



Activon[®] Manuka Honey

Wound healing as nature intended

Adv**ancis**
M e d i c a l
www.advancis.co.uk



Contents

- **History of Honey**
- **Composition of Honey**
- **Mode of action**
- **The benefits of Medical Grade Manuka Honey**
- **Competitors to Manuka Honey**
- **Clinical evidence**
- **Types of wounds**
- **Wound selector**
- **FAQs**
- **Advancis Medical's range of Manuka Honey products**
- **NEW products**



History

- ✓ Honey was used extensively in wound care up until the 1960s
- ✓ Usage declined with the introduction/common prescribing of antibiotics
- ✓ Resurgence of topical antimicrobial dressings, in part due to the resistance of antibiotics
- ✓ Activon® Manuka Honey has no known resistance to bacteria



History Composition

- ✓ Different types (floral sources)
- ✓ Pure and blended
- ✓ Complex substance
- ✓ Predigested sugar (monosaccharide's)
- ✓ Glucose and fructose
- ✓ Proteins
- ✓ Fatty acids
- ✓ Enzymes
- ✓ Minerals
- ✓ Vitamins
- ✓ Water

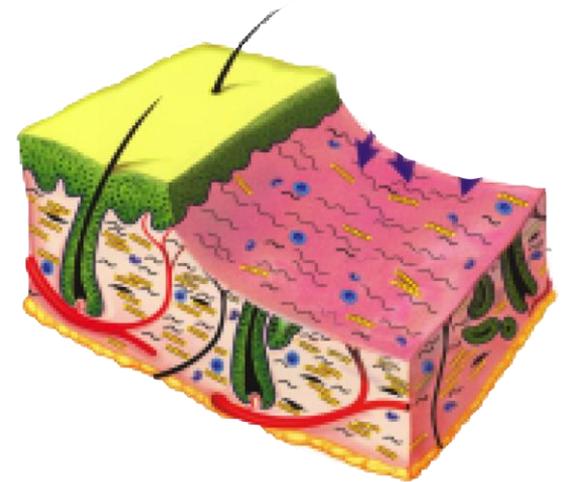
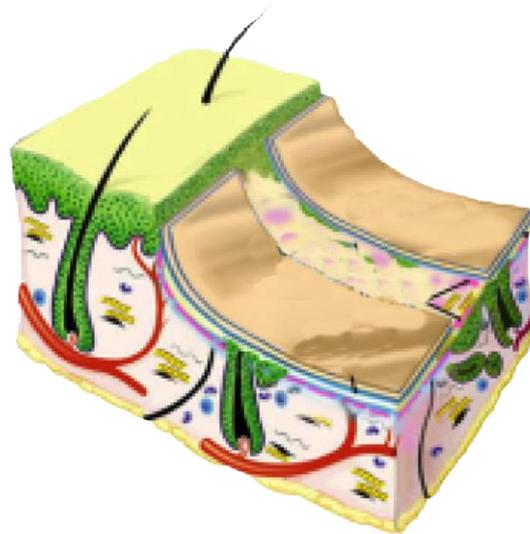
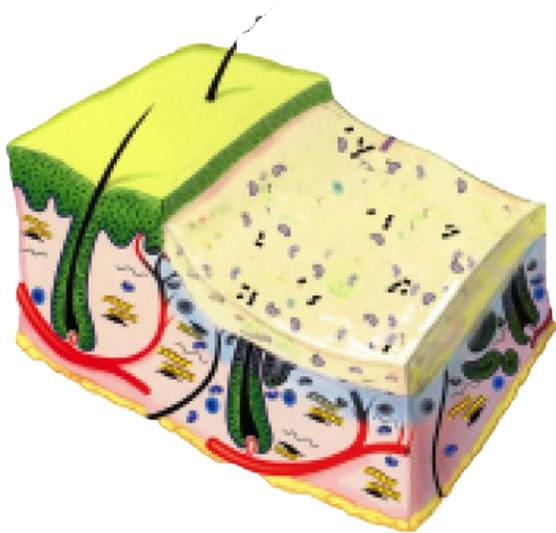


Mode Of Action

- **Wound Bed Preparation – Preparing the Wound to Heal**
 - **Debride and Deslough**
 - **Antimicrobial**
 - **Malodour**
 - **Promotes granulation**

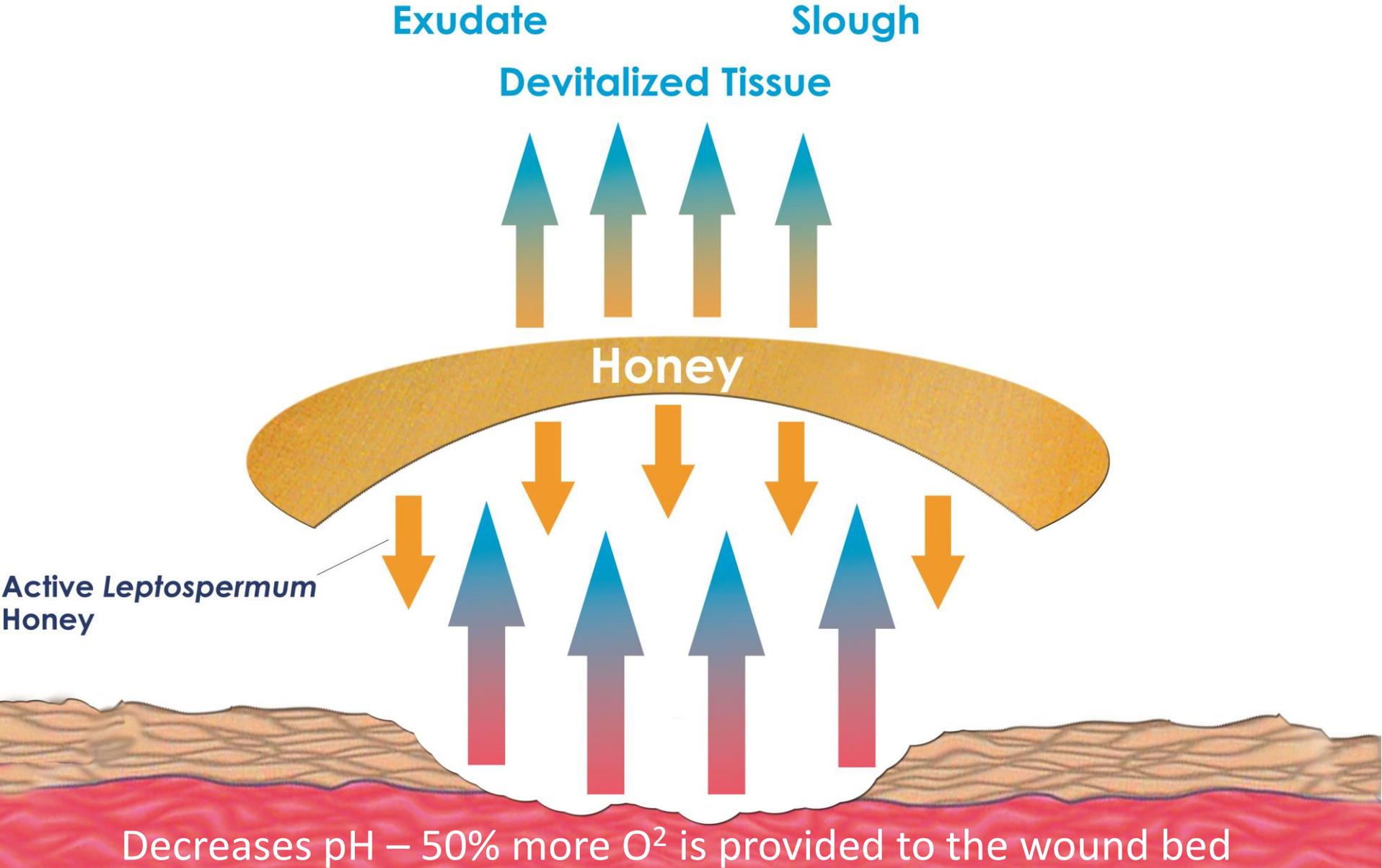


Debride and Deslough



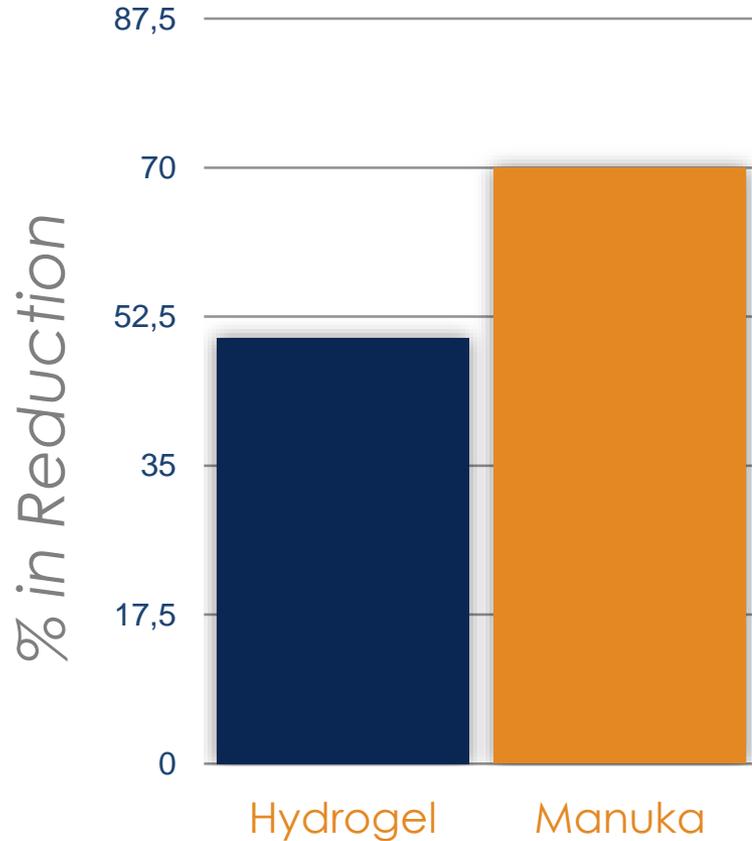
NICE Guidelines recommend the use of an autolytic debridement dressing where indicated

Osmotic Action

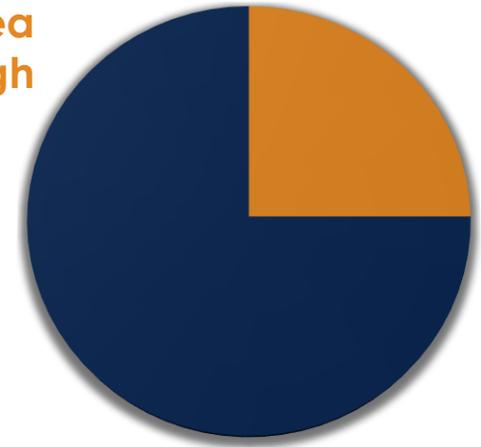


Autolytic

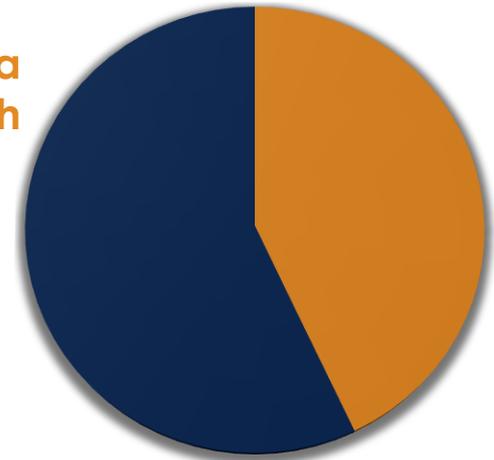
Reduction in Slough



Manuka area covered in slough



Hydrogel area covered in slough



Lots of studies, 1 large RCT 108 patients. Venous ulcers >50% slough randomised with manuka HONEY vs HYDROGEL. Mean reduction of slough = <50% in hydrogel. near 70% in manuka, vs Area covered in slough reduced to 25% in manuka vs 43% hydrogel.

Gethin G. Manuka honey vs. hydrogel--a prospective, open label, multicentre, randomised controlled trial to compare desloughing efficacy and healing outcomes in venous ulcers. February 2009



Antimicrobial

- ✓ 80% sugars – super saturated solution (low water availability)
- ✓ pH
- ✓ Peroxide
- ✓ Non peroxide value / UMF



Malodour

- Bacteria feeds from the sugar
- By-product Lactic acid is created instead of sulphur and ammonia
- Eliminates the odour rather than masks



Promotes Granulation

What a wound need to heal...



Benefits of a versatile dressing range



Quicker healing time

Less distress for patient

Reduces resource burden

- ✔ Less nurse time
- ✔ Saves money
- ✔ Can cut the use of antibiotics

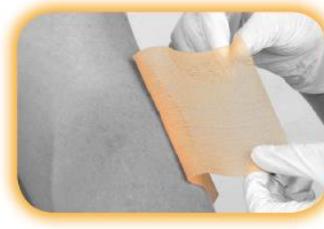
Natural, safe product

Patient comfort

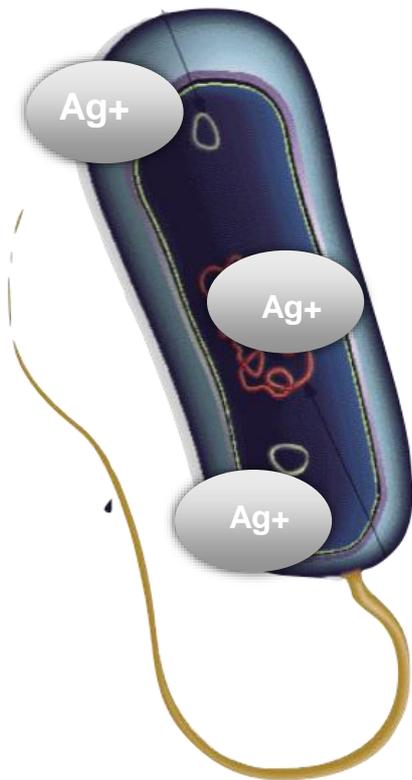
Patient psychology



Competitors to Honey



Silver



How silver works

- Silver ion (Ag^+) is positively charged
- Two modes of action:
 - Bacteria is negatively charged so attracted to the silver physically deforming the shape of the bacteria, rendering it non-viable
 - Ag^+ penetrates the bacteria cell wall and interferes with chemical bonds essential to its survival
- 20-40 parts per million to work to be effective
- Silver is only effective in IONIC form in aqueous solution. It quickly binds to naturally occurring chloride ions (AgCl) = USELESS

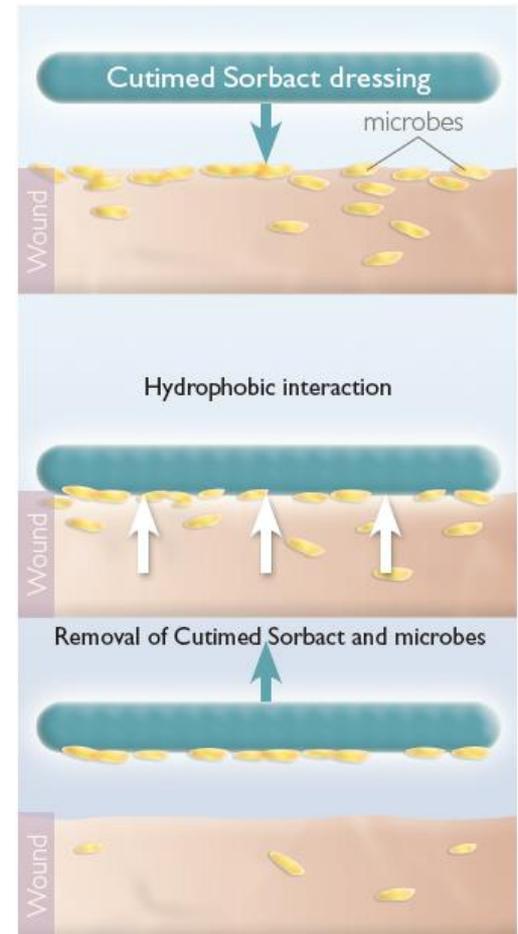


Cutimed Sorbact

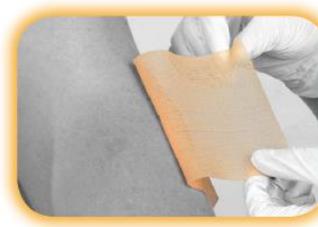
Dialkylcarbamoyl Chloride (DACC)

How it works

- Bacterial binding wound dressing
- Mode of action – hydrophobic interaction
- Hydrophobic particles naturally aggregate in an aqueous wound environment
- Dressings are coated with a fatty acid derivative (dialkylcarbamoyl chloride, DACC)
- Bacteria has hydrophobic characteristics, so become physically bound to the dressing fibres
- Bacteria is removed from the wound when the dressing is changed
- **HOWEVER...** The bacteria isn't killed, just stored in the dressing



Hydrophobic action of Cutimed Sorbact



Competitors to Honey

	Activon Manuka Honey	Cutimed Sorbact	Iodine	Silver
Treat infection	✓	✓	✓	✓
Debridement Deslough	✓	X	X	X
Granulation	✓	X	X	X
Control Malodour	✓	X	X	X
Encourage Epithelisation	✓	✓	X	X

Competitors to Honey

Product	100% Manuka Honey	Size	Price per dressing	Amount saved for 5000 units by switching to Advancis Honey
Activon Tube® 	✓	25g	£2.05	
L-Mesitran Ointment 	X	20g	£3.88 <u>47% SAVING</u>	you save £9150
L-Mesitran Soft (Formerly: Mesitran Ointment S) 	X	15g	£3.59 <u>43% SAVING</u>	you save £7700
Medihoney 	X	20g 50g	£3.96 <u>48% SAVING</u> £9.90 <u>79% SAVING</u>	you save £9550 you save £39250

Product

Mesitran (Aspen Hill-Rom)

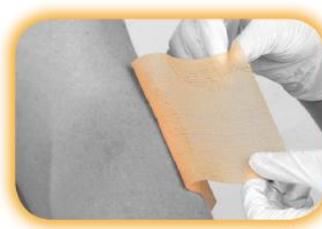


They Say...

"...consists of a hydrogel sheet approximately 1mm thick attached to a semi polyurethane membrane by means of a thin fibrous bonding layer. The hydrogel, which is capable of absorbing seven times its own weight of wound fluid, contains 30% of medical grade honey"

"The osmotic properties of the honey are such that they impart antimicrobial properties to the dressing"

"The highly conformable polyurethane film backing layer acts as bacterial barrier and the hydrogel layer feels cool to the touch which makes the dressing well suited for the treatment of superficial burns"



Our Selling Point

Activan® Honey is 100% Manuka honey with no added ingredients. Mesitran isn't 100%

Objections & Solution

"Mesitran is less painful on application"

Due to the additional ingredients it is not pure honey and therefore 'watered down', Mesitran Mesh is not indicated for infected wounds as the honey is so diluted by the water in the hydrocolloid that it is ineffective.

MediHoney (Derma Sciences)



"Global leading line of medical-grade honey products for the management of wounds and burns"

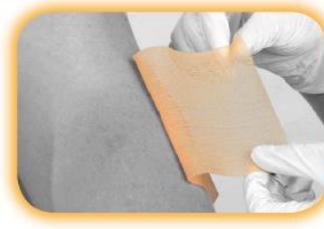
There are altogether now 5 mechanisms of action of MEDIHONEY®, including:

- Antibacterial
- Debridement action
- Anti-inflammatory
- Removal of malodour
- Immune-stimulation

Advancis Medical® are wound care specialists and have 3 additional woundcare product ranges to cover the entire wound healing process. MEDIHONEY® are not woundcare specialists. **We are up to 40% cheaper** than MEDIHONEY®. We don't add anything to our honey, MEDIHONEY® is a blended honey.

MEDIHONEY® can claim UMF which can seem more credible.

Manufacturers can artificially heat their honey products, which increases the UMF/NPA. Advancis does not do this and conducts checks for this adulteration.



Opposition to Honey

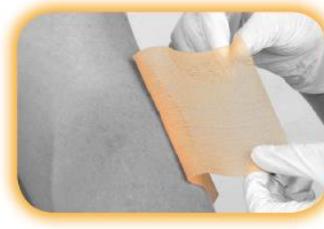
Cochrane Report - Honey as a topical treatment for acute and chronic wounds

Published:
16 October 2013

Authors:
Jull AB, Walker N, Deshpande S

http://www.cochrane.org/CD005083/WOUNDS_honey-as-a-topical-treatment-for-acute-and-chronic-wounds

- Clinical trials on the effect of honey in both acute wounds and chronic wounds
- The trials results show honey might shorten healing times for moderate burns compared with some conventional dressings
- There is some serious doubt about the reliability of this finding
- Honey used alongside compression therapy does not improve healing of venous leg ulcers
- Honey may delay healing in deep burns and in ulcers caused by insect bites (cutaneous Leishmaniasis)
- There is not enough evidence to give guidance for the use of honey in other types of wounds
- Cochrane also negatively appraises silver and TNP, both of which are commonly used in wound care today



Opposition to Honey

Complete rebuttal
Critique of Jull et al. 2013 Honey
Systematic Review Content: Red Flags

http://www.dermasciences.com/sites/default/files/videos/pdfs/scientific-review-of-cochrane-review-honey-as-topical-treatment-for-wounds-dr.bolton-and-dr.beitz_.pdf

- Errors in describing studies cited in the review
- Arbitrary emphasis or omission of studies or data
- Combined analysis of already healing wounds and those at risk of non-healing
- Statements in conclusions or abstract are not clearly derived from the results reported

Rebuttal to the Cochrane Report

Critique of Jull et al. 2013 Honey Systematic Review Content: Red Flags

Results

Results Should Clearly Reflect Content To clarify Jull et al. 2013 Honey SR

Main Results (Abstract page 1)	Example reflecting content meeting SR standards:
“In chronic wounds, honey does not significantly increase healing in venous leg ulcers when used as an adjuvant to compression (RR 1.15, 95% CI 0.96 to 1.38), and may delay healing in cutaneous Leishmaniasis when used as an adjuvant to meglumine antimoniate compared to meglumine antimoniate alone (RR 0.72, 95% CI 0.51 to 1.01)”	<ul style="list-style-type: none">• A meta-analysis of 2 large RCTs with different treatment durations and comparators found no combined effect of honey on venous leg ulcers (VU), though the one on large sloughy VU reported higher 12-week % healed with honey compared to hydrogel (p=0.025) adjusted for baseline VU Margolis Score.• One RCT each on infected C-sections, pressure ulcers and Fourniers gangrene found significantly faster healing times for honey-treated groups compared to those treated with conventional dressings .• Honey use may be associated with brief, mild pain but no statistically consistent delay in healing has been reported in honey-treated wounds.

Improve by describing the 4 RCTs with statistically significant results and not emphasize less consistent results

The major flaw with the Cochrane Report is that it uses all known honey dressings over time, and therefore includes pretty early versions which would not be as effective as today. However if you rescoped the report to only include more recent dressings the evidence would likely draw a different conclusion.



Clinical evidence

Collaborative working in healing a chronic wound of two years, in eight weeks using Manuka honey

Julie Scattergood (Lead author) julie.scattergood@wales.nhs.uk - Sister, Aneurin Bevan Health Board, Ysbyty Ystrad Fawr Hospital, Wales. julie.scattergood@wales.nhs.uk

Elena Strinati - Staff Nurse, Aneurin Bevan Health Board, Ysbyty Ystrad Fawr Hospital, Wales.

Liz Lewis - Area Sales Manager, Advancis Medical.

Trudie Young - Director of Education and Training, Welsh Wound Innovation Centre.

Introduction

This 92-year-old male patient fell in September 2012 and sustained a wound to his forehead. The wound did not show the usual signs of healing and the GP suspected squamous cell carcinoma (SCC). In November, an urgent dermatology referral was made as the wound was increasing in size and depth. A biopsy was taken in May 2013, with the result confirming a diagnosis of SCC and the patient was referred to the maxillofacial unit. In July 2013, the carcinoma was removed and a skin graft applied, which unfortunately did not take. The patient continued to visit the maxillofacial unit three times a week and various silver dressings were applied. In March 2014, the patient's care was transferred to his local community hospital and dressings continued to be applied as suggested by the maxillofacial unit. In April 2014 the patient was reviewed by the tissue viability nurse and the outpatient wound care leads. The wound had now been non-healing for 10 months, was prone to bleeding and gelatinous in appearance. The patient felt self-conscious due to the constant presence of a wound dressing on his forehead.

Mr Lewis' co-morbidities:

Prostate cancer
Osteoporosis
Moderate Left Ventricular Dysfunction – has a heart pacemaker
Hypercholesterolaemia
Hypertensive

Method

Following review by the tissue viability nurse and outpatient wound care leads, a silver dressing was applied for a further two weeks. However, as there was little response, the patient and his wife started looking for alternative treatments and with the support of the team asked the GP to prescribe a collagen wound dressing, which was applied for a subsequent two weeks. This dressing donated an increased amount of silver to the wound bed than the previously used silver dressings.

After another month there appeared to be little improvement and, therefore, a biopsy was requested to check for any residual/recurrent carcinoma.

In May 2014, the team decided to start treatment with Actilite® (Advancis Medical; 99% Manuka honey, 1% Manuka oil) to prevent infection while waiting for the biopsy result. This result showed no evidence of any cancer cells. After two weeks of using Actilite®, the decision was made to change to Algivon Plus® (Advancis Medical; 100% pure Manuka honey-impregnated alginate-based dressing, comprising 60% calcium alginate and 40% Tencel), as the dressing has more honey impregnated than Actilite® and it was felt that this might accelerate the healing process. The range of honey



dressings were listed on the health board formulary. The Advancis Medical company representative provided education and training to the clinical staff, the patient and his wife on Actilite® and Algivon Plus® Manuka honey dressings, which included the mechanism of action and method of application and removal. The patient was seen weekly for dressing changes and monitoring of the wound's progress at the hospital outpatient department by the outpatient wound care leads and the tissue viability nurse. During this period, the wound was redressed twice-weekly, with the patient's wife completing the interim dressing changes.

Results

After two weeks of using Actilite®, the wound responded and appeared to be reducing in size and was less gelatinous and red in appearance. Further noticeable improvements were seen soon after changing to Algivon Plus®. The wound's margins reduced further; granulation tissue was evident and there was no bleeding at dressing change. In early August 2014, after eight weeks of treatment with Manuka honey dressings, the wound healed and the patient was discharged (Figures 2–8).

Discussion

The collaboration of the outpatient clinical staff, tissue viability specialist nurse and company representative resulted in a positive outcome for this patient. He and his wife were wholly engaged with their treatment plan and with every dressing change felt buoyed by the improvements they could see in the condition of the wound. They found the honey dressings easy to apply.

The patient was delighted with the outcome and has an improved quality of life now that his wound has healed and his face is dressing-free. This demonstrates the effectiveness of team-working, especially when the team extended beyond the healthcare personnel. Actilite® and Algivon Plus® Manuka honey dressings were well-tolerated, cost-effective and accelerated healing of this chronic wound.

Conclusion

This case report demonstrates how collaborative working took an individual with a chronic wound that had been non-healing for just under two years to healed within eight weeks. At times, it is healthcare personnel that undertake decisions regarding wound management, however, in this case, the patient and his wife were equal partners in the care process and decision-making. The support from the industrial colleague was essential to ensure all were educated in the correct and optimal use of honey dressings. The patient's quality of life was positively affected, not only through the healing of the wound, but by being involved in its treatment.

Advancis Manuka honey in the treatment of a fungating tumour

Caroline Farrant, Wound Care Specialist Nurse, South Wiltshire Primary Care Trust (SWPCT)

There have been few studies in the UK which have accurately identified the number of patients treated with this type of wound, but according to Thomas (1992) patients with these wounds prove to have significant problems not least the issue of morbidity or burden on NHS resources.

The management of this type of wound is usually considered to be palliative (Grocott 1997) with goals of care aimed at providing a realistic quality of life and symptom control.

For clinicians finding dressings that have the capabilities of dealing with the complexities of these wounds (Grocott 1995) is an ongoing issue.



This study is aimed at evaluating the use of Activon Tulle® (Advancis Medical); a gauze tulle with Manuka honey, as a primary dressing with an absorbent secondary pad (Eclipse®

- Advancis Medical). Whilst the nursing assessment was based on Roper's (1985) Activities of Living, this study will concentrate on the wound care aspect and the management of odour and exudate.

Jason is a 39 year old gentleman who was originally diagnosed with non-Hodgkin's lymphoma in 1994 following numerous

operations for a non-healing abscess on his buttock which when biopsied finally confirmed the diagnosis. In the following years he had courses of radiotherapy and trips to London for various alternate treatments which also included the policies of the Bristol Cancer Centre (dietary and relaxation). He had declined any offer of chemotherapy.

Jason's disease had progressed to lymphoedema of his left arm, a large fungating tumour on his left shoulder and multiple dry cutaneous lesions on his left lateral chest wall, left arm and around his left shoulder when he was referred to the district nurse team. He had declined referral to the local hospice and palliative care team and following admission for IV (intra-venous) antibiotics for an episode of AIE (Acute



Inflammatory Episode) of his lymphoedema declared he would not have any further antibiotics.

On examination he was found to have an excess of dry scales over his anterior chest wall, areas of erythema, multiple small lesions, grade II lymphoedema and a grade III lesion with a large area of devitalised tissue, copious exudate and odour. He was pale and cachectic but denied being anaemic, the slightest exertion caused shortness of breath and he appeared weak and tired.



The tumour and lymphoedema had caused obvious distortion and subluxation of his left shoulder causing physical problems with movement and dressing. Initially his treatments consisted of arhydrofibre, a carbon pad a silver impregnated charcoal dressing, surgipads (20cm x 40cm) x six a day, and tubifast (a haemostat was available if bleeding should occur)

but it was obvious that these dressings did not have the capacity to contain or manage the wound exudate or odour. On consultation Jason denied pain completely, but he was never able to tolerate any compression even crepe for his lymphoedema. He stated that the odour and exudate were to him the most distressing problems.

He then requested that honey be tried. Collier (1997) suggests that it is important to ensure that individual needs and wishes are addressed to promote autonomy and quality of life.

Continued...

Advancis Manuka honey in the treatment of a fungating tumour

Activon Tulle® (supplied by Advancis Medical) was therefore applied with an absorbent pad as a secondary dressing (Eclipse® supplied by Advancis Medical). Jason's dressings continued to be changed daily. The dry crusts were treated with Dermol 600 and Dermol 500. Jason although asked verbally denied any drawing or stinging sensation when the Activon Tulle® was applied. Despite the location of the tumour the dressing was easy to apply and easy to remove. Although observations have recorded that honey poses problems when liquified (Lawrence 1999). Initially on dressing change Jason would look ill and turn away although he denied feeling nauseated. Both Jason and the district nurse team scored the odour on assessment as strong despite the use of carbon. After one week the odour score was

down to moderate and within the second the odour score went from slight to no odour. For Jason it enabled him to feel part of his family again and not feel ashamed. During the second week the wound had self debrided and exudate management continued to improve using Eclipse®. From six surgipads (20cm x 40cm) per day the padding was reduced to one - the Eclipse®. This was held in place using a made to measure retention vest (available from SDH) which Jason could manage despite his physical problems. No maceration was noted and it was felt that without the Eclipse® dressing changes would have increased to two/ three times a day.

This final thought can only begin to sum up what it must be truly like to live with this disease 'Can we begin to imagine what it must feel like for a patient to see part of his or her

own body rotting and to have to live with the offensive smell from it, see the reaction of visitors (including doctors and nurses) and know that it signifies a larger irrefutable death (Dyle (1980).

References

- Sincere thanks to 'Jason' and his family, and the district nurse teams of Downton / Whiteparish surgeries, South Wiltshire FCT and Locking Hill Surgery in Stroud, Cotswald & Vale FCT
Dressings supplied by Advancis Medical.
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- Thomas S, 1992. Current Practices in the Management of Fungating Lesions and Radiation Damaged Skin. Bridgend: Surgical Materials Testing Laboratory

The use of Activon Tube® & Actilite® on a paediatric burn

Sharon Donnelly – Sister Paediatric Practice Development, Burns & Plastic Surgery

Introduction

Many advances have been made in the management of burn injury in the past decade. Improvement of the wound healing environment with the use of honey dressings has greatly improved the healing of burn wounds. The case study demonstrates the use of m Activon Tube® & Actilite® (Advancis Medical) and how this addressed the patient's needs whilst recognising clinical objectives.

Patient and wound

A 6 year old girl was admitted with a 2% flae burn to the right side of her neck and face. She had been at her grandparent's garden earlier that evening when a firework exploded in a sideways direction towards her. This ignited her coat and she sustained mixed depth burns to her neck and face.

On initial assessment she was found to have a large white area which was insensate and leathery (see fig 1). This area was surrounded by erythema. An anaesthetic review ruled out an airway injury and antibiotics commenced.



Fig 1

On day 3 post burn the wound was reviewed again. A Lazer Doppler image indicated low blood flow to the centre of the wound (see fig 2) and the decision was made to skin graft. Unfortunately the little girl developed a cough and theatre was delayed for 5 days. During this time Activon Tube® was applied to the wound.

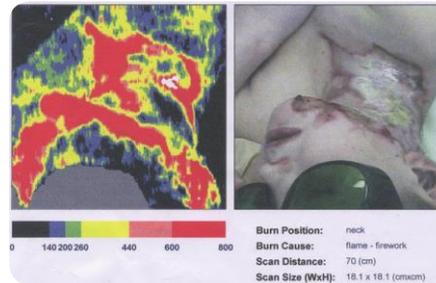


Fig. 2

When the child was clinically well the burn was debrided and a sheet graft was applied. The graft was reviewed at day 5 post surgery (see fig 3) and a further dressing using Actilite® was applied until fully healed at day 7.



Fig. 3

Clinical objectives

- Restore skin barrier
- Prevent infection
- Reduce painful dressing procedures

Challenges in wound management

- Patient comfort
- Location of the wound
- Reduce frequency of dressing changes

Benefit

- Less traumatic to the child at dressing changes
- Easy to apply
- Dressing maintained function and mobility

Conclusion

The goal of burn injuries in children is to prevent infection, limit painful dressings and promote healing. Activon Tube® and Actilite® dressings achieved this.

The use of Activon Tube[®] on a Neonatal abdominal wound

Bernadette Reda - Neonatal Surgical Liaison Nurse, Birmingham Children's Hospital

Introduction

In paediatrics, surgical wound infections rarely require intervention and heal well with minimal scarring, however in the pre-term neonatal population, there are many factors which may adversely affect the healing process. This case illustrates the management of an abdominal wound in the context of prematurity, poor lung function, infection and poor nutrition.

A baby boy born at 29+1 weeks gestation, weighing 1086g was transferred to a paediatric surgical centre at five and a half weeks of age (corrected age 34+5) with a diagnosis of intestinal obstruction. At laparotomy, with an upper transverse incision, a milk curd, obstructing the distal ileum, was identified. Enterotomy was required to remove the obstruction and a right inguinal hernia was repaired at the same time.

Case Study

The laparotomy wound was closed with internal sutures and external steri-strips. The patient was transferred to the Neonatal Intensive Care Unit post operatively.

Day 5 post-op

Ventilation deteriorating, due to right side consolidation.

Abdomen distended, tender, bilious nasogastric aspirate.

Abdominal x-ray was reported as normal.

Bowels were opened.

Laparotomy wound intact.

Temperature 37.4°C

Drug therapy: antibiotics and analgesia.

Day 6 post-op

Ventilation improved, oxygen requirement reduced.

Abdomen less distended and less tender.

Minimal nasogastric aspirate and bowels continued to open.

Wide spread general oedema.

Apyrexial.

Abdominal wound: Steri-strips removed, surrounding skin erythematous, superficial dehiscence and exudate present. Abdomen immediately below wound very firm. Wound left exposed.

Drug therapy: antibiotics changed in response to sensitivity results. Endotracheal tube swabs grew E. Coli.

Day 7 post-op

Extubated, self ventilating in air.

General oedema reduced.

Abdomen: reduced erythema and no distension.

Abdominal wound: shallow cavity with slough on right side.

The aim of wound management was to remove slough and exudate, encouraging healing from the base of the cavity and restoring the skin barrier. The concern was that the dehiscence would continue along the length of the whole wound.

The challenge was to use a dressing which could be instilled into such a small area effectively (small in actual terms but large in relative terms as the patient weighed 1600g at this stage) and at the same time protecting a wound in such close proximity to the nappy area. Pain relief was also important before dressing changes.

Initial wound management

Hydrogel instilled into cavity, and covered with a secondary Hydrocolloid dressing. This has been our practice for infected surgical wounds. Our protocol is to seek advice from a Bacteriologist for appropriate antibacterial therapy and the Tissue Viability Team in difficult cases.

Paracetamol given before dressing changes.

Daily dressing changes for 16 days.

Day 20 post-op



Day 23 post-op

New small cavity left side of wound observed and a larger cavity right side of wound.

Minimal granulation, slough present, erythema. Subcutaneous sutures visible.

Wound swab – normal skin organisms.

Treatment changed to Activon[®] Manuka honey, covered by a secondary low adherence silicone dressing.

Daily dressing changes for 3 days.

Continued...

The use of Activon Tube[®] on a Neonatal abdominal wound

Day 24 post-op



Reduction in size of cavities and area of erythema. No slough. Granulation progressing. Parents report no paracetamol needed for dressing changes since using low adherence dressing.

Day 25 post-op



Day 26 post-op

Dressing changes reduced to every 2 days.

Day 28 post-op



Cavity left side healed. Cavity right side granulating. No slough.

Visible suture removed.

Short course Flucloxacillin to aid healing.

Blood parameters and glucose levels normal.

Dressing changes reduced to every 3 days.



Day 29 post-op

Discharged home. Parents changing dressings with continuing support from Community Nursing Team.

The patient initially received parenteral nutrition via a peripherally inserted central line until full enteral feeds of breast milk were established by day 14 post-op. Weight gain remained poor throughout the healing process. Additional oral sodium chloride was given to improve nutritional support as the urine sodium was low.

Conclusion

This was a difficult abdominal wound to manage in a pre-term baby with poor growth and post-op chest infection. Wound healing delayed discharge. Initially for 2 weeks the wound deteriorated with our usual wound management. On post-op day 23 the wound product was changed and on day 26 a marked improvement was seen. The frequency of dressing changes was reduced and by post-op day 29 the wound was sufficiently healed to enable the patient to be discharged home, with parents managing the dressing changes.



Types of Wounds

- ✓ Leg ulcers
- ✓ Pressure ulcers
- ✓ Diabetic ulcers
- ✓ Fungating lesions
- ✓ Complicated surgical wounds
- ✓ Burns
- ✓ Infected wounds
- ✓ Cavity wounds

Types of Wounds

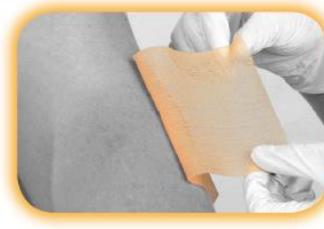
Wound dressing selection guide



Type	Necrotic	Sloughy	Granulating	Epithelialising	Infected / Odorous
Aim	Debride <small>(If wound is dry and escharotic, seek advice before re-dressing)</small>	Remove slough	Promote granulation	Maintain moist environment	Reduce bacterial load / Eliminate odour
Product	Algivon® Algivon Plus® Algivon Plus Ribbon® Actlvon Tube®	Algivon® Algivon Plus® Algivon Plus Ribbon® Actlvon Tube®	Actillite Protect® Actlvon Tulle® Actillite®	Actillite Protect® Actillite®	Algivon® Algivon Plus® Algivon Plus Ribbon® Actlvon Tube® (if available) Actillite® (if available)

* Because of the osmotic nature of honey be aware that liquid can be drawn from the wound and this needs to be managed effectively with an appropriate secondary dressing, such as the *Ectypor*® range of super-absorbents

* pure manuka honey has no known bacterial resistance so therefore can be used to topically treat all infected wound types



FAQ

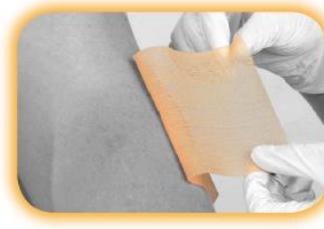
✓ Do honey dressings increase wound exudate?

✓ Does it sting on application?

✓ What secondary dressing do you recommend?

✓ Can you use Activon Manuka Honey on diabetic patients?

Activon Manuka Honey range



FAQ

✓ Do honey dressings increase wound exudate?

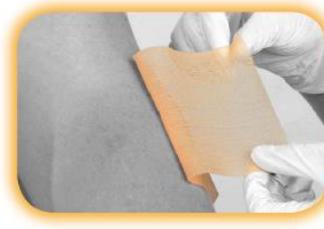
Yes, this is due to osmotic action which is an important and integral part of how honey works. Ensure secondary dressing can cope with the increased exudate level. The high level of exudate should subside after time.

✓ Does it sting on application?

✓ What secondary dressing do you recommend?

✓ Can you use Activon Manuka Honey on diabetic patients?

Activon Manuka Honey range



FAQ

✓ Do honey dressings increase wound exudate?

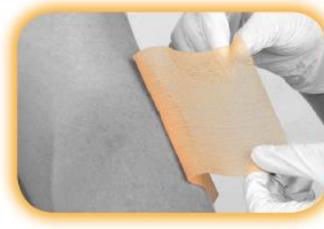
✓ Does it sting on application?

A minority of patients report a stinging pain upon application. This is due to the acidic nature of honey. It is not indicative of damage and should wear off in a few hours once the nociceptors/nerve endings have adjusted to the change in wound pH.

✓ What secondary dressing do you recommend?

✓ Can you use Activon Manuka Honey on diabetic patients?

Activon Manuka Honey range



FAQ

✓ Do honey dressings increase wound exudate?

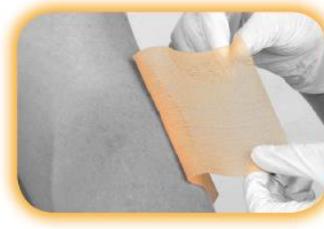
✓ Does it sting on application?

✓ What secondary dressing do you recommend?

It depends upon the level of exudate. Low to moderate exuding wounds we recommend the Advazorb® range of foam dressings. For medium to high exudate, we recommend Eclipse® super absorbent dressings.

✓ Can you use Activon Manuka Honey on diabetic patients?

Activon Manuka Honey range



FAQ

✓ Do honey dressings increase wound exudate?

✓ Does it sting on application?

✓ What secondary dressing do you recommend?

✓ Can you use Activon Manuka Honey on diabetic patients?

Yes, there are no reports of our honey affecting blood sugar levels. We do advise monitoring patients with diabetes¹.

¹Kirby P et al (2009) Do honey impregnated dressings affect glycaemic control. *The Diabetic Foot Journal*, Vol 12, No 4

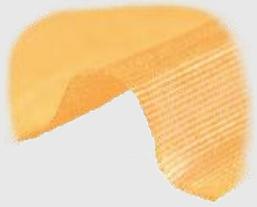
Activon Manuka Honey range



Activon[®] Manuka Honey range

Wound healing as nature intended

- ✓ Actilite
- ✓ Algivon
- ✓ Algivon Plus & Algivon Plus Ribbon
- ✓ Activon Tube
- ✓ Activon Tulle
- ✓ **NEW!** Actilite Protect



Actilite®

Non-adherent viscose net dressing coated with 99% Manuka hone and 1% Manuka oil

- **Light, flexible, low profile knitted net dressing ideal for use under compression**
- **Lower concentration of honey reduces potential for initial drawing sensation**
- **Can be used in combination with TNP**
- **Non-adherent, reducing pain and trauma**
- **Can be cut or folded to the shape of the wound**
- **Lightweight versatile dressing solution to be used when there is a clinical sign of infection and to prevent re-infection**



Algivon®

Alginate dressing impregnated with 100% Manuka honey

- **The only absorbent alginate dressing delivering 100% pure Manuka honey**
- **A totally natural broad spectrum antimicrobial dressing**
- **Efficient debridement solution for sloughy and infected wounds**
- **Slower, sustained release of honey reduces pain sensation experienced by some patients**

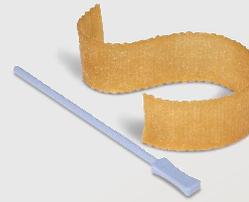
Back to Activon range



Algivon Plus®

Reinforced alginate dressing
impregnated with 100% Manuka honey

- ✓ **Anti-bacterial – kills harmful bacteria**
- ✓ **Anti-inflammatory**
- ✓ **Eliminates odours without masking them**
- ✓ **Osmotic effect, drawing harmful tissue away from the wound bed**
- ✓ **Maintains the ideal moist wound healing environment**
- ✓ **Ability to absorb exudate**
- ✓ **Reinforced to maintain dressing integrity**

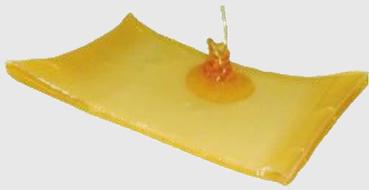


Algivon Plus Ribbon®

Reinforced alginate ribbon
impregnated with 100% Manuka honey

- ✓ **Anti-bacterial – kills harmful bacteria**
- ✓ **Anti-inflammatory**
- ✓ **Eliminates odours without masking them**
- ✓ **Osmotic effect, drawing harmful tissue away from the wound bed**
- ✓ **Maintains the ideal moist wound healing environment**
- ✓ **Ability to absorb exudate**
- ✓ **Reinforced to maintain dressing integrity**
- ✓ **Shaped to fit easily and effectively within cavities and sinuses**

Back to Activon range



Activon Tulle®

Knitted viscose mesh impregnated with 100% Manuka honey

- ✓ **Activon Tulle® is a 2 in 1 sterile dressing; Manuka honey with a primary dressing**
- ✓ **Allows exudate to pass through the dressing on wounds with low to moderate levels of exudate**
- ✓ **Can be cut to size, increasing patient comfort and resulting in better peri-wound skin condition**
- ✓ **Can be placed on the wound either side up, eliminating incorrect dressing application**



Activon Tube®

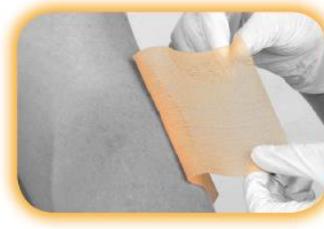
100% Medical Grade Manuka honey

- ✓ **Contains 100% pure Manuka honey with no additives**
- ✓ **Deodorises wounds, positively impacting on a patient's quality of life**
- ✓ **Maintains a moist wound healing environment, facilitating faster healing of chronic wounds**
- ✓ **Does not absorb into the blood stream, meaning it can be safely used on diabetic patients**
- ✓ **For best results, use in conjunction with a secondary dressing, in particular the [Eclipse® super absorbent](#)**

Back to Activon range



New Product



The need for a post-surgical dressing

In the UK approximately 11 million surgical procedures performed annually

- Infection rates vary greatly between different types of surgery
- 0.6% to 0.8% after knee and hip prosthetic surgery
- 10.1% and above for surgery involving the bowel or limb amputation

An SSI can have a considerable impact in many areas:

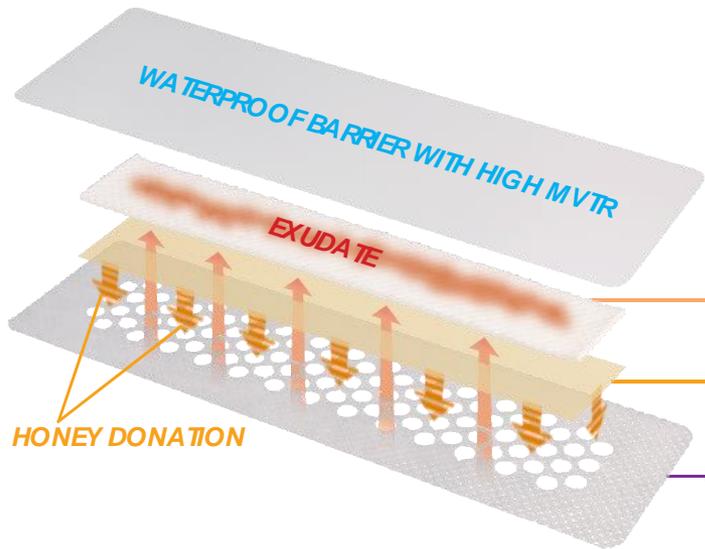
- A patient's quality of life
- Carry a higher risk of morbidity and mortality
- Lead to a prolonged hospital stay or rehospitalisation with greater use of healthcare resources and higher costs.
- Based on an SSI rate of 5%, NICE (2008) estimated each episode to cost £3500, and
- the overall cost to the NHS of managing SSIs to be around £700 million per year

Actilite Protect[®]

The first time 3 dressings have been combined



Actilite Protect[®] offers the benefit of 3 effective, well known, trusted products - combined into one new unique dressing:



Foam – a patient friendly absorbent dressing for light to medium exudate

Manuka Honey – nature's effective antimicrobial & wound healing creation

Silicone – an atraumatic wound contact layer for pain free removal

- The Activon Manuka Honey[®] is presented in a dry matrix, which gels when in contact with exudate. The resulting gel then interacts with the wound delivering the antimicrobial properties of the honey
- 10mm holes that allow the 2-way transfer of the benefits of Manuka Honey on to the wound and exudate back up into the foam layer
- 3.5mm foam layer providing increased absorbency and reducing frequency of dressing change
- Wide range of sizes – 10x10cm, 10x15cm, 10x25cm and 10x35cm
- Wider silicone adhesive borders providing secure dressing fixation, whilst being gentle on surrounding skin

[Back to Activon range](#)

[Click here for more](#)



Competitor to Actilite Protect

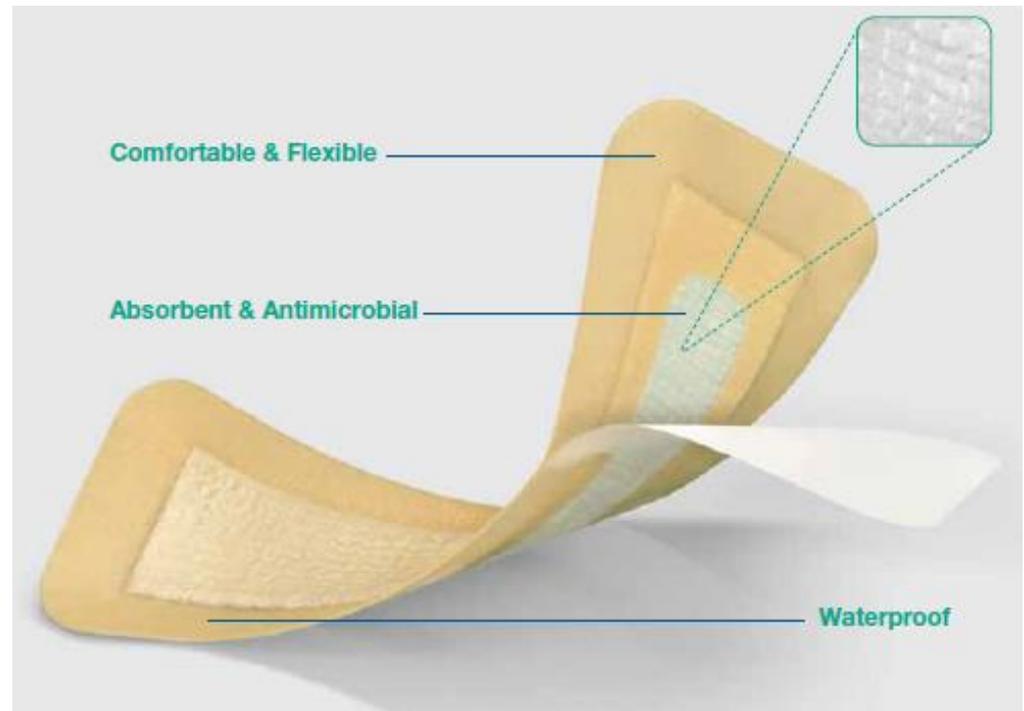


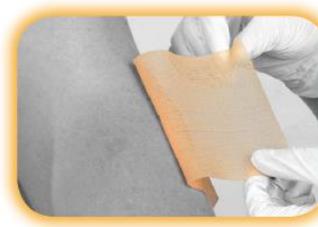
AQUACEL® Ag SCD

what they say...

"...with ionic silver is indicated for moderate to high exuding wounds that are infected or at risk of infection."

"Combining flexible, skin-friendly hydrocolloid technology; patented, microcontouring, Hydrofiber® technology with ionic silver; and waterproof polyurethane film, AQUACEL® Ag SCD helps improve outcomes by creating an optimum healing environment and providing broad-spectrum antimicrobial activity."





AQUACEL® Ag SCD Features and benefits

	AQUACEL® Ag SCD
Silver-impregnated	✓
Sustains antimicrobial activity for up to 7 days	✓
Waterproof	✓
Fully occlusive	✓
Hydrofiber® technology	✓
Micro-contours to wound bed, locking in fluid and sequestering bacteria	✓
Responds to changing wound conditions by forming a cohesive gel	✓
Proven to reduce PJI by 76% vs standard dressing	✓

Features	Benefit
Hydrocolloid technology ^x	Provides comfort and flexibility
Hydrofiber® technology	Micro-contours to wound bed, eliminating voids where bacteria can grow; locks in wound exudate and removes it from wound bed
Ionic silver infusion	Releases ionic silver in a controlled manner, providing sustained antimicrobial activity for up to 7 days
Polyurethane film	Creates a waterproof barrier that helps prevent viral and bacterial infection



Activon® Manuka Honey is a natural alternative to the more common wound therapies such as silver, with none of the perceived challenges that silver products face today, such as their cost-effectiveness, lack of efficacy and concerns around their safety and resistance.

- Thank you for listening -