

Consider Honey When Choosing A Dressing

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Leptospermum honey dressings and ointments (MEDIHONEY™) are now well established in the UK. Alongside contemporary dressings, honey dressings are a recognized treatment available to medical and nursing professionals in their armoury to promote wound healing and reduce the bio-burden in wounds.

All 3 patients readily accepted the use of honey. Slough and malodour was quickly removed from the wounds of patients 2 and 3. In patient 3, pain diminished and movement of her shoulder recovered quickly as the wound improved. Although healing was prolonged in patient 3, it is important to consider the chronicity of the wound. In all 3 cases as the wounds improved dressing frequency was reduced. Although patient 2 has diabetes, the application of honey had no adverse effects on her diabetes management.



PATIENT 1

A 49-year-old man who underwent a lip split mandibulotomy for dissection of oropharyngeal tumour.

- 4th day post op developed a collection of fluid at the right side of neck.
- Daily dressings of 12" length of povidone-iodine soaked ribbon gauze applied to cavity.
- 12th day post op MEDIHONEY™ alginate rope applied and changed daily.
- Cavity almost closed at 1 week after first application of honey.



PATIENT 2

A 53-year-old woman with type 2 diabetes who underwent left mastectomy and extended latissimus dorsi reconstruction.

- Developed a seroma to the left breast at 16 days post op.
- Breast started to leak at 5 weeks post op with subsequent breakdown.
- Initially a hydrofibre sheet was applied on alternate day dressings to manage the exudate.
- Wound became sloughy and an amorphous gel applied 3 times per week for up to 8 weeks post op.
- At 8 weeks post op MEDIHONEY™ impregnated alginate was applied to the wound 3 times per week.
- Wound is de-sloughed in 3 weeks.



PATIENT 3

A 44-year-old woman with hidradenitis suppurativa for 7 years.

- Over this period of time she was given multiple courses of systemic antibiotics.
- In 2001 underwent excision of wounds to the left axilla.
- Wound displayed healthy granulation following surgery — complete healing was not successful.
- Period of 3 months as an in-patient in hospital — wounds improved but never completely healed.
- Patient was bathing daily and a variety of dressings had been applied over this extended period of time.
- Patient was referred to the tissue viability service in August 2006.
- Patient was reluctant to abduct at the shoulder.
- Extensive breakdown of tissue, high levels of exudation and pain.
- The patient was asked to continue to bathe daily. Community nurse visited daily to dress the wound with MEDIHONEY™ alginate. Wound heals at 5 months.



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References:

- Molan P. The role of honey in the management of wounds. *J Wound Care*. 1999; 8(8):415–418.
- Molan P. Re-introducing Honey in the Management of Wounds and Ulcers — Theory and Practice. *Ostomy/Wound Management*. 2002;48(11):28–40.