USE OF ACTIVE LEPTOSPERMUM HONEY TO PROMOTE AUTOLYTIC DEBRIDEMENT AND WOUND HEALING IN CHALLENGING CHRONIC WOUNDS

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PURPOSE/INTRODUCTION

The care and management of patients with chronic wounds and their far-reaching effects challenge both the patient and the practitioner. In the current healthcare environment, clinicians are increasingly under pressure to use wound care products that can be used in a variety of wounds to achieve different outcomes, depending on the wound bed requirements.

METHODOLOGY

This series of 3 patients with 4 wounds focuses on topical wound care, in particular Active Leptospermum honey (ALH). The three patients involved were chosen due to the chronicity of the wounds despite other advanced methods of treatment including but not limited to heparin, allows for debridement, unclear outcome, gel, dressings, and ointments. The patients had multiple comorbidities including diabetes, obesity, mycosis fungoides, malnutrition, and venous insufficiency. The treatment plan was changed to ALH with the objective secondary dressing to assess if topical dressings like ALH will promote autolytic debridement and wound healing.

RESULTS

In evaluating the outcomes, it is evident that even with varied etiologies, wound age, and co-morbidities, a common outcome was the reduction in necrotic tissue of at least 45% in less weeks with the addition of ALH, despite having been non-healing with previous topical debridement choices. Wound area also improved. All patients verbalized satisfaction with the improvement in the wounds.

CONCLUSION

Further research is encouraged to determine effect on an additional wound types looking at all odds of necrotic tissue removal and wound healing.

References:

CASE 1 – RIGHT LOWER EXTREMITY WOUND

Patient Outcomes: 14 days to closure

PWIN: DVT and Venous Insufficiency

Case Discussion: 90 year old frail woman presented with chronic ulcers of the lower extremity for greater than 1 year in duration. History of BPH treated with trinomerase 2 800 mg for 3 months.

Case Discussion: 65 year old present with wounds to right ankle for some time before he saw his PCP who referred him to the Wound Care Center. Patient presented with necrotic eschar, foul odor, and malodorous drainage. The eschar was crosshatched and started on ALH Gel, covered with sodium impregnated gauze. No infection and patient has not had the need for antibiotics since the start of care. Blood sugars are also under better control.

Patient with wound of anterior knee, peri-wound dryness resolving, necrotic tissue significantly being debrided, no infection and patient has not had the need for antibiotics since the start of care. Blood sugars are also under better control.

CASE 2 – RIGHT MEDIAL/LATERAL ANKLE

Patient Outcomes: 70 days to closure for medial wound, 60 days to closure for lateral wound

PWIN: HTN, DMII, Dyslipidemia, Obesity, Mycosis Fungoides since 2001. Wound present since a biopsy with large ulcers of the right medial ankle in the fall of 2012. History of BPH 5120 mg. Wound treated with trinomerase 2 800 mg for 3 months.

Case Discussion: 45 year old presented with wounds to right ankle - medial and lateral on 7/30/13. Upon evaluation of admission to homecare, patient’s wound was found to be significantly painful even with gentle touch and temperature tolerance. Wound bed markedly necrotic with thick plicative of dry skin at periwound edge.

CASE 3 – ABDOMINAL WOUND POST TRAM FLAP RECONSTRUCTION

Patient Outcomes: 49 days to re-epithelization

PWIN: Dyslipidemia/HTN with TRAM flap reconstruction, oral Steroids with concomitant, and improvement.

Case Discussion: 4/1/13 patient was referred to the Wound Care Center with abdominal wound present for some time before she saw her PCP who referred her to the Wound Care Center. Patient presented with abdominal wall soil, edematous, and periwound. The wound bed surrounding the umbilicus was covered with odor and malodorous drainage. The eschar was crosshatched and started on ALG Gel, covered with sodium impregnated gauze. Next, the area was covered with ALH Gel, covered with xerosis, cracking, and ulcers.

Complete resolution of the abdominal wall wound was achieved on 6/19/13. ALH was used until closure.

References: