

**OCTOBER**  
**28**

**EFFECTIVELY  
MANAGING EXUDATE  
BY MAKING EVERY  
CONTACT COUNT**



**SARAH GARDNER**



**GPN:**

**Post a  
comment** on  
the video and  
we'll do our best  
to answer

# Objectives of this session

- To develop a greater understanding of the burden of wounds on the NHS in the UK
- To briefly explore the reasons for the unwarranted variation in lower limb wound care
- To get a better understanding of the role of exudate in wound healing and how chronic wound exudate contributes to delayed healing
- To explore how unmanaged exudate impacts on clinical services and patient quality of life
- To identify how early intervention and making every contact count (MECC) can improve clinical outcomes.



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# Definition of Making Every Contact Count (MECC)

- MECC is an approach to **behaviour change** that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making **positive changes** to their physical and mental health and wellbeing
- MECC supports the opportunistic delivery of **consistent and concise** healthy lifestyle information and enables individuals to engage in **conversations** about their health at scale across organisations and populations



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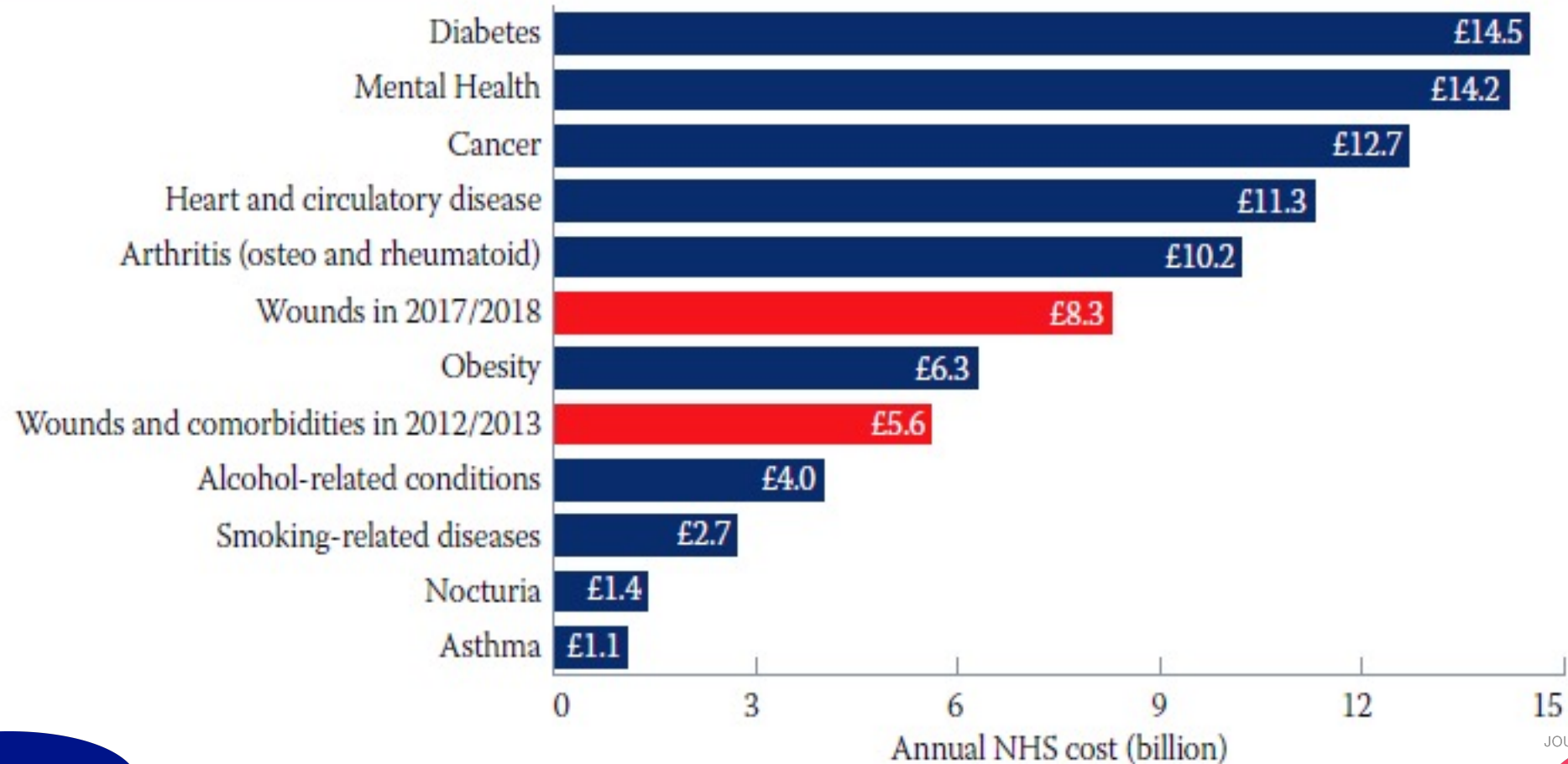
# Definition of Making Every Contact Count (MECC)

- For staff, MECC means having the **competence and confidence** to deliver healthy lifestyle messages, to help encourage people to change their behaviour and to direct them to local services that can support them.



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# Burden of wounds



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(Guest et al, 2021)



# Burden of wounds in the UK

## In 2012/13:

**2.2 million** wounds managed by the NHS:

18.6 million practice nurse visits/10.9 million community nurse visits

Estimated cost of **£5.3 billion**



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## By 2017/2018:

**3.8 million** wounds managed by the NHS:

Amount of chronic wounds **raised from 43% to 49%.**

Estimated cost **£8.3 billion**

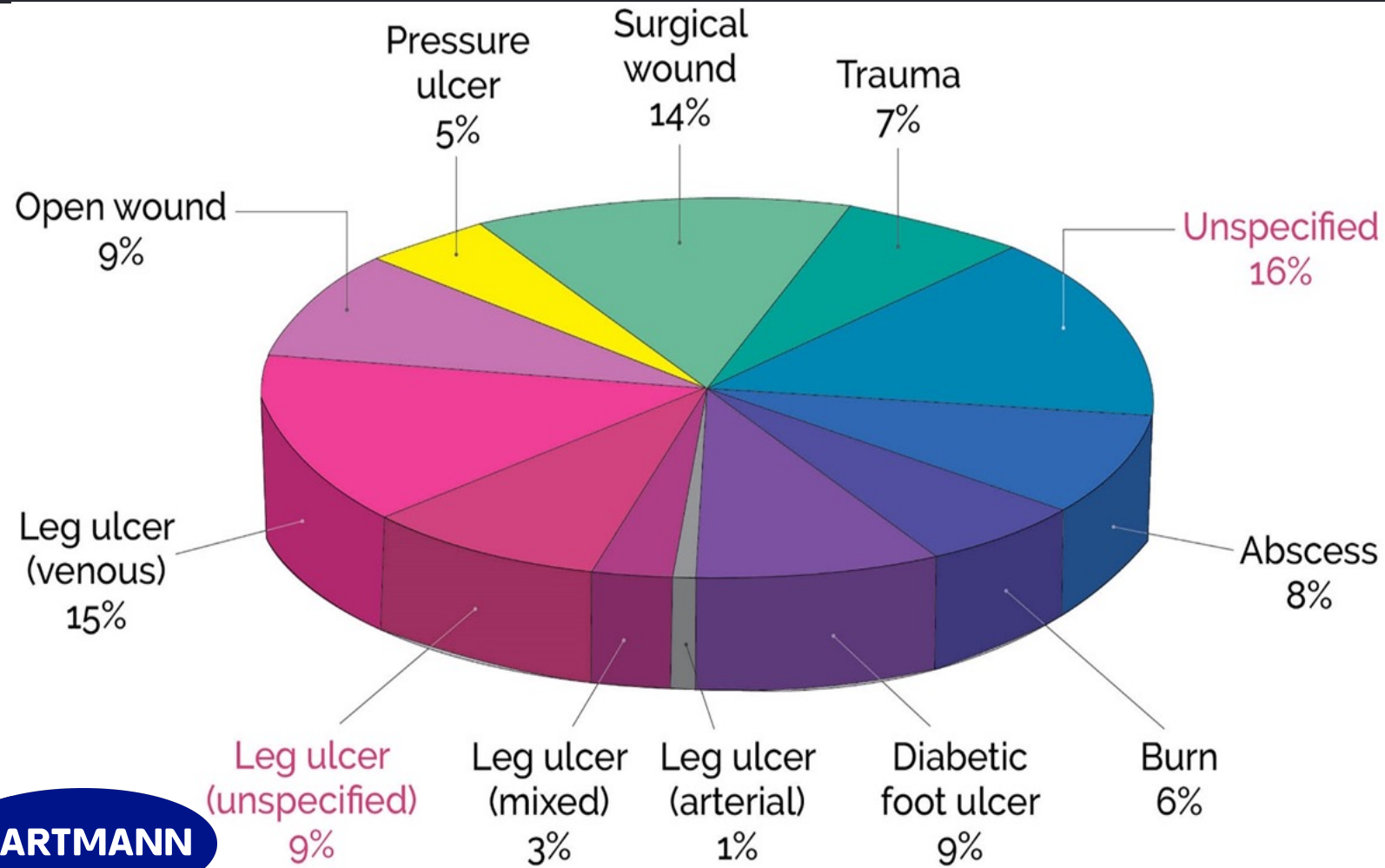
(Guest et al, 2015; 2021)







# Lower limb wounds



- 1.1 million patients with leg ulceration
- 70% of these venous ulceration.



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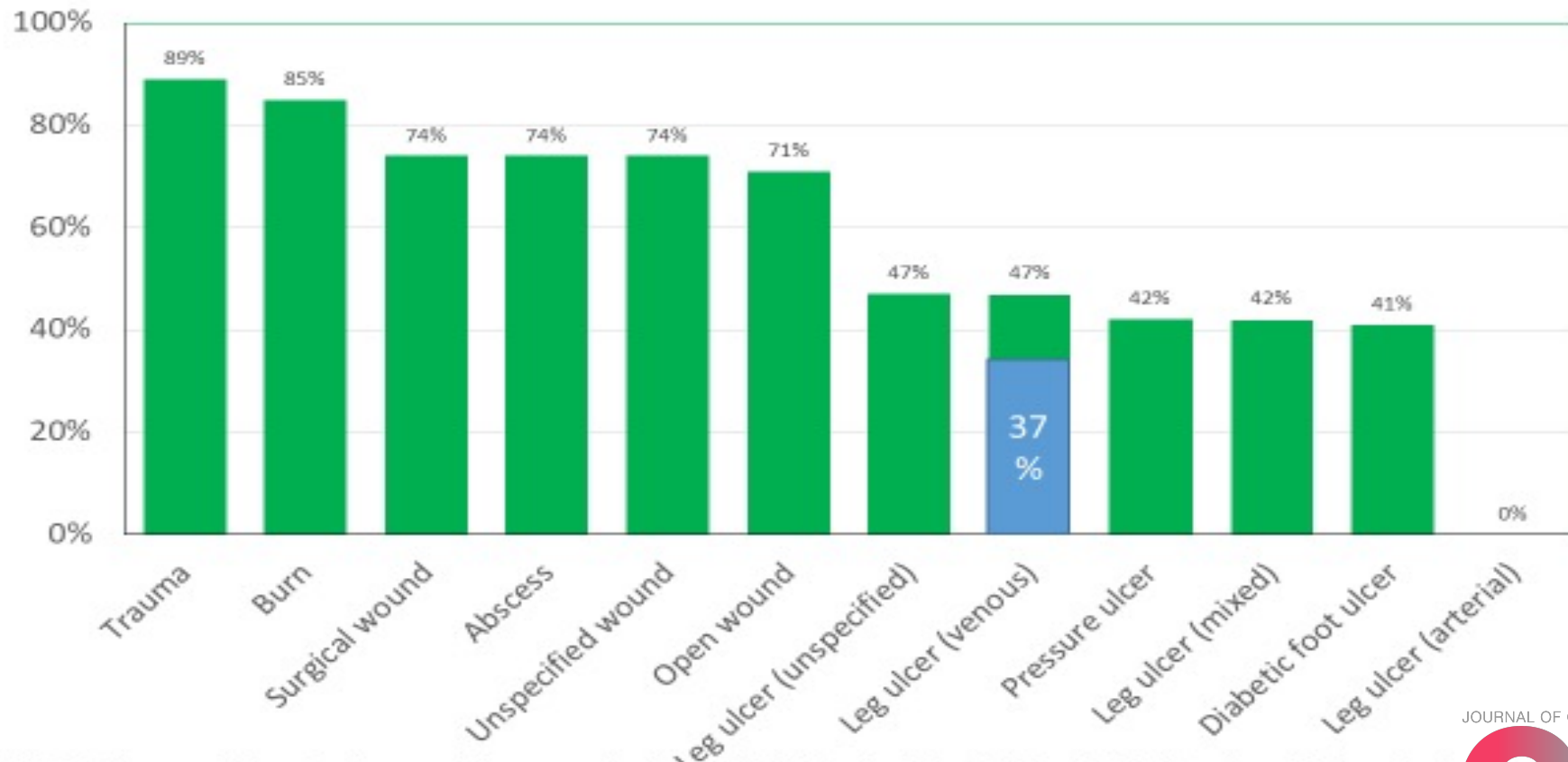
(Guest et al, 2021)





# Wound healing rates dropping

## Healing at 1 year



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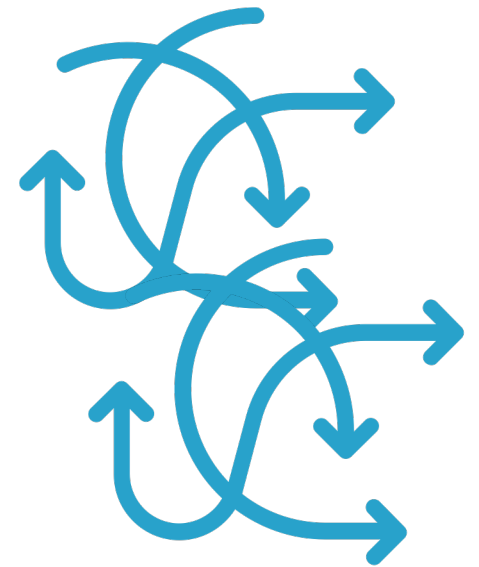
(Guest et al, 2015)



# Unwarranted variation in care of lower limb wounds



- Poor assessment and diagnosis
- Pathway delays
- Underuse of evidence-based practice
  - Compression therapy
  - Venous intervention
- Overuse of ineffective interventions
  - Compression less than 40mmHg
- Policy restrictions.



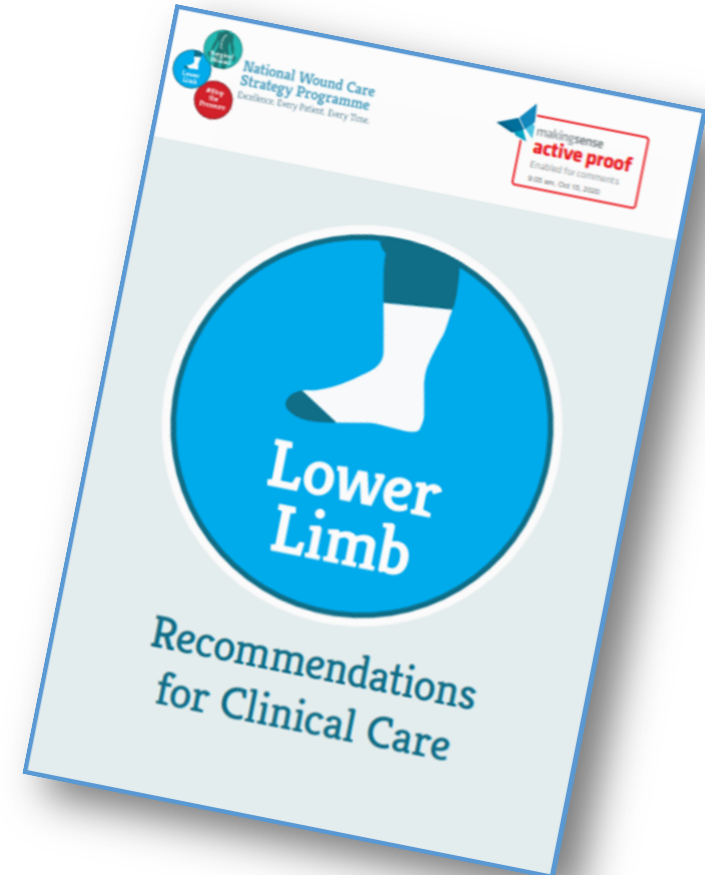
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# National Wound Care Strategy Programme (NWCSP)

“

The unwarranted variation in UK wound care services offers major opportunities to improve healing rates and thus reduce patient suffering, spend on inappropriate and ineffective treatments, and the amount of clinical time spent on wound care.

”



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# How does MECC relate to lower limb exudate management?



Recognising  
risk factors



Knowing  
your  
exudate



Being  
proactive



Education



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# What is exudate?



- ✓ An **essential component** for wound healing
- ✓ **Optimal condition** for wound healing
- ✓ Enhances **autolytic** process
- ✓ Increases **cell proliferation**
- ✓ Contains **vital proteins and cytokines** and matrix metalloproteinases (MMPs)
- ✓ Provides **essential nutrients** for cell metabolism
- ✓ Enables diffusion of **immune and growth factors**
- ✓ Aids **cell migration** and rate of **epithelisation**.



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# 'Bad' exudate — chronic wounds



- Higher levels of pro-inflammatory cytokines results in **increasing levels of MMPs**
- High MMPs (2&9) results in **degradation of growth factors** and extracellular matrix (ECM)
- Lower growth factors **slow down** proliferation and migration of cells
- Lower mitogenic activity — **reduced proliferation** of fibroblasts, a key aspect of wound healing.



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# Factors that influence exudate production



- Wound aetiology

- Wound size, depth and position

- Wound healing phase

- Local factors, e.g. infection; Systemic factors, e.g. nutrition, comorbidities



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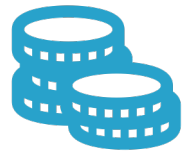
# Impact on clinical services



- Nursing time



- Hospital admissions



- Dressing costs



- Antibiotics.



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# Impact on healing

- Slow or delayed healing
- Wound deterioration
- Persistent infection
- Wet legs is not a diagnosis!



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# Impact on a person's quality of life

Leakage/  
soilage



Odour



Infection



Dressing  
changes



Discomfort  
/ pain



Reduced  
mobility



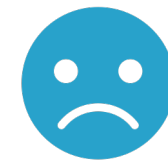
Periwound  
skin damage



Fluid/  
electrolyte  
imbalance



Malnutrition



Psychosocial  
impact



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# Solution

- Acknowledge there is a problem
- Do something today
- Immediate and necessary care
- Support self-care
- Educate.

“

Make every  
contact count!

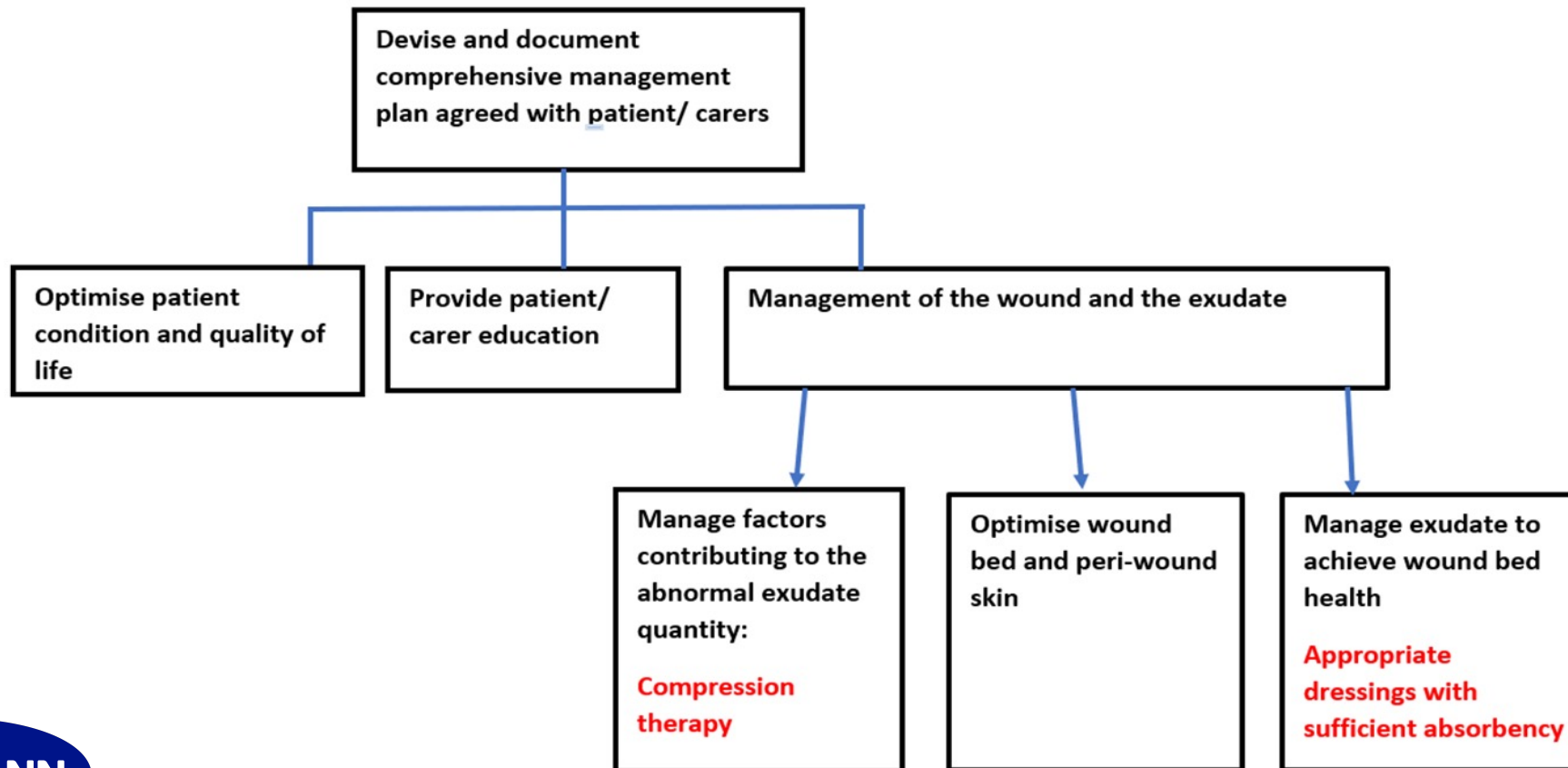
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# Established wounds with high exudate

## Holistic wound exudate management plan (Leg ulceration)



# MECC — treat underlying cause and factors contributing to high exudate volume

Venous disease



Renal function



Heart failure



Low serum albumin



# MECC — compression therapy

- Assess against the five red flags
- Start **mild compression immediately**
- Refer for holistic leg ulcer assessment if wound has not healed in two weeks
- Step up to strong compression
- Refer for specialist advice if limb shape complex
- Refer for vascular assessment.

## Assess against red flags

- Acute leg infection
- Symptoms of sepsis
- Limb threatening Ischaemia
- Suspected deep vein thrombosis (DVT)
- Suspected skin cancer

(NWCSP, 2020)



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# MECC — optimise wound health and periwound skin

Cleansing

Emollient  
Therapy

Infection

Skin Barriers

Debridement



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# MECC — dressings to manage exudate

## Box 8: Properties of the ideal dressing (adapted from WUWHS, 2007; Dowsett, 2011; Vowden et al, 2011)

- Available in a range of shapes and sizes across care settings
- Easy to apply
- Does not require a secondary dressing
- Comfortable/reduces pain/does not cause pain on application
- Conformable
- Prevents leakage and strikethrough
- Absorbs odour
- Stays intact and remains in place during wear
- Suitable for extended wear\*
- Suitable fluid-handling capacity as per level of exudate
- Retains fluid-handling capacity under compression therapy or when used with an offloading device
- Atraumatic and retains integrity on removal
- Unlikely to cause sensitisation or to provoke an allergic reaction
- Cosmetically acceptable and available in a range of colours to match the patient's request
- Does not impede physical activity
- Patient can shower with the dressing in situ
- Incorporates sensors/alerts to feedback on dressing performance, need for change and wound condition
- Inactivates factors that enhance inflammation (i.e. MMPs)
- Cost-effective - considering factors such as the unit cost of dressing versus time taken to change, the potential impact on healing by use of cheaper dressings, how to make the case to procurement



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(World Union of Wound Healing Societies [WUWHS], 2019)





# Role of dressings in exudate management

## Absorption

- Some dressings (cotton, viscose, polyester and some foams) absorb fluid and hold in the spaces within the dressing material
- Some dressing materials, such as alginates, hydrocolloids, carboxymethylcellulose (CMC) fibres and some super absorbents such as superabsorbent polymers (SAPs) absorb fluid to form a gel.



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# Role of dressings in exudate management *continued*

## Evaporation

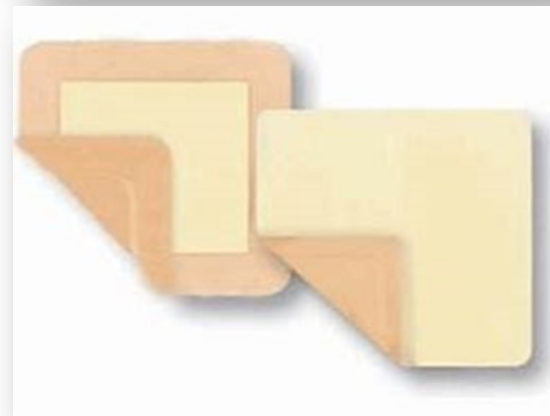
- Dressings that allow moisture to evaporate from their outer surface, quantified as the 'moisture vapour transmission rate' (MVTR).



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# Dressings frequently used to manage exuding wounds

- Foams
- Gel-forming materials (alginates)
- Superabsorbent polymers (SAPs).



# Superabsorbent polymer dressings

- Work by changing their structure when in contact with fluid
- Capable of high level of absorbency
- Help to reduce MMPs in chronic wounds
- High level of MVTR
- Prevent leakage from the dressing/strikethrough



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# Superabsorbent polymer dressings *continued*

- Help protect periwound skin
- Stay intact
- Minimise trauma/pain on removal
- Comfortable
- Can be used under compression
- Cost-effective.



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# Dressings — things to consider



- Base decisions on **holistic** wound assessment
- Know your dressings — mode of action
- What are your objectives? Is your patient in agreement?
- Consider dressing size and positioning
- Don't be tempted to layer
- Is your patient self caring?
- Will this dressing be cost-effective?
- How will it impact on your service?



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# In summary — how to make every contact count

- **Be proactive** — take early action when you identify a problem
- **Advise/educate** your patient. Support self-care where possible
- Know your **exudate**
- Be aware of how its **impacting** on both your patient AND your service



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# In summary — how to make every contact count *continued*

- Identify the **cause/complications** through robust assessment
- **Treat** the underlying cause (i.e. venous insufficiency)
- **Manage** symptoms
- Have a good understanding of the **dressings** (mode of action) and select appropriately
- **COMPRESSION.**



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# References

- Guest JF, Ayoub N, McIlwraith T, *et al* (2015) Health economic burden that wounds impose on the National Health Service in the UK. *BMJ Open* 2015;**5** :e009283
- Guest JF (2021) Burden of wounds to the NHS: what has changed since 2012/13?. *Wounds UK* **17(1)**: 10–15
- National Wound Care Strategy Programme (2020) *Recommendations for Clinical Care. Lower Limb*. Available online: [www.ahsnnetwork.com/app/uploads/2020/11/Lower-Limb-Recommendations-20Nov20.pdf](http://www.ahsnnetwork.com/app/uploads/2020/11/Lower-Limb-Recommendations-20Nov20.pdf)
- World Union of Wound Healing Societies (2019) Consensus Document. *Wound exudate: effective assessment and management*. Wounds International, London



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# Call to action

Want to learn more about how HARTMANN can help support you with effective exudate management in daily practice?

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<https://hartmannmarketing.com/event/>



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