



Deep traumatic wound that had become critically infected

Dr. Jill Brooks

The SurgihoneyRO™ team were interested in assessing the effectiveness of SurgihoneyRO™ in the much tougher clinical conditions of Sub Sahara and developing a product that could become a global wound care solution in regions of the world with the very best clinical care to the poorest and least resourced regions where many factors make wound repair very difficult.

This young woman in Uganda had suffered a traumatic wound a month prior arriving at the hospital for treatment. On referral the wound was painful, deep and heavily infected. Unless the infection could be controlled the woman would lose her hand.

One principle attraction of SurgihoneyRO™ is the simplicity of its use. SurgihoneyRO™ was applied every other day on a simple dry gauze dressing.



Wound: day 1



Wound: day 12

By day 12 significant improvement in the wound condition was recorded. The critical bacterial infection was eliminated and healthy new tissue development was occurring. No antibiotics had been used. Apart from the routine use of SurgihoneyRO™ the only additional medication given to the patient was the analgesic Diclofenac, a strong pain killer.



Wound: day 64

As the wound continued to repair, SurgihoneyRO™ was applied every 3 days to prevent any risk of re-infection and to provide therapeutic stimulation to accelerate healing.

By day 64 the wound had completely healed. The young woman could return to a normal life rather than spending the rest of her life maimed and marginalized.