



Clinician: Dr. Matthew Dryden. Patient (3114416 bs): 31 year old male with critically infected leg amputation site.

Day 0 to 3: The patient was hospitalised from day 0 to 3. This 31 year old serving soldier had a serious motorbike accident with major trauma to his left lower leg. Unfortunately the leg could not be saved and he underwent a through knee amputation. There was slow healing of the stump post operatively. This kept the patient in hospital and delayed his rehabilitation. He was left with an open, malodorous ulcer of one half of the wound. Aside from amputation and critically infected wound, patient was a healthy fit male.

The infection was *Streptococcus Group B* infection and the wound was mildly painful. Surgihoney was applied daily with no antibiotics or analgesics.

By day 3 the wound had significantly improved. There was less slough and the anaerobic odour was resolved. The patient was ready to go home once OT and physiotherapist were happy.

Day 5 to 19:

As Outpatient. The patient was very motivated to get improvement in the lesion, to get out of hospital and commence rehabilitation training. He was assiduous in ensuring that the Surgihoney was applied daily. He noticed a rapid reduction in the offensive smell of the wound. This was followed by progressive healing with removal of the slough, granulation of the deep soft tissue and epithelialisation. He was able to get out of hospital quickly and onto the rehabilitation programme in Headley Court. He has kept in close touch. After active training at Headley Court there has been some bleeding at the stump. Dr Dryden recommended continuing with daily Surgihoney dressing. The patient has remarked that the rehabilitation staff at Headley Court agree with this approach and have their own supply of Surgihoney. We are keen to ensure that Surgihoney honey is used and so will supply him with this.

Swab at day 19 showed only skin flora, with the *Streptococcus Group B* +++ infection eliminated.





#### Day 0 to 4:

This baby who was a few months old developed a twisted bowel and was admitted to the paediatric surgical unit in Oxford. Some necrotic bowel had to be excised and the health ends were anatomised. Post operatively the baby developed inflammation in the lateral portion of the wound and methicillin resistant *Staphylococcus aureus* (MRSA) was isolated from the wound. The low grade inflammation did not warrant giving antibiotics and so local topical antiseptics was suggested. The baby was in the paediatric ward in Winchester being barrier nursed. Unfortunately the mother had mental health problems and was also requiring in patient care in the psychiatric unit.

Surgihoney topical treatment was commenced and by day 4 the clinician reported wound improvement.

#### Day 5 to 11:

The wound remained slightly inflamed and MRSA continued to be isolated. When the baby was reviewed by the Infection Team, the disappointing results were noted and it was decided that if there was no improvement in 24 hours, Surgihoney would be discontinued and an alternative topical agent, possibly with systemic antibiotics would be started. However on closer investigation, we found that the consultant who had been asked to apply the Surgihoney, was given the dressing and a small tube of Medihoney instead. The nurses on the ward had been mistakenly using Medihoney from pharmacy rather than the evaluation Surgihoney since day 3. Once this was identified, treatment was switched back to Surgihoney and clear instructions to apply this daily were given.

#### Day 12 to 19:

Surgihoney was applied daily. By day 19 the wound had completely healed and MRSA was no longer detected on swabbing. The baby was transferred from the acute ward to be with his mother in the Mother and Baby Psychiatric Facility. Surgihoney was continued for a few more days as a cautionary step.

