



Day 0:

This 91 year old lady lived independently with her nephew. She had developed leg ulcers over a period longer than 6 months. The ulcers had become progressively worse over several weeks. The level of exudate and pain had become so severe that she had to be admitted to hospital to care for the ulcer.

The wound measured 15 cm x 5 cm x 0.3 cm and was infected with 50% of the wound colonized green.

Day 11 - 14:

By day 11 following routine Surgihoney applications the ulcers were much improved and were epithelialising well. There was no odour, no slough and the pain was much reduced. The infection was eliminated. The wound had reduced in size to 10 cm x 5 cm x 0.2 cm. The lady was discharged home on day 14.

Her admission to hospital was solely due to her ulcers. Treatment had been very simple involving routine application of Surgihoney. If Surgihoney had been used her ulcer could have been managed entirely in the community, freeing a hospital bed (14 days in total: institute.nhs.uk standard cost at £ 225/day - total £ 3,150) and reducing the risks, stress and discomfort of the hospital admission to the patient.



Day 0



Day 14



Clinician: Dr. Matthew Dryden. Patient (MD CB): 32 year old woman with critically infected leg ulcer.

Day 0:

This 32 year old woman suffered from poorly controlled diabetes. The patient had fallen and fractured her heel (calcaneum bone). Orthopaedic surgeons had inserted a pin to stabilise the fracture but this developed to an infection of the bone (osteomyelitis). The result was a breakdown in soft tissue and a large ulcer in the heel that had developed over a month. There was a large infected cavity that extended right down to the calcaneum bone with the wound measuring 9 cm x 8 cm x 2 cm deep. In the cavity was slough and pus. 10 % of the wound was colonised green that swab analysis revealed mixed *Coliform* and *Pseudomonas spp*. The lead clinician's view was that the patient was very likely to have her foot amputated and surgery time had been booked. The patient was very distressed about this prognosis and depressed about having to stay in a hospital bed with the associated disruption to her normal lifestyle. The outcome looked pretty bleak for her foot.

The patient readily agreed to Surgihoney treatment and the decision was made to combine this negative pressure treatment as well. This was the first time that Surgihoney had been used with a negative pressure dressing. Surgihoney was held in place with a foam dressing and changed every 48 hours. No antibiotics or analgesics were used.

Day 14:

By day 14 the wound had dramatically improved. The cavity had filled out with healthy granulated tissue. The microbial load had been reduced to scanty skin flora. Surgihoney continued to be applied at the rate of 1 sachet (10 g) every dressing change. The patient was sufficiently recovered to go for successful skin flap surgery. The patient was delighted with the positive result, and hugely relieved at the outcome and her rapid return to normal life, especially considering the likely alternative had been foot amputation.



Following skin flap surgery