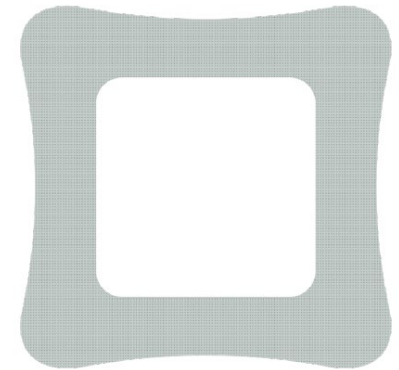
**730,000 patients  
affected**



**1.5% of the adult  
population**



**30% of wounds had  
'medium - heavy'  
exudate**



**7,136,779 Superabsorbent  
dressings were prescribed  
nationally in 2019**



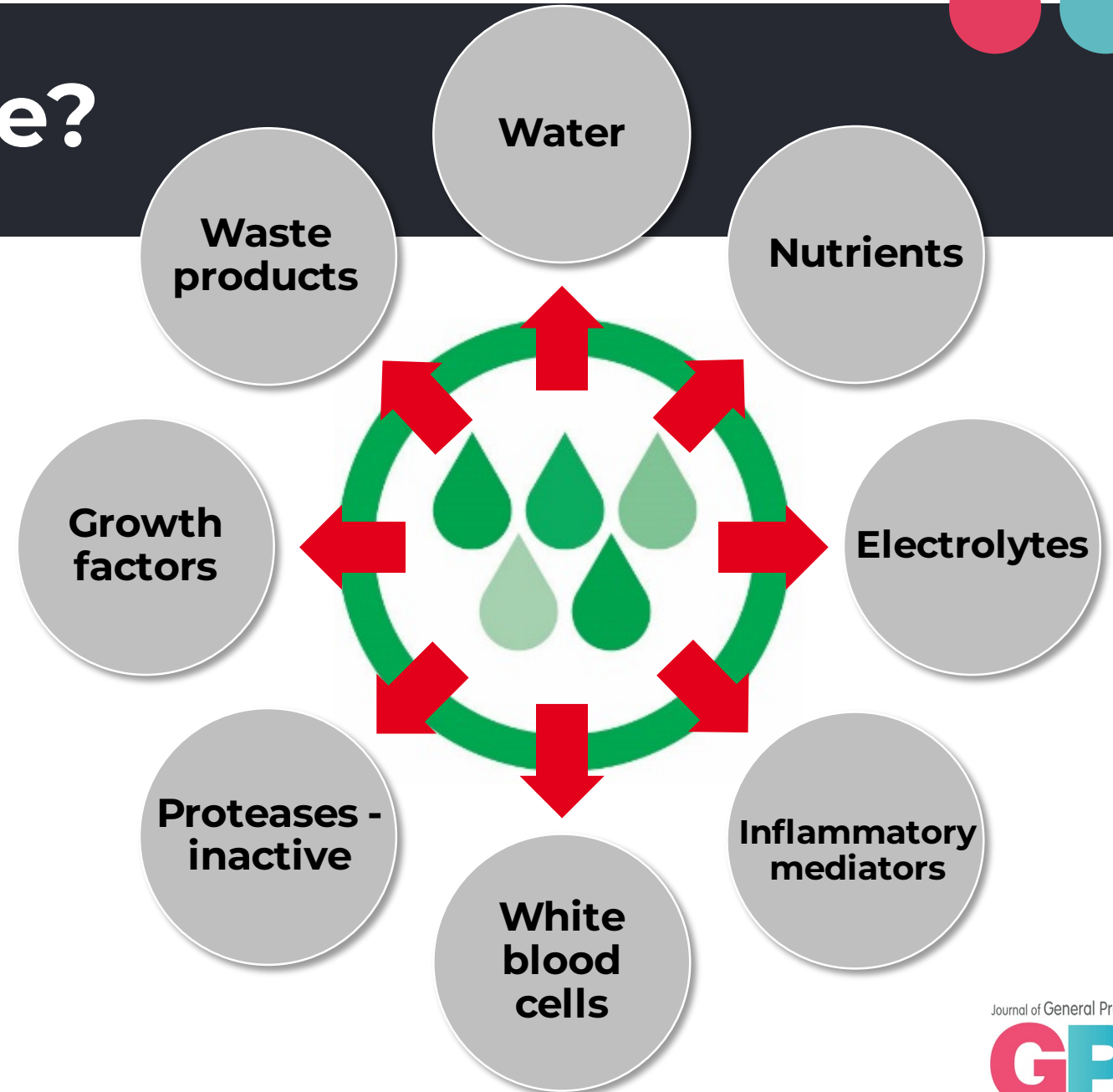
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# What is exudate?

The fluid produced by an open wound consisting of...



# Role of exudate

## Not all exudate is 'bad'

'**Good**' exudate assists healing by:

- Providing the right medium for tissue-repairing cells to migrate across the wound bed
- Supplying essential nutrients for cell metabolism
- Enabling diffusion of growth factors
- Promoting autolysis



# Why leg ulcers often have a high volume of exudate

- Venous insufficiency
- Lymphatic insufficiency
- Limb dependency
- Inactive calf muscle pump
- Engorgement of capillary bed
- Size/surface area of wound
- Ineffective levels of compression



Sub-therapeutic 'light' compression and/or inadequate dressing



Gravity – long periods of time with legs in dependent position



Non-viable, necrotic and sloughy tissue

# Exudate and leg ulcers

**Exudate can be detrimental**, because it:

- Encourages bacterial growth
- Causes higher levels of inflammatory factors
- Interferes with the normal healing process
- Can be corrosive to surrounding skin
- Has a significant impact on patient QoL



Delayed healing



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# 'Wet legs'

- This is not a diagnosis
- We need to STOP 'mopping up'
- Never ending without appropriate management
- Increased exudate = patients need compression
- 'Wool and crepe' won't work



Harmful care if not appropriately addressed

# Impact to healing

- Excessive exudate limits angiogenesis
- Increases infection risk
- Increases size of ulcer through maceration
- Affects patients' ability to comply with compression



# Impact to service

- Many patients requiring frequent dressing changes —some daily!
- Patients often report saturation within hours of application
- Increased demand on nursing time
- Unnecessary visits
- Unnecessary spend
- Staff morale
- Affects patient satisfaction





# How may this affect the patient?

(L&R case studies on file)

*'feelings of regret'*

*'I feel embarrassed, resulting in social isolation'*

*'feeling of helplessness'*

*'did not think she would make it to her daughter's wedding'*

*'refused admission to her local supermarket due to wet dressings and odour'*



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# How does this feel? The patient perspective



*'I am upset about the life I could have had, the career I should have had and for the person that I should have been. I always thought I would be somebody and achieve something in life but I feel like I have had that opportunity stolen away. I hate feeling self-conscious, disabled and unattractive and I hate that this leg ulcer has taken away my self-confidence.'*



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**3 FACTORS THAT  
INFLUENCE EXUDATE**



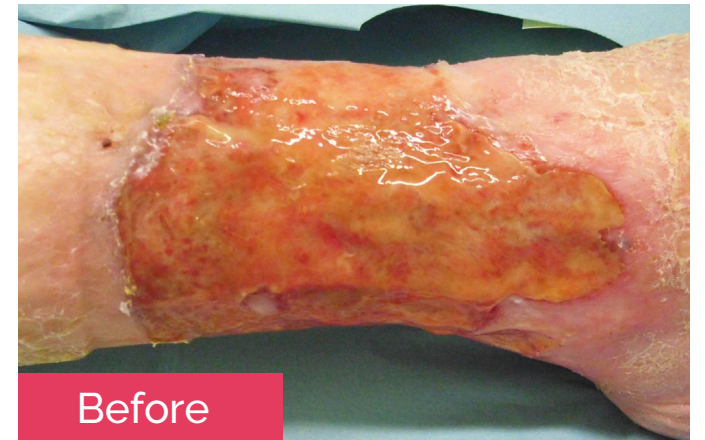
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# 1. Debridement —remove the reason

## Debridement:

- Removes debris from the wound
- Removes physical barriers to healing
- Reduces bioburden
- Removes nutrients that bacteria feed on
- Creates an acute response

Therefore, reduces exudate volume and promotes cascade through healing process.



# How to choose a debridement method...

- Quick
- Easy to use
- Accessible
- Cost-effective
- Evidenced-based
- Supported by guidance
- No specialist training needed



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## 2. Dressing selection —absorb the excess

**A dressing used to manage exudate should aim to:**

- Optimise wound bed moisture level
- Absorb and retain exudate
- Protect the surrounding skin
- Conform well to the limb
- Be cost-effective
- Not adhere to the wound/surrounding skin
- Prevent strikethrough
- Be safe and effective to use under compression



# Superabsorbent dressings under compression



## TRUTH

Superabsorbent dressings can be used under compression if the product effectively contains exudate to prevent maceration. They should not be used over compression, as sub-bandage materials and bandages soaked in exudate could result in further damage of surrounding tissues



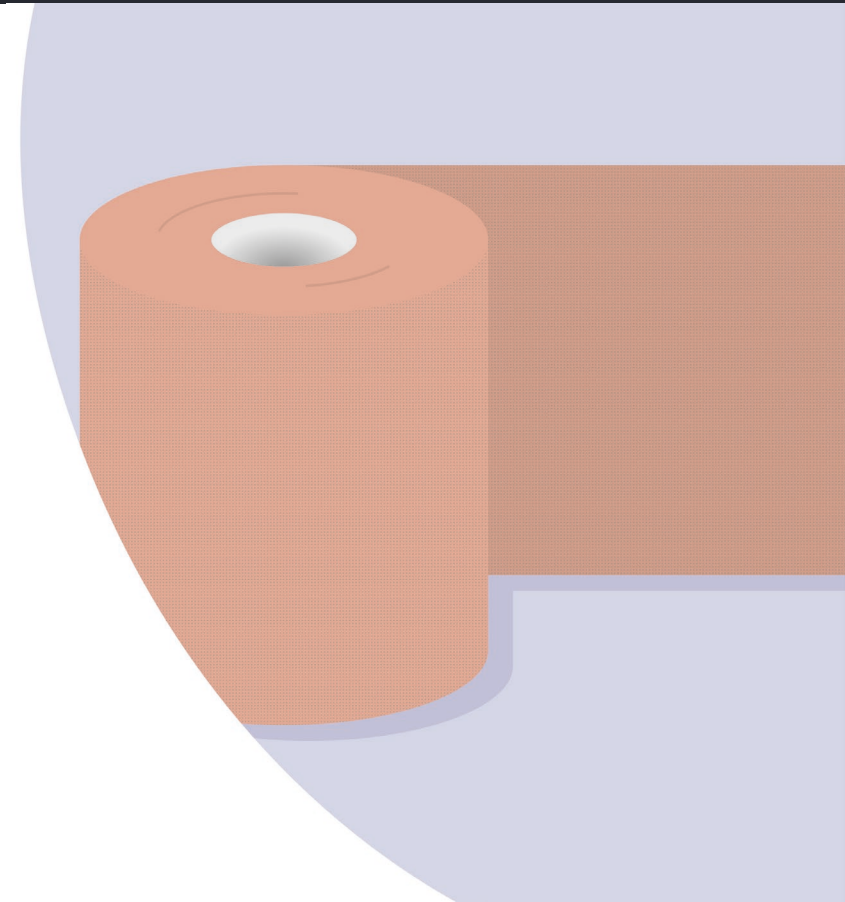
## MYTH

Superabsorbent dressings cannot be used under compression and should be used over compression if required.

# 3. Compression —to heal and reduce exudate

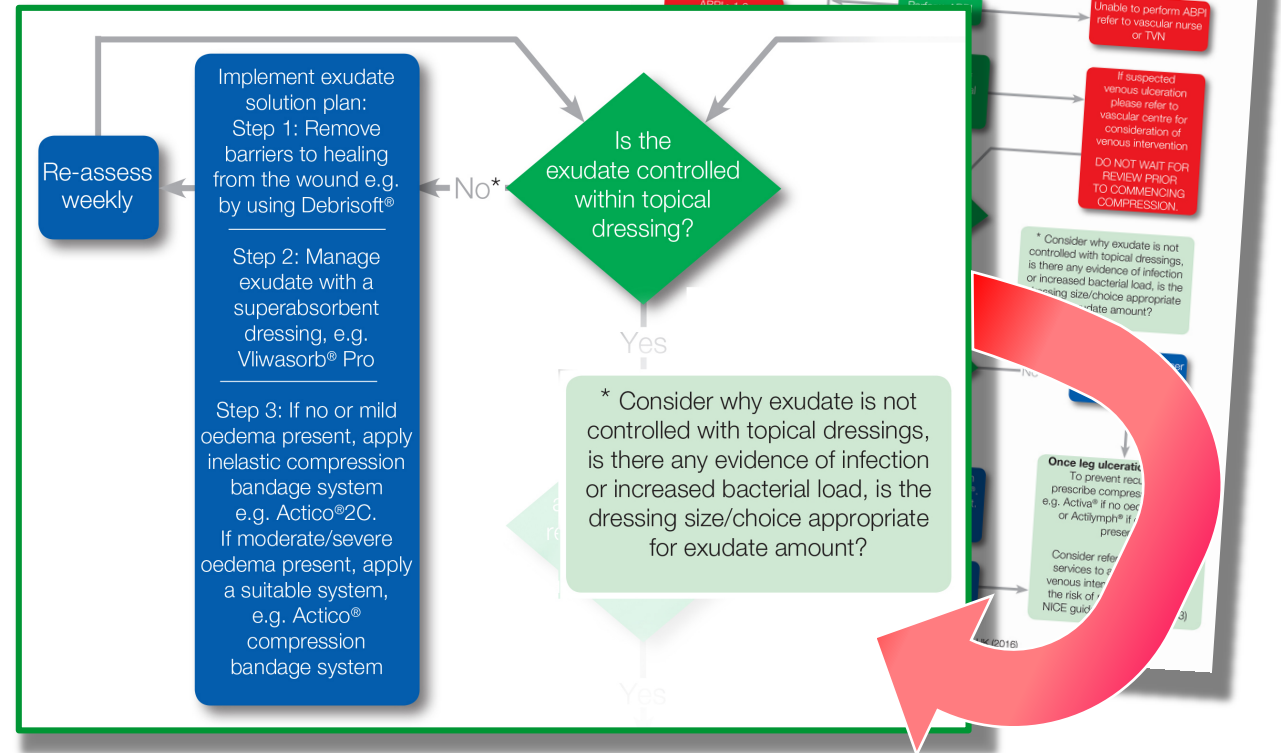
## Compression is fundamental:

- It improves venous and lymphatic return
- Treats the underlying cause
- Reduces limb congestion
- Reduces internal inflammation
- Allows the wound to move out of inflammatory state



# Compression selection

Inelastic bandaging is recommended when exudate volume and/or oedema are not controlled, stepping down into self-care options as soon as possible to release nursing time and reduce recurrence



Adapted from Atkin and Tickle, 2015



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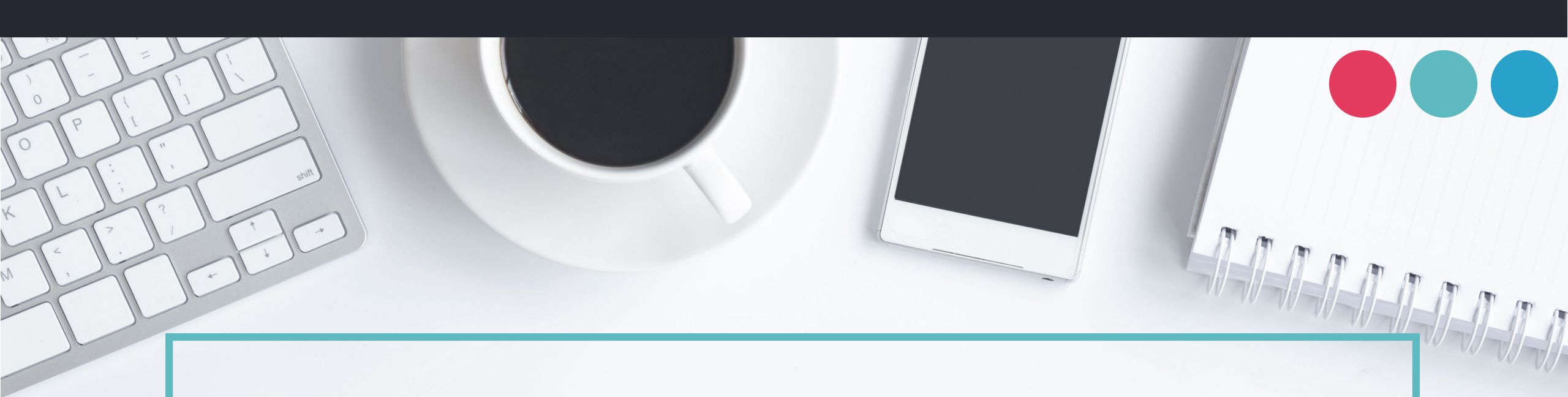




# Does choice of compression matter?

Inelastic bandages	Elastic bandages
Provides stiff support and prevents outward expansion	Allows a degree of limb expansion
Working and resting pressures provide a massage effect, reduction in venous hypertension and stimulating lymphatic uptake	Consistent pressure at given level
Recommended for limbs with or without oedema	Recommended for non-oedematous legs





# THE EXUDATE SOLUTION



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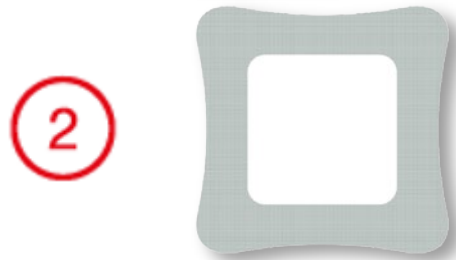




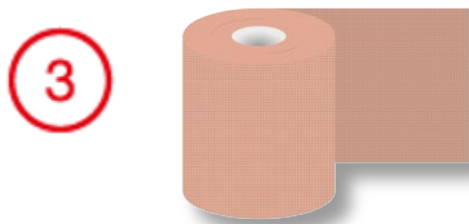
# To summarise...3-step exudate solution



**Remove the reason** —to reduce the trigger that causes the body to produce excess moisture.



**Absorb the excess** —and retain it effectively, comfortably and economically.



**Compress to heal** —improve venous return and reduce oedema.





# The solution in action

After a 4-week trial, where **80% of the patients** had wounds of 12 month+ duration, clinicians reported:

- 45% reduction in pain scores
- Wound size reduction across all patients
- Improved quality of life
- 58% reduction in nurse visits

*...a dramatic effect on exudate levels and pain experienced by patients*



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# Effective exudate management will...

## For the organisation/NHS:

- Reduce financial spend
- Aid caseload management
- Reduce risk of harm
- Helps meet organisational/NHS aims:
  - Patient safety
  - Patient experience
  - Effectiveness of care



# Effective exudate management will...

## For the clinician:

- Motivation
- The feeling of helping patients
- More predictable caseload
- Standardised care increasing continuity
- Reduction in your workload



**Releasing time to care**



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# Effective exudate management will...

## For the patient

- Progression towards healing
- Reduction in pain
- Reduce risk of infection
- Less dressing changes
- Reduction in embarrassment
- Improve confidence in practitioner



**Improved quality of life**



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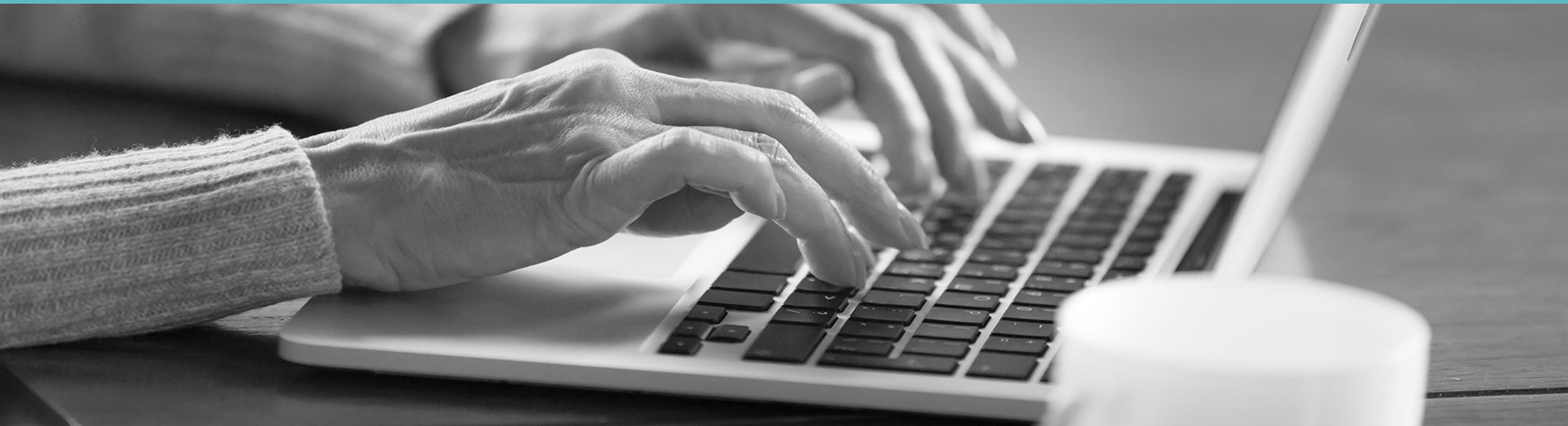
# Don't just change a dressing, change a life and release your time to care



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