



Chronic, long term, heavily infected, ischaemic ulcers

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A 77 year old male patient who had severe peripheral vascular disease. He had been a heavy smoker for many years, had poor lung function with chronic bronchitis and some degree with emphysema. The large ischaemic ulcers on his legs were 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 - 12 month period.

The vascular team had considerable trouble finding any method of managing 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 SurgihoneyRO™.



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. *Pseudomonas* bacteria dislike the presence of SurgihoneyRO™ 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. *Pseudomonas* infection was minimal. Antibiotic treatment had been discontinued although SurgihoneyRO™ applications continued until the patient was discharged.



Day 11 - Postscript

After the patient was discharged application of SurgihoneyRO™ was stopped and greenish tinge reappeared 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 SurgihoneyRO™ as often as possible to prevent re-admission to hospital. This strategy has been successful.