# Advancis Manuka honey in the treatment of a fungating tumour

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**There have been few studies in the UK which have accurately identified the number of patients treated with this type of wound, but according to Thomas (1992) patients with these wounds prove to have significant problems not least the issue of morbidity or burden on NHS resources.**

The management of this type of wound is usually considered to be palliative (Grocott 1997) with goals of care aimed at providing a realistic quality of life and symptom control.

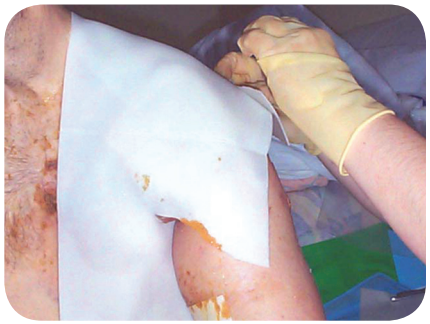
For clinicians finding dressings that have the capabilities of dealing with the complexities of these wounds (Grocott 1995) is an ongoing issue.

This study is aimed at evaluating the use of Activon Tulle® (Advancis Medical); a gauze tulle with Manuka honey, as a primary dressing with an absorbent secondary pad (Eclypse® - Advancis Medical). Whilst the nursing assessment was based on Roper's (1985) Activities of Living, this study will concentrate on the wound care aspect and the management of odour and exudate.

Jason is a 39 year old gentleman who was originally diagnosed with non-Hodgkin's lymphoma in 1994 following numerous operations for a non-healing abscess on his buttock which when biopsied finally confirmed the diagnosis. In the following years he had courses of radiotherapy and trips to London for various alternate treatments which also included the policies of the Bristol Cancer Centre (dietary and relaxation). He had declined any offer of chemotherapy.

Jason's disease had progressed to lymphoedema of his left arm, a large fungating tumour on his left shoulder and multiple dry cutaneous lesions on his left lateral chest wall, left arm and around his left shoulder when he was referred to the district nurse team. He had declined referral to the local hospice and palliative care team and following admission for IV (intra-venous) antibiotics for an episode of AIE (Acute Inflammatory Episode) of his lymphoedema declared he would not have any further antibiotics.

On examination he was found to have an excess of dry scales over his anterior chest wall, areas of erythema, multiple small lesions, grade II lympoedema and a grade III lesion with a large area of devitalised tissue, copious exudate and odour. He was pale and cachexic but denied being anaemic, the slightest exertion caused shortness of breath and he appeared weak and tired.



The tumour and lymphoedema had caused obvious distortion and subluxation of his left shoulder causing physical problems with movement and dressing. Initially his treatments consisted of a hydrofibre, a carbon pad a silver impregnated charcoal dressing, surgipads (20cm x 40cm)x six a day, and tubifast (a haemostat was available if bleeding should occur) but it was obvious that these dressings did not have the capacity to contain or manage the wound exudate or odour. On consultation Jason denied pain completely, but he was never able to tolerate any compression even crepe for his lymphoedema. He stated that the odour and exudate were to him the most distressing problems.

He then requested that honey be tried. Collier (1997) suggests that it is important to ensure that individual needs and wishes are addressed to promote autonomy and quality of life.

Activon Tulle® (supplied by Advancis Medical) was therefore applied with an absorbent pad as a secondary dressing (Eclypse® supplied by Advancis Medical). Jason's dressings continued to be changed daily. The dry crusts were treated with Dermol 600 and Dermol 500. Jason although asked verbally denied any drawing or stinging sensation when the Activon Tulle® was applied. Despite the location of the tumour the dressing was easy to apply and easy to remove. Although observations have recorded that honey poses problems when liquified (Lawrence 1999). Initially on dressing change Jason would look ill and turn away although he denied feeling nauseated. Both Jason and the district nurse team scored the odour on assessment as strong despite the use of carbon. After one week the odour score was down to moderate and within the second the odour score went from slight to no odour. For Jason it enabled him to feel part of his family again and not feel ashamed. During the second week the wound had self debrided and exudate management continued to improve using Eclypse®. From six surgipads (20cm x 40cm) per day the padding was reduced to one - the Eclypse®. This was held in place using a made to measure retention vest (available from SDH) which Jason could manage despite his physical problems. No maceration was noted and it was felt that without the Eclypse® dressing changes would have increased to two/ three times a day.

This final thought can only begin to sum up what it must be truly like to live with this disease 'Can we begin to imagine what it must feel like for a patient to see part of his or her own body rotting and to have to live with the offensive smell from it, see the reaction of visitors (including doctors and nurses) and know that it signifies a lingering death' Doyle (1980).

## References


*Sincere thanks to 'Jason' and his family, and the district nurse teams of Downton / Whiteparish surgeries, South Wiltshire PCT and Locking Hill Surgery in Stroud. Cotswald & Vale PCT*

*Dressings supplied by Advancis Medical.*

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