Interventions to control exudate

1. In order to clean the wound, one should use water or saline solution. The patient should also be encouraged to bathe in running water for the comfort and decontamination of the wound and the surrounding fluid of the skin. [23]
2. Medicinal liquid soap may be used to clean the lesion. [20]
3. Perform cleaning with PHMB solution. [20]
4. Cover the wound with a Octenisept-saturated gauze primer dressing. [26]
5. For controlling exudate in a small quantity, it is recommended to keep the environment moist and to use non-adherent dressings [21] and to use hydrogel, hydrocolloid dressings [19, 21, 23, 27-28] and amorphous hydrogel. [21]
6. For controlling exudate in large quantity, use dressings of alginates, hydrofibres and foams; and colostomy-type collecting bags for patients who need to perform dressing changes 2 to 3 times a day due to the large amount of exudation [1, 17, 19, 21, 24, 27-28]; starch copolymers and menstrual absorbents [21]; superabsorbent compresses. [17]
7. Use silicone-based dressings that have a high moisture, comfortable, aesthetically acceptable vapor transfer rate with reduced exchange. [18]
8. Apply 0.05% Arsenic Trioxide gel on the lesion prior to radiotherapy and remove the entire product five minutes prior to exposure to radiation. [18, 24]
9. Apply electrochemotherapy (administration of cisplatin followed by local

Source: Research data, 2016
10. Do not use adhesive coverage in order to avoid complications in dressing changes. [19]
11. Watch for signs of peri-ulcer skin dermatitis; use barrier cream if it is the case of appearance of those lesions. [19]

**Source:** Research data, 2016