About exudate
Exudate is the fluid that leaks from blood capillaries to help a wound heal. It helps to maintain a moist wound environment and:

- Removes dead tissue through autolytic debridement
- Repairs damaged tissue
- Nourishes epithelial cells
- Prevents the wound from drying out.

The volume produced should decrease as the wound heals, but some chronic wounds produce too much exudate. If not managed properly, this can result in delayed healing and damage to the periwound skin, i.e. maceration and excoriation.

Types of exudate

- **Acute wound exudate**
  This healthy exudate helps the wound to heal, as long as the healing progression is not delayed.

- **Chronic wound exudate**
  Excessive exudate associated with chronic wounds has a different make up and can become a ‘wounding agent’ in its own right.

Maceration

- Maceration occurs when healthy skin is in contact with moisture (e.g. wound fluid, sweat, urine) for prolonged periods, which can cause the skin to become soft/soggy. It presents as a pale, opaque rim surrounding the wound.

Excoriation

- Excoriation occurs when periwound skin is in contact with toxins from excess wound exudate for prolonged periods, which can strip the top layers and erode healthy periwound skin.

Maceration and excoriation can cause pain and discomfort and enlarge the wound area.

Skin assessment — focus on periwound skin

- The periwound skin should be examined meticulously as part of holistic wound assessment.

**Signs that the skin’s integrity is under threat:**

- Maceration
- Excoriation
- Erythema (skin redness)
- Loss of colour
- Spongy texture
- Loss of skin integrity

Act early to prevent maceration and skin damage

- Minimise the periwound skin’s contact with exudate.
- Treat the underlying causes of excessive exudate.
- Choose an appropriate dressing to combat excess exudate. When dressings are unable to handle the volume produced by a wound, exudate leaks from the wound area onto healthy skin. It is important that dressings can cope with the volume of exudate being produced. It is also vital to ensure that the wound has an optimum level of moisture to assist with wound healing. Superabsorbent dressings have an enhanced fluid-handling capacity and help to prevent maceration. They can lock excessive exudate into the dressing, preventing proteases from damaging healthy skin and keeping bacteria away from the wound’s surface.
- Use atraumatic dressings. These prevent the sensitive periwound skin from being damaged by frequent dressing changes. Many superabsorbent dressings will have an atraumatic contact layer, or a separate contact layer to avoid any adhesion which may cause stripping to the skin.
- Carry out sufficient dressing changes. This prevents unnecessary exudate contact with periwound skin.
- Use barrier creams to protect the surrounding skin from being damaged by the excess exudate. An alternative is a hydrocolloid or a polyurethane film.
- Develop a good skin care regimen. Use emollients to clean the wound area.

Reassess the wound

Assess the periwound area at every dressing change so that any changes can be acted upon quickly. Investigate pain levels, itching and any soreness present, as well as visible changes.

Quality of life

- Excessive exudate can have a negative psychological impact. Exudate and odour have been reported to cause feelings of disgust and self-loathing, which can lead to social isolation. Inadequate dressings can lead to leakage and may be bulgy and uncomfortable, and impair the patient’s mobility.

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2. Best Practice Statement (2013) [Effective exudate management](#).

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