

Evaluation of a 100% Medical Grade Manuka honey in expedience of diabetic wound debridement versus a selective chemical debriding agent

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Problem statement

Diabetics wounds suffer from both excessive callous formations on the edges and fibrin, web-like netting, which develops on the wound base. The callous is removed through sharp debridement; however, the fibrin presents a tough obstacle and often reforms in spite of aggressive care. This study analyzes the expedience of debridement utilizing a selective chemical debrider versus autolytic debridement with the use of a 9oz tube of 100% Medical Grade Manuka honey.

Study overview and past treatment and execution

Twenty residents/patients were included in this study. All had diabetic heel ulcers with a combination of slough and fibrin covering 100% of their bases. Blood sugars were stable and all were insulin dependent. Off-loading of the heels was accomplished so that the patient was non weight bearing. Ten were enrolled to utilize 100% Manuka honey and 10 were enrolled utilizing a selective chemical debriding agent. All wounds were cleansed with normal saline and the honey was applied nickel thick. Dry bordered gauze was used as a cover dressing. No circular wrapping was done on any client. The wounds were evaluated for debridement expedience over a period of 12 days with a dressing frequency of every day. All wounds had established arterial competence.

Findings

After twelve days with the use of the chemical agent, 6 had 90% necrosis still present, 2 had 80%, 1 had 70% and 1 had 50%.

After twelve days using the 100% Medical Grade Manuka honey, 1 had 50% necrosis, 1 had 40% necrosis, 2 had 30% necrosis, 2 had 20% necrosis, 1 had 10% necrosis and 3 were necrosis free.



Day 1



Day 12



Day 1:



Day 6



Day 21

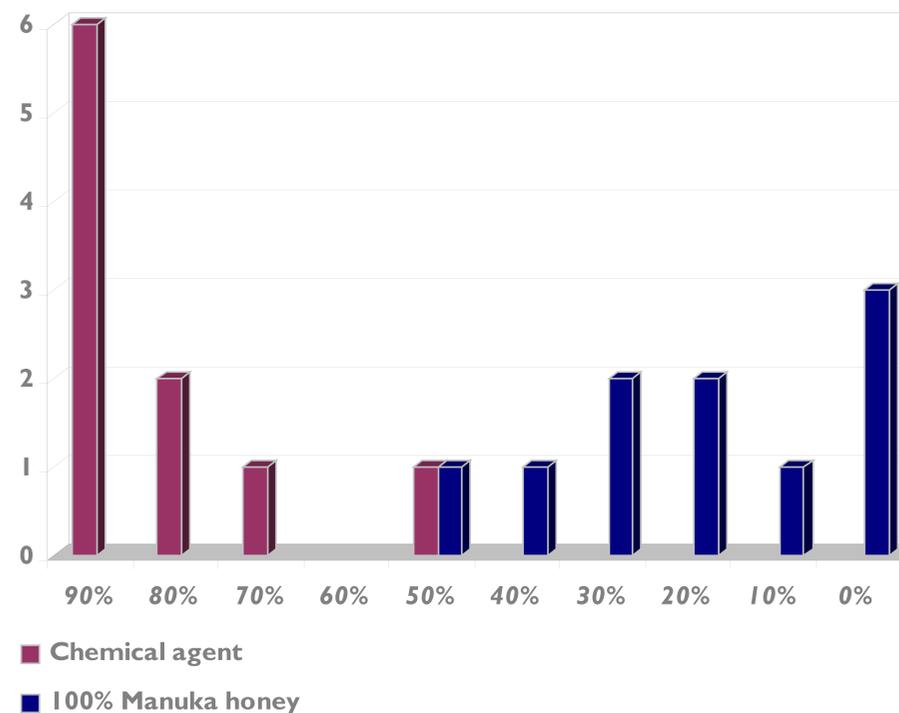


Day 34



Day 63

Amount of Necrotic Tissue remaining after 12 days



Conclusion

The use of 100% Medical Grade Manuka honey provided faster and more effective debridement than a commonly used chemical debrider.

*Special thanks to Vincention Regency and Progressive Home Health in performing these studies and providing the chemical debrider (Santyl/Healthpoint) and to Advancis Medical for providing the 100% Manuka honey (Activon Tube®).

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