



## Critically infected leg ulcer

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A 32 year old woman suffering from poorly controlled diabetes had fallen and fractured her heel (calcaneum bone). Orthopaedic surgeons 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 which had developed over a month.

There was a large infected cavity that extended right down to the calcaneum bone with the wound measuring 9cm x 8cm x 2cm 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.



### Day 0

The patient readily agreed to begin using SurgihoneyRO™ and the decision was made to combine use with negative pressure treatment as well. This was the first time that SurgihoneyRO™ had been used with a negative pressure dressing. SurgihoneyRO™ 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 with healthy granulated tissue and the microbial load had been reduced to scanty skin flora.

SurgihoneyRO™ continued to be applied at the rate of 10g every dressing change. The patient was sufficiently recovered to go for successful skin flap surgery.

### Following skin flap surgery

The patient was delighted with the positive result, and hugely relieved at the outcome and her rapid return to normal like, especially considering the likely alternative had been foot amputation.