WOUND EXUDATE AND THE ROLE OF DRESSINGS: A WUWHS’ INITIATIVE
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Peter Vowden Visiting Professor of Wound Healing Research University of Bradford and Consultant Vascular Surgeon, Bradford Teaching Hospitals NHS Foundation Trust, Bradford, UK. On behalf of the Expert Working Group and the Satellite Expert Working Group Wound exudate is not just an inert fluid – understanding its components and causes will help to improve care. Existing definitions of wound exudate fail to capture its true complexity. What is currently known is that wound exudate is produced in response to a complicated interaction between wound aetiology, wound healing physiology, wound environment and compounding pathological processes.

Wound exudate is often misconceived as ‘bad’. In fact, exudate is known to assist healing. However, exudate may become a problem for the patient/caregiver when the quantity produced and/or its composition delay or prevent wound healing, cause physical and psychosocial morbidity and/or increase demand on healthcare resources. The principles of exudate management produced by the World Union of Wound Healing Societies (WUWHS) are based on the consensus opinion of an international panel of experts. Many of these experts participated in a group meeting in 2006. The document has a practical focus and describes what exudate is, what exudate tells us, and how to assess and manage exudate. The content is aimed at all healthcare professionals involved in wound management, and is designed to be adaptable for local use in countries worldwide. Ultimately, it is anticipated that the recommendations will help to improve clinical outcomes, enhance patients’ quality of life and aid resource allocation. This presentation will aim to give a flavour of the consensus document.