



## Critically infected leg amputation site

Dr. Matthew Dryden

### Introduction

This 31 year old serving soldier had a serious motorbike accident resulting in major trauma to his left lower leg.

Unfortunately the leg could not be saved and he underwent a through knee amputation. Slow healing of the stump post operatively kept the patient in hospital and delayed his rehabilitation. He was left with an open, malodorous ulcer on one half of the wound. Aside from amputation and critically infected wound, the patient was a healthy and fit male.



### Day 0 to 3

The patient was hospitalised from day 0 to 3. The infection was *Streptococcus* Group B and the wound was mildly painful. SurgihoneyRO™ 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 occupational therapist and physiotherapist were happy.



### Day 5 to 19

As an 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 SurgihoneyRO™ 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 a rehabilitation programme. After active training during the programme there had been some bleeding at the stump. Dr Dryden recommended continuing with daily SurgihoneyRO™ treatment.

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