A positive review of Manuka honey dressings

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Introduction

The full range of Advancis Manuka honey products were added to our Wound Dressing Formulary in 2010. Manuka honey dressing products have been introduced as our first line antimicrobial dressing to reduce the bacterial burden of wounds and debridement agent for the facilitation of autolysis of sloughy and necrotic wounds.

In addition the moist wound healing environment that Manuka honey dressings promote, have facilitated the healing of granulating wounds and superficial sloughy wounds.

The following three case studies highlight the effectiveness of Manuka honey in healing difficult to heal wounds in the community setting.

Case Study 1 - Reducing the bacterial burden of a wound

James a 31 year old healthy male had undergone Gynaecomastia correction in May 2012. He presented to the Complex Wound Clinic in November 2012 with a non- healing over granulating wound to his right axilla. He was frustrated and depressed that six months post-surgery his wounds had not healed. This was having a negative impact on his quality of life by adversely affecting his ability to work and participate in social activities.

Primary wound assessment

Following his initial surgery in May 2012 he had a skin graft to non-healing wound in right axilla. Unfortunately this failed to heal spontaneously due to repeated infections and presence of over granulation tissue. James had been seen regularly by the Practice Nurse who had used a variety of wound dressings, application of silver nitrate and Haelan tape – all with minimal effect.

He presented to the Complex Wound Clinic with an over granulating wound to right axilla measuring 9cm x 4.5cm. No obvious signs of clinical infection noted on initial assessment.

James was healthy and no detriments to wound healing were identified at assessment.

Initial treatment

Daily application of a topical steroid ointment was undertaken for 7 days to reduce wound inflammatory process and thus to reduce over granulation tissue. At the end of the first week the wound had reduced in size to 7cm x 3cm.

Following reduction of over granulation tissue wound treatment was changed to Actilite® covered with adhesive silicone foam dressing. Dressing changed on alternate days by patient.

Fig 1 - Wound at initial assessment

Further wound treatment using Activon honey

March 2013 – patient developed friable granulation tissue wound measured 3.4cm x 5.6cm. Wound swab indicated Staphylococcus infection – subsequently received a course of appropriate antibiotics for 2 weeks.

Primary dressing changed to Activon Tulle® as this is indicated for use on granulating or shallow wounds, this was covered with adhesive silicone foam dressing. James was changing the dressing on alternate days.

Fig 2 - March 2013

Progress of wound healing

April 2013 - wound reduced in size to 3.5cm x 2.3cm.

May 2013 - wound reduced in size to 1.3cm x 0.8cm. Then at end of May the patient noted an increase in sensation to the axilla area and friable granulation tissue was observed at subsequent visit to Complex Wound Clinic. A wound swab taken which demonstrated a further Staphylococcus Aureus wound infection. As the patient had developed the same causative organism a discussion took place with the microbiologist prior to further antibiotic therapy being prescribed. The patient continued to redress his wound on alternate days using Activon Tulle®.

June 2013 - Wound measuring 1.3cm.x 0.3cm and wound bed 100% granulation tissue. As wound had reduced in size the primary dressing was changed to Actilite® covered with adhesive silicone dressing. Actilite® was indicated at this stage of wound healing as it offers antimicrobial protection whilst promoting a moist wound healing environment. By end of June wound reduced further to 0.25cm diameter.

July 2013 – Wound healed. Patient now feeling able to socialise with family and friends and had undertaken a course to improve his skills in the work place.

Fig 3 – July 2013

Case Study 2 - Simple debridement of necrotic wound

Gladys a 90 year old lady developed a haematoma to medial aspect of right leg after knocking her leg.

Primary wound treatment

Assessed on discharge from hospital – at end of July 2013. This 90 year old lady presented with a haematoma on medial aspect right lower leg measuring 4cm x 3.5cm (Fig 4). The peri-wound area felt firm to touch but no signs of clinical infection were identified. Algivon® was chosen as it was soft and conformable to apply to the wound and is ideal to debride a necrotic wound. It was covered with a non-adhesive foam dressing, secured in place with wool and crepe bandage applied toe to knee.

Progress of wound healing

Within 3 weeks of the initial application of Algivon® a rapid debridement of the haematoma occurred. The wound has debrided and now measured 1cm x 1cm and the wound bed is 100% granulation tissue (Fig 5). The primary dressing was changed to Actilite® to facilitate a moist wound healing environment and aim towards wound closure.

Fig 4 (left) - At initial assessment
Fig 5 (above) - Three weeks after using Algivon® on wound

Care Study 3 - Aiding debridement of sloughy wound

Joan a 59 year old lady was referred to the Complex Wound Clinic by her practice nurse after sustaining extensive abrasion to her right arm in a fall at home whilst having a hypoglycaemic attack.

Initial assessment

Joan presented to Complex Wound Clinic with 3 wounds to her right arm. All wound beds were 100% thick slough. The largest wound measured 5cm long by 4cm wide (Fig 6). There was a large amount of yellow/green discharge from all the wounds and a wound swab was taken to rule out underlying infection. With the patients consent sharp debridement was undertaken to remove some of the dry slough from the wound beds (Fig 7). At this stage it was identified that larvae therapy were indicated to further debride the wounds.

Fig 6 - Wounds at initial assessment
Fig 7 - Wounds at initial assessment post sharp debridement

Post Larvae therapy

Following one application of larvae therapy the proximal and distal wounds were 100% granulation tissue and the central wound had 95% granulation tissue & 5% superficial slough present (Fig 8). Algivon® was chosen as primary dressing to continue the debriding process to aid autolysis of the remaining slough and to reduce the bacterial burden of the wound. A non-adhesive absorbent dressing was placed over the Algivon® and secured in place with wool and crepe from her mid lower arm to upper arm.

Fig 8 - Wounds post larvae therapy

Within 17 days of using Algivon® all the three wounds had 100% granulation tissue and were reducing in size (Fig 9).

Fig 9 – 17 days use of Algivon®

The wounds were redressed three times a week and complete healing was achieved in 28 days of using Algivon® (Fig 10).

Fig 10 – 28 days use of Algivon®

Conclusion

Today's focus of shifting care from the acute sector to the community brings many challenges for Community Nursing. They are faced with patients who have complex wounds that previously would have been treated in the hospital setting. These care studies have demonstrated that Manuka honey can effectively facilitate the healing of complex wounds in the community in a cost effective manner and improved Quality of Life for the patient.

N.B Patients' details have been anonomised to protect their identity.

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