

Promotion of Autolytic Debridement by Maintaining a Moist Wound Healing Environment via the use of Medical Grade Honey* in a Long Term Acute Care Setting


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BACKGROUND

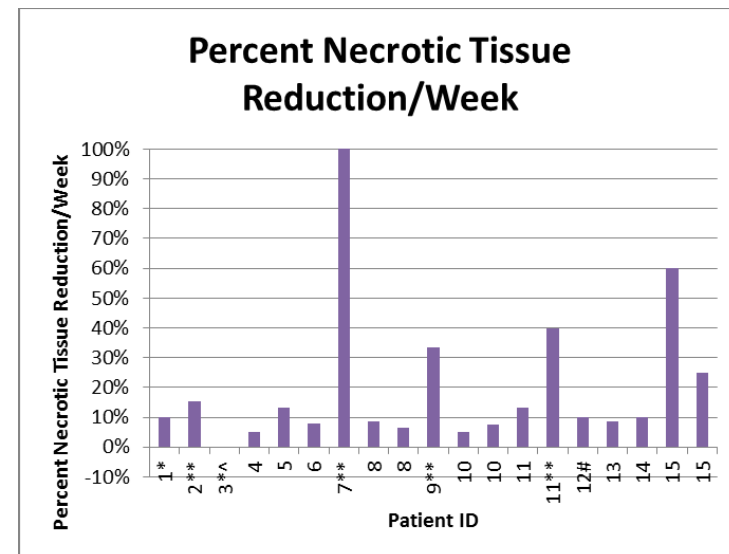
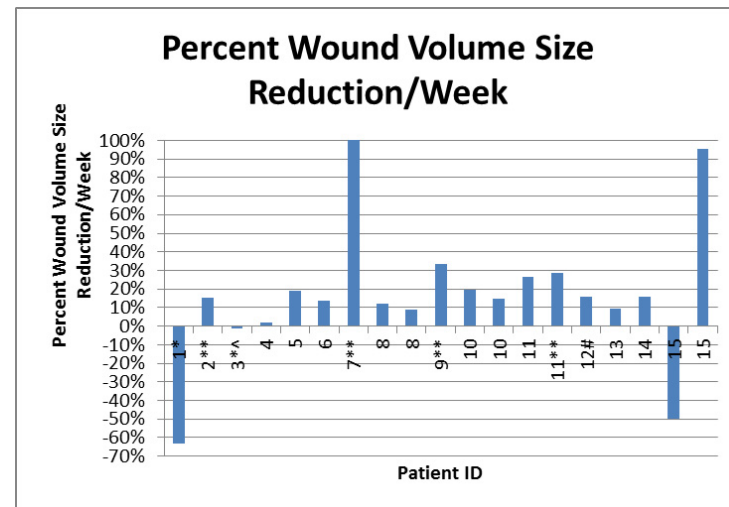
In our long term care facility, we prefer to use sharp debridement methods for wound bed preparation. However, some wounds are not amenable to sharp debridement, and providing a moist wound environment to help promote autolytic debridement in the healing of such wounds is a possible alternative. Recently, dressings that utilize the physical phenomenon of osmosis to promote autolytic debridement have been discussed in clinical literature. Given how frequently we encounter such wounds in our Long Term Acute Care (LTAC) practice, an evaluation of medical grade honey in combination with a superabsorbent dressing** to manage the high level of exudate expected from the use of honey dressings was deemed to be appropriate to meet our clinical needs.

METHODS

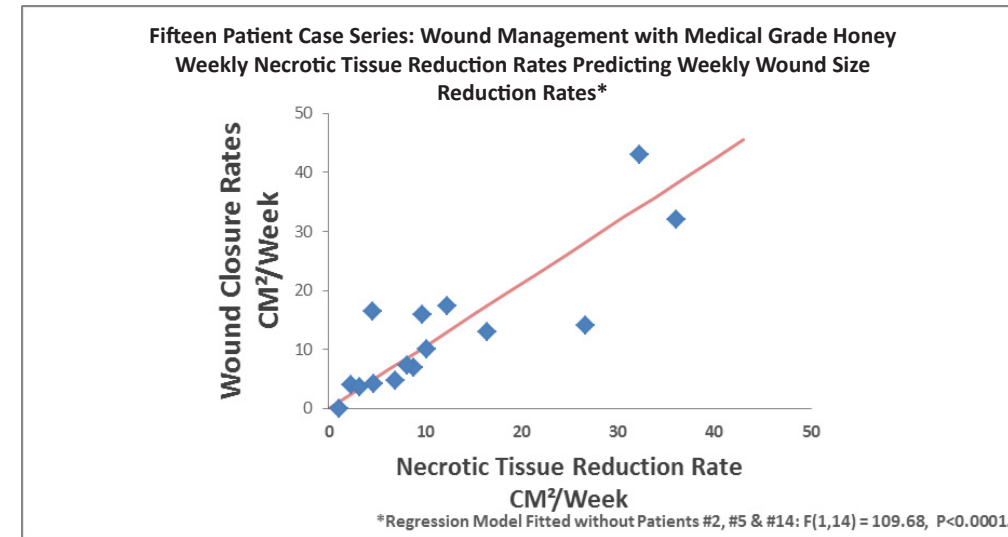
15 patients for which sharp debridement was not an option, were enrolled and serially identified from the study initiation date. Superabsorbent dressings were used in combination with honey dressings on these patients. Autolytic debridement rates were determined, and wound size monitored over time. Notes were made of any adverse events associated with the dressing regime.

RESULTS

The average duration of wound care for all patients was 4.4 weeks. Four patients achieved 100% reduction in visually assessed necrotic tissue. The average weekly reduction in wound size was 17%. The average wound size was 3.68 cm³ for the patients treated. Over the course of the study, the average overall reduction in wound size was 50%.



A Moist wound environment conducive to wound healing was achieved, with the wounds never turning dry. The superabsorbent dressing was able to handle exudate adequately, with minimal cases of strike-through. Most notably, the necrotic tissue level in the wounds, on average, decreased steadily over time, accompanied by average wound size reduction. No adverse events were noted other than the transient feeling of stinging felt upon the initial application of honey.



Patient Data Summary Table

Pt ID	Location	Duration of treatment (weeks)	Wound Size (cm ³); Start/End	Overall Reduction in Wound Size (%)	Necrotic Tissue (%); Start/End	Weekly Reduction in Necrotic Tissue (%)
1*	Sacrogluteal	4	2.438/8.6	-253% ^a	100/60	10%
2**	Coccyx	6.5	16/0	100%	90/0	15%
3**^	Heel	7	3.85/4.2	-9%	100/100	0%
4	Trochanter	4	0.75/0.69	8%	100/80	5%
5	Sacrogluteal	3	0.46/0.195	58%	50/30	13%
6	Sacrococcygeal	5	2.475/0.8	68%	50/30	8%
7**	Sacral	1	0.036/0	100%	25/0	100%
8	Posterior Leg	8	3.584/0.07	98%	80/25	9%
8	Heel	8	20/5.6	72%	85/40	7%
9**	Peri-trachael	3	0.12/0	100%	100/0	33%
10	Ischial	4	0.45/0.1	78%	100/80	5%
10	Ischial	4	0.75/0.315	58%	100/70	8%
11	Coccyx	3.5	1.1/0.08	93%	75/40	13%
11**	Buttock	3.5	1.55/0	100%	50/0	40%
12#	Sacrococcygeal	4.5	6.12/1.75	71%	90/50	10%
13	Scrotum	7	6.125/2.1	66%	100/40	9%
14	Sacrum	6	5/0.256	95%	50/20	10%
15	Buttock	1	0.12/0.18	-50%	75/30	60%
15	Lateral Malleolus	1	1.458/0.07	95%	100/75	25%

* Incomplete data, patient lost to follow-up

^a overall size increased due to increase in depth once necrotic tissue was removed

** Achieved 100% reduction in necrotic tissue

[^] required sharp debridement

patient expired

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