



Clinician: Dr. Matthew Dryden. Patient (5996301 jw): 77 year old male with chronic, large, long term, heavily infected, ischaemic ulcers.



Day 0:

The 77 year old male patient had severe peripheral vascular disease. He had been a heavy smoker for many years. He had poor lung function with chronic bronchitis and some degree with emphysema. His main problem however was large ischaemic ulcers on his legs brought on by poor blood supply. He had been a patient of the vascular surgery team for a number of years. The leg ulcer had developed over a 6 to 12 month period.

The vascular team had had considerable trouble finding any method of sorting out his ulcers. They were trying to clear the ulcer by bed rest and conventional treatment. The patient was very frustrated being in hospital and being bed bound awaiting some sort of healing or the possibility of amputation.

The wound was heavily colonised with Coliforms and *Pseudomonas aeruginosa*. There was a lot of green slough associated with the *Pseudomonas* infection together with the presence of green pus. There was mild pain. The ulcer was treated with Ben Pen and Clindamycin during the first 4 days of treatment with Surgihoney.

Day 4:

The wound was static with the swab continuing to show mixed Coliform and *Pseudomonas* infection. However there was a marked change in the visual appearance of the ulcer with the infection showing a startling colour change from deep green to fluorescent lime. The *Pseudomas* bacteria disliked the presence of Surgihoney which caused the colour change by pyocynin production.



Day 7 - Endpoint: Patient Discharged

The ulcer had improved to the point that the patient was ready for discharge from hospital. All the green slough had gone and the wound bed showed healthy granulation. The *Pseudomonas* infection was minimal. Antibiotic treatment had been discontinued although Surgihoney applications continued until the patient was discharged.



Day 11 - Postscript

After the patient was discharged continued application of Surgihoney was stopped and a greenish tinge re-appeared in the ulcer suggesting a return of the *Pseudomonas aeruginosa*. A care programme was set up with the family and the community staff to redress the ulcer with Surgihoney as often as possible to prevent re-admission to hospital. This strategy has been successful.