

Do honey dressings reduce the need for antibiotics?

DNS Pleasaunce Perry & D/N Shirley O'Hara - South & Est Belfast (HSS) Trust

Introduction

Honey has been used therapeutically for many hundreds of years, however it has only recently been used within modern medicine. Recent wound care studies have shown honey to be effective on wounds such as burns, ulcers and surgical wounds. This poster illustrates the experience of a 56 year-old gentleman who presented initially with an oedematous ulcerated leg following a traumatic fall down stairs (fig: 1).

Patient medical History

- Gout, Arthritis
- Clinically obese 30 stone +
- Bilateral venous leg ulcers for 7 years
- Multiple wound infections
- MRSA isolated May 2001
- Doppler assessment repeated February 2005: ABPI 1.3 and 1.0

Previous topical leg ulcer treatment included: long stretch elasticated multi-layer bandaging, Flamazine, silver dressing, iodine based dressings. Oral antibiotics and IV Antibiotics were prescribed for various infections primarily for MRSA and Pseudomonas. Mr Lindsay lives alone with a good network of family and friends.

Medication

- Bisoprolol Fumarate 10mgs
- Amlodipine Besilate 10mgs
- Naproxen 250mgs
- Allopurinol 100mgs
- Tramadol 50mgs x 2 middle of night
- Co-codamol 30/500 x 2 Nocte & Mane
- Amitriptyline x 2 nocte
- Lactulose

Clinical Issues

- Obesity
- Immobility
- Ongoing wound infection (e.g., MRSA and Pseudomonas)
- Lack of quality of life

Treatment Objectives for Leg ulcers

- Promote healing through angiogenesis, and epithelialisation
- Decrease bacterial burden and the susceptibility to cross infection
- Maintain a moist wound healing environment
- Improve quality of life by reducing oedema, strike through, odour and pain
- Educate patient and nursing staff on correct use of honey dressing and short stretch compression bandaging

May 2004

Initial assessment at the Trust Tissue Viability clinic. Swabs isolated MRSA and Pseudomonas - 14 day course Ciprofloxacin (orally) followed by further Ciprofloxacin, Minocycline and Fusidic Acid (fig: 2).

June 2004:

IV Ceftazidime 7 day course

August 2004:

Ciprofloxacin, Minocycline and Fusidic Acid 7 day course (fig: 3)

January 2005:

Co-amoxiclav and Ciprofloxacin 10 day course

September 2005

Mr Lindsay attended a consultant Vascular surgeon - no different treatment recommended or further tests ordered. Dressing and short stretch compression bandaging



Honey Dressings (Activon Tulle®) commenced single layer 30/11/2004 - 14/02/2005

Leg returned to using Acticoat®
(L) Leg c/o honey 07/12/2004 for 2/52
Recommended on Acticoat® 20/12/2004
Used Acticoat® until 13/01/2005

Recommended Activon Tulle® on 13/01/2005 using 2 layers as greenish wound exudate present

Commenced on Amitriptyline 12/04/2005
Mr Lindsay found triple layer of Activon Tulle® too painful but is managing 2 layers

Single use of honey began

- No further antibiotics needed
- New wound healing
- Pain well controlled
- No odour
- Exudate decreasing
- Quality of life improved

Conclusion

- This appears to show consistent healing
- Reduction in need for antibiotics
- Improved quality of life
- No strike through
- Patient can participate in hobbies
- Less pain

References

- Cornwall J.V., Dore C.J., Lewis J.D. (1986) Leg ulcers: epidemiology and aetiology *British Journal of Surgery* 73 (9) 693-6
- Clinical Resource Efficiency Support Team Guideline for the Assessment and Management of Leg Ulcers Belfast CREST, 1998
- Williams C. (2002) Actico: a short-stretch bandage in venous leg ulcer management *British Journal of Nursing* 11 (6) 398-401
- Partsch H., Menzinger G., Mostbeck A. (1999) Inelastic leg compression is more effective to reduce deep venous refluxes than elastic bandages *Dermatologic Surgery* 25,695,700
- Molan P.C. (2001) Honey as a topical antibacterial agent for treatment of infected wounds *WorldWide Wounds*, November
- Molan P.C. (2002) Re-introducing honey in the management of wounds and ulcers: theory and practice *Ostomy Wound Management* 48(11)28-40