

Collaborative working in healing a chronic wound of two years, in eight weeks using Manuka honey

Julie Scattergood (Lead author) julie.scattergood@wales.nhs.uk- Sister, Aneurin Bevan Health Board, Ysbyty Ystrad Fawr Hospital, Wales. julie.scattergood@wales.nhs.uk
Elena Strinati- Staff Nurse, Aneurin Bevan Health Board, Ysbyty Ystrad Fawr Hospital, Wales.
Liz Lewis- Area Sales Manager, Advancis Medical.
Trudie Young- Director of Education and Training, Welsh Wound Innovation Centre.

Introduction

This 92-year-old male patient fell in September 2012 and sustained a wound to his forehead. The wound did not show the usual signs of healing and the GP suspected squamous cell carcinoma (SCC). In November, an urgent dermatology referral was made as the wound was increasing in size and depth. A biopsy was taken in May 2013, with the result confirming a diagnosis of SCC and the patient was referred to the maxillofacial unit. In July 2013, the carcinoma was removed and a skin graft applied, which unfortunately did not take. The patient continued to visit the maxillofacial unit three times a week and various silver dressings were applied. In March 2014, the patient's care was transferred to his local community hospital and dressings continued to be applied as suggested by the maxillofacial unit. In April 2014 the patient was reviewed by the tissue viability nurse and the outpatient wound care leads. The wound had now been non-healing for 10 months, was prone to bleeding and gelatinous in appearance. The patient felt self-conscious due to the constant presence of a wound dressing on his forehead.

Mr Lewis' co-morbidities:

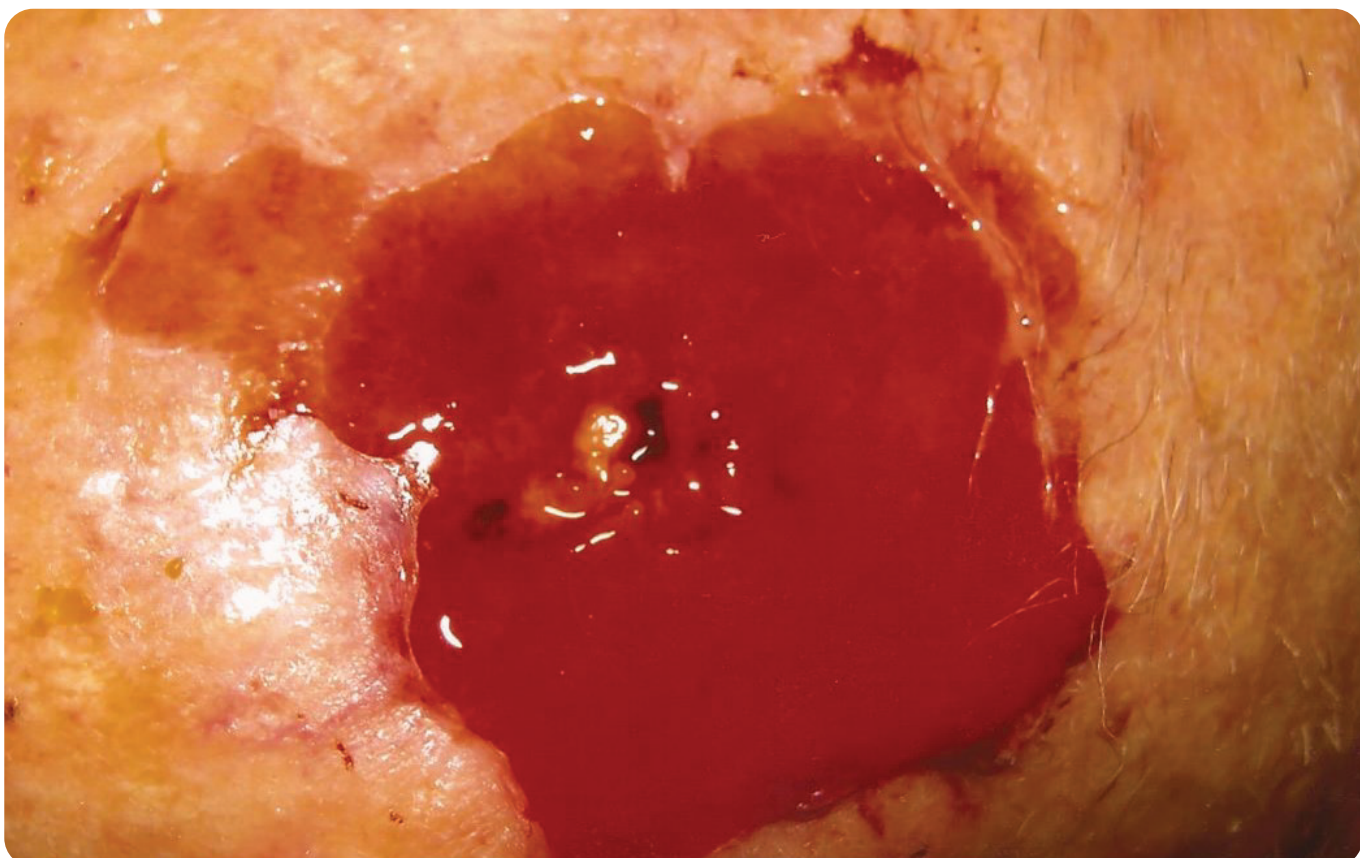
- Prostate cancer
- Osteoporosis
- Moderate Left Ventricular Dysfunction – has a heart pacemaker
- Hypercholesterolaemia
- Hypertensive

Method

Following review by the tissue viability nurse and outpatient wound care leads, a silver dressing was applied for a further two weeks. However, as there was little response, the patient and his wife started looking for alternative treatments and with the support of the team asked the GP to prescribe a collagen wound dressing, which was applied for a subsequent two weeks. This dressing donated an increased amount of silver to the wound bed than the previously used silver dressings.

After another month there appeared to be little improvement and, therefore, a biopsy was requested to check for any residual/recurring carcinoma.

In May 2014, the team decided to start treatment with Actilite® (Advancis Medical; 99% Manuka honey, 1% Manuka oil) to prevent infection while waiting for the biopsy result. This result showed no evidence of any cancer cells. After two weeks of using Actilite®, the decision was made to change to Algivon Plus® (Advancis Medical; 100% pure Manuka honey-impregnated alginate-based dressing, comprising 60% calcium alginate and 40% Tencel), as the dressing has more honey impregnated than Actilite® and it was felt that this might accelerate the healing process. The range of honey



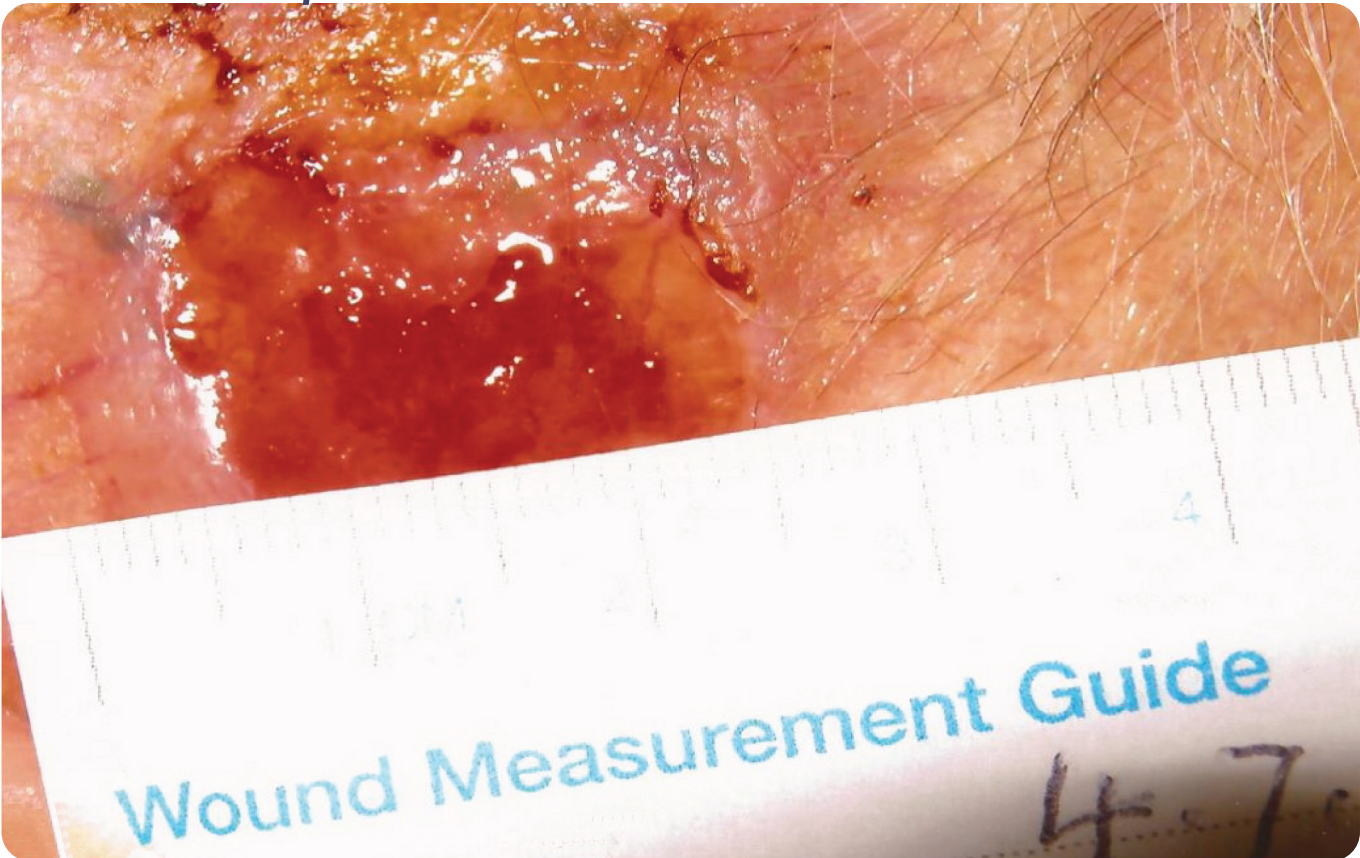
9th June 2014



Two weeks post Actilite®



Three days post Algivon Plus®



Further improvement



Wound noticeably shrinking



Almost there!



Healed.

dressings were listed on the health board formulary. The Advancis Medical company representative provided education and training to the clinical staff, the patient and his wife on Actilite® and Algivon Plus® Manuka honey dressings, which included the mechanism of action and method of application and removal. The patient was seen weekly for dressing changes and monitoring of the wound's progress at the hospital outpatient department by the outpatient wound care leads and the tissue viability nurse. During this period, the wound was redressed twice-weekly, with the patient's wife completing the interim dressing changes.

Results

After two weeks of using Actilite®, the wound responded and appeared to be reducing in size and was less gelatinous and red in appearance. Further noticeable improvements were seen soon after changing to Algivon Plus®. The wound's margins reduced further; granulation tissue was evident and there was no bleeding at dressing change. In early August 2014, after eight weeks of treatment with Manuka honey dressings, the wound healed and the patient was discharged (Figures 2–8).

Discussion

The collaboration of the outpatient clinical staff, tissue viability specialist nurse and company representative resulted in a positive outcome for this patient. He and his wife were wholly engaged with their treatment plan and with every dressing change felt buoyed by the improvements they could see in the condition of the wound. They found the honey dressings easy to apply.

The patient was delighted with the outcome and has an improved quality of life now that his wound has healed and his face is dressing-free. This demonstrates the effectiveness of team-working, especially when the team extended beyond the healthcare personnel. Actilite® and Algivon Plus® Manuka honey dressings were well-tolerated, cost-effective and accelerated healing of this chronic wound.

Conclusion

This case report demonstrates how collaborative working took an individual with a chronic wound that had been non-healing for just under two years to healed within eight weeks. At times, it is healthcare personnel that undertake decisions regarding wound management, however, in this case, the patient and his wife were equal partners in the care process and decision-making. The support from the industrial colleague was essential to ensure all were educated in the correct and optimal use of honey dressings. The patient's quality of life was positively affected, not only through the healing of the wound, but by being involved in its treatment.