PRACTICE ACCELERATOR

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QUICK FACTS | SEPTEMBER 2026

WOUND EXUDATE IN WOUND HEALING

1 Exudate facilitates wound healing by **transporting nutrients, growth factors, and immune cells to the wound bed** and maintaining an optimal moist healing environment.[1,2]

2 Chronic wounds produce excess exudate with a composition that impairs healing, making exudate management a key component of treatment.[2,3-5]

3 Exudate can serve as a **clinical signal of wound healing trajectory** and development of adverse outcomes such as infection dependent on volume, color, viscosity, and odor.[1,6,7]

4 An increase in exudate volume, changes in consistency, purulent appearance, or malodor **should prompt evaluation for wound infection.**[1,6,7,8]

5 Changes in exudate may be **one of the first clinical signs of a developing infection** before more classic criteria of infection become apparent.[9,10]

6 Both excessive and insufficient exudate can impair wound healing; the goal of dressing selection is to manage exudate **while maintaining a moist wound environment.**[1,2,6,9]

7 **No single dressing is appropriate for every wound stage or exudate profile.** Dressing selection should adapt as exudate changes throughout healing to reduce the risk of infection, periwound skin damage, delayed healing, pain, and reduced quality of life.[1,6,9]

8 Hydrocolloid and hydrogel dressings should be reserved for minimal to low exudate volumes and can donate more moisture when necessary.[1,2,6,8]

9 Foam dressings are designed for moderate to high exudate levels, with advanced versions incorporating technologies that improve fluid absorption, retention, and sequestration.[1,2,6,8]

10 Superabsorbent dressings manage high exudate volumes, retain fluid under compression, and may incorporate technologies that reduce bioburden and minimize pain and skin trauma during dressing changes.[1,3,8]

11 Dressing selection should be individualized **based on wound characteristics, patient needs, and the functional properties of available dressing technologies.**[1,3,8]

12 **Reassess dressing selection at every dressing change, at least every 2 weeks (or more frequently if infection is present),** and whenever wound or patient status changes, with exudate characteristics guiding management.[1,8,10]

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