

The use of Activon® Manuka honey on a burn to the lower leg

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Introduction

The patient is an 88 year old gentleman that collapsed at home and was laid in front of fire for up to 12 hours (unwitnessed). He has a history of depression and hypertension. He often has some help from elderly cousins and also receives meals on wheels.

On admission 16.08.10

On admission the patient was dehydrated and confused. He was informed that amputation might be a likely outcome, however the patient was not able to give informed consent for this.

Surgery

On the 25.08.10 the burn tissue was debrided and the wound was dressed with Activon® Tube and Telfa Clear.

Dressing changes were being made daily and the patient underwent microbiological screening. His bloods were taken and he received counselling but was still unwilling to give consent for amputation. Therefore the use of Activon® Tube and a non adhesive dressing continued. The knee became more necrotic however the rest of the wound remained clean in appearance and non-odorous.



White Blood Cell Count	(109/l)
16.08.10 (on admission)	13.08
17.08.10	8.5
18.08.10	7.7
20.08.10	10.05
27.08.10 (post operative)	14.6
08.09.10 (discharge)	6.7

Microbiology

16.08.10 (admission)	Bacillus isolated
19.08.10	Bacillus isolated
24.08.10	Bacillus isolated
25.08.10	(A Left, above knee amputation was performed and the stump suture line dressed with Activon® Tube)
29.08.10	No Growth
31.08.10	No Growth
03.09.10	No Growth

The patient received short term rehabilitation on the ward following the above knee amputation. He was then transferred to a local hospital for ongoing rehabilitation and 'limb fitting' referral. This was followed up in a scar review and consultant clinics.



Clinical objectives

- Prevent local Infection leading to systemic sepsis.
- Allow time to counsel patient to give informed consent for appropriate surgery.
- To spare as much viable tissue as possible.
- To protect remaining limb function.

Challenges in wound management

- Pain
- Sepsis
- Protection of compromised structures
- Psychological wellbeing

Benefits

- Control of microbiology
- Protection of compromised structures
- Window of opportunity for clinical decision to be made

Conclusion

It is not always possible to save an effected limb from a deep burn and it is a very difficult decision for the individual to give consent for amputation. We were able to delay the amputation of the limb whilst the patient came to terms with the idea, offering counselling and support in an unhurried way. It was possible to delay the surgery because we were able to keep the debrided wound free from infection and the patient remained asymptomatic from sepsis.