Evidence shows MEDIHONEY® is effective on a variety of etiologies, helping to make wound management easier

PATIENT CASE STUDY - PRESSURE ULCER

Nancy Chaiken, ANP-C, CWOCN, Swedish Covenant Hospital, Chicago, IL

56 year-old female with Stage IV sacral pressure ulcer measuring 8.0 cm x 10.0 cm. Moderate amount of serosanguineous exudate. Per wound erythema and adherent, loose, necrotic slough tissue around wound base. Patient pain score 10/10.

WEEK 1  MEDIHONEY® was applied, covered with a calcium alginate absorbent cover dressing daily.

WEEK 6  Minimal sharp debridement was performed as needed. Continued application of MEDIHONEY® covered with an absorbent calcium alginate dressing. Wound measures 6.0 cm x 8.0 cm x 1.0 cm. Healthy granulation tissue apparent with small amount of fascia exposed. Patient’s self-report of pain scores was gradually improving.

WEEK 12  Complete healing was achieved.

PATIENT CASE STUDY - VENOUS LEG ULCER

Jennifer A. Gardner PT, DPT, MHA, CWS and Tara Murphy RN, BSN, Underwood-Memorial Hospital, Woodbury, NJ

88 year-old female with traumatic wound on anterior lower leg complicated by venous insufficiency. Patient had multiple co-morbidities including cancer and was concurrently undergoing radiation treatment. MEDIHONEY® Gel was initiated in combination with elastic tubular bandage and the wound came to full closure in a two week time period.

DAY 1  2.5 cm x 2.5 cm

WEEK 1  Closed

WEEK 2  Follow up visit, wound remained closed.
PATIENT CASE STUDY - DIABETIC FOOT ULCERS

Steven J. Kavros, DPM, Gondavascular Wound Healing Center, Mayo Clinic, Rochester, MN

68 year-old male with diabetes, peripheral neuropathy, ESRD and CCLI. Wound located on the plantar aspect of the forefoot without bone exposure. Dense fibrin tissue, slough and limited granulation tissue were initially present. Weekly debridement and additional adjunctive therapies continued in the patient’s wound care protocol.

DAY 1  MEDIHONEY® Calcium Alginate dressing was applied and changed every other day.

WEEK 4  Patient responded well with dressing changes every other day. Wound reduced in volume by 25%.

WEEK 8  Wound reduced in volume by 85%.

PATIENT CASE STUDY - RHEUMATOID ARTHRITIS

M. Allison Hendrickson, DO, CWS, FACCWS Baylor All Saints Wound Management Program

53 year-old male with history of RA, morbid obesity, myocardial injury, Hepatitis C and newly diagnosed esophageal cancer. MRSA positive foot wound of 2½ year duration. 8.0 cm x 8.0 cm x 1.0 cm full thickness wound. Large amounts of serious exudate, necrotic slough tissue, periwound erythema and pain.

WEEK 1  MEDIHONEY® was applied, covered with an absorbent calcium alginate dressing and secured with a conforming gauze bandage daily.

WEEK 4  Continued application of MEDIHONEY® covered with an absorbent calcium alginate dressing and secured with conforming gauze. 7.0 cm x 7.0 cm x 1.0 cm wound measurement. Decreased exudate, necrotic slough, and periwound erythema. Increased granulation tissue. Decreased pain.

MONTH 4  Complete healing achieved despite continual chemotherapy for esophageal cancer.
PATIENT CASE STUDY - AT-RISK LIMBS
Paul Ligouri, MD & Kim Peters, RN, CWS, Whittier Rehabilitation Hospital, Bradford, MA


**WEEK 1** MEDIHONEY® Calcium Alginate dressings were initiated with an absorbent cover dressing changed daily.

**WEEK 4** Frequency of MEDIHONEY® Calcium Alginate reduced to 1x daily. Wound bed clean and undermining is present. NPWT initiated to enhance growth of granulation.

**MONTH 3** Total healing time with multi-disciplinary, advanced modality approach. At-risk limb achieved optimal outcome – total wound closure.

---

PATIENT CASE STUDY - PEDIATRIC WOUNDS
Roxana Reyna RNC, WWC, Driscoll Children’s Hospital, Corpus Christi, TX

A 4 week-old male with a history of failure to thrive, IV infiltrate and cellulitis to the left foot, which had been treated for 7 days with antibiotic ointment and covered with non-stick gauze BID. Upon beginning of ALH treatment, dressings were changed every 3 days until discharge, then every 5 days until closed.

**DAY 1** Initial assessment

**DAY 3** 24 hrs. after ALH paste applied

**MONTH 2** Wound closed

---

PATIENT CASE STUDY - ONCOLOGIC: POST SURGICAL
Scott Moore, NREMT-P, RN. Certified ACLS, PALS, BLS ONS Chemotherapy and Biotherapy, Edmund Oncology Center, Edmond, OK

Rapidly growing SCC of the right post-auricular area. Excessive malodor and exudate present. Patient undergoing radiation therapy (IMRT).

**WEEK 1** Absorbent cover dressing initiated.

**WEEK 3** MEDIHONEY® Calcium Alginate initiated.

**WEEK 4** MEDIHONEY® Calcium Alginate dressings with super absorbent cover initiated. IMRT resulted in necrotic tissue sloughing. Excess exudate managed with frequent cover dressing changes (1-2x daily). Malodor was eradicated.

**WEEK 8** Complete wound closure with minimal scar tissue.
PATIENT CASE STUDY - STAGE IV PRESSURE ULCER

Aaron Wodash RN, WCC, Augustana Care Center, Minneapolis, Minnesota

79 year-old female with stage IV pressure ulcer at left ischial tuberosity. Enzymatic debrider and NPWT were utilized however wound not progressing. MEDIHONEY® Calcium Alginate dressings were initiated 3/7. The wound came to closure is less than 9 weeks.

WEEK 1 4.0 cm x 2.0 cm
MONTH 2 Closed

PATIENT CASE STUDY - SACRAL PRESSURE ULCER

Cecilia Gray, RN, MSN, CNS, CWON, and Fatima Ishii, RN, BS, CWON, Los Angeles County and University of Southern California Medical Center, Los Angeles, CA

A 51 year-old male paraplegic with chronic sacral and ischial pressure ulcers previously treated with surgical muscle flaps. History of osteomyelitis, receiving long-term antibiotics.

DAY 1 Sacral pressure ulcer 10 cm x 12 cm x 5 cm
WEEK 4 After 16 days of ALH treatment wound measured 7 cm x 12 cm x 4 cm
MONTH 2 Readmitted with right ischial ulcer 10 cm x 8 cm x 1 cm in addition to previously treated sacrum, 7 cm x 12 cm x 4 cm. ALH re-started to both areas. 37 days after restarting ALH. Sacrum (superior) with 100% beefy red hypergranulation tissue; right ischium (inferior) with beefy red 80% hypergranulation tissue and 20% adherent yellow slough.

PATIENT CASE STUDY - PIN SITES

Michael S. Kerzner, DPM, Dept. of Orthopedic Surgery, Duke University Medical Center, Durham, NC.

A single center case series to investigate the safety and efficacy of Leptospermum honeycolloids (ALH) for use in pin site care after open reduction external fixation (OREF) of DM Charcot patients undergoing reconstruction.

Results: Out of a total of 57 sites on five patients, only two wire sites were noted to have signs of infection. These two sites resolved uneventfully with a short course of empirical antibiotics administered orally. As noted by Dr. Kerzner, infection rates of open reduction external fixation can range from 35-40% or higher.