

Evaluation of a knitted viscose mesh dressing impregnated with 100% Medical Grade Manuka honey and its' management wound odor versus an antimicrobial spray and a carbon based dressing

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Problem statement

Fungating tumors can be particularly malodorous compromising the dignity of the client at end of life. Their lesions drain copious amounts of fluid offering a wonderful medium for propagation of bacterial and fungal growth. This study examines five clients and compares the use of a traditional antimicrobial spray and a carbon based dressing with composite reinforcement versus a knitted viscose mesh dressing impregnated with 100% Medical Grade Manuka honey and composite pads in an effort to manage odor at end of life.

Study overview and execution

Five clients were chosen. All had fungating tumors and were deemed to be at end of life (<3 months prognosis) and had lesions which were determined, by caregivers, to be extremely malodorous. The hospice agency had utilized an antimicrobial spray and a carbon based dressing along with the reinforcement of composite pads for drainage containment for all five clients. They also utilized a room deodorizer with "little if any" effect being attained by the hospice spokespersons. All lesions were cleansed with normal saline. Since the traditional method had failed to produce odor control, the study was initiated with all

five clients having the knitted viscose mesh impregnated with 100% Medical Grade Manuka honey being placed followed by composite pads for drainage management. The composites were changed every day or more often and the 100% Medical Grade Manuka honey dressing was left in place for three days. The room deodorizer was left in place until true efficacy of odor control could be determined and sustained. The clients were followed for a period of four days.

Client	Odor description Start of study	Odor description Day 1	Odor description Day 2	Odor description Day 3	Odor description Day 4
1	foul	faint	none	none	none
2	foul	none	none	none	none
3	foul	none	none	none	none
4	foul	foul	faint	none	none
5	foul	foul	none	none	none

Findings

Twenty four hours after initial dressing placement, two clients had no odor and the room deodorizers were removed. One experienced a faint odor and 2 remained with a foul odor. On day two, two more clients experienced no odor and the prior two which

reported no odor, had sustained odor control. One client continued to have a faint odor reported in the room. The findings were the same on day three and by day four all five had 100% odor control being reported with sustained control of the previous four clients. All had relinquished the room deodorizers.



Conclusion

The odor associated with heavily fungating lesions severely affect patient quality of life. The use of the knitted viscose mesh impregnated with 100% Medical Grade Manuka honey provided superior performance in terms of speed of odor reduction compared to traditional antimicrobial sprays and carbon dressings.

**Special thanks to Mother Theresa Hospice, Gateway Hospice and Heartland Hospice for their generous time and participation in the study and to their pharmacies for supplying the antimicrobial sprays; Flagyl. Also thanks to Advancis Medical for the knitted viscose mesh impregnated with 100% Medical Grade Manuka honey (Activon Tulle®) and to Square One Medical for the carbon based dressing, Carboflex (Convatec) and for the composite pads (Kendall) utilized in this study.*