Case Study demonstrating the effective use of Activon Tulle®

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Introduction

Mrs W was a 64 year old lady who had end stage endometrial cancer and was admitted to the ward as she was no longer coping at home. Her medical history included non-insulin-dependant diabetes, chronic back pain and colostomy due to diverticular disease. The reasons for admission was for pain control and wound management.

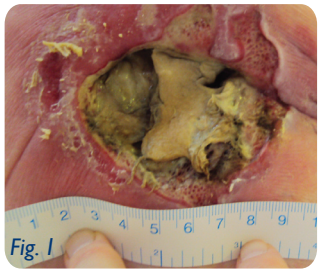
Fig. 1

On admission she was found to have a very large area of necrotic looking tissue on her buttocks (see fig: 1). After consent was given photographs were obtained as per policy to assist with wound management.

Pain control was also addressed at this stage which involved administering analgesia prior to any intervention to her wound.

Method

It was decided at this point to use Advancis Manuka honey as we as a unit have had great results when previously using it.

One side effect the patient did mention was that when initially applied she "could feel it stinging", there was an explanation what she was feeling was the honey doing it's job and this is a common occurance (as Activon Tulle® is made up of a supersaturated solution of sucrose, glucose and fructose with 17% water which means has a very strong attraction for water). When it is placed on the wound bed Activon Tulle® draws up fluid from the underlying tissues. This process is osmotic and actually bathes the wound causing autolytic debridement. Due to the nature in which this dressing works means that the wound bed will not dry out.

Mrs W was placed on complete bed rest with a pressure relieving mattress system and regular position changes. This she was not happy with until she saw the benefits.

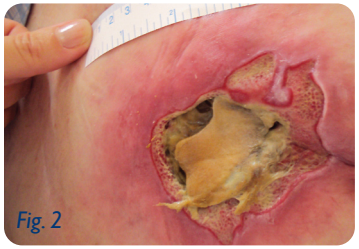
Fig. 2

After 2 weeks of using Activon Tulle®, the wound was photographed (see fig: 2) and it was evident that this dressing was effective. It is also pertinent to mention that Mrs W's blood sugars were not effected in any way using Activon Tulle® as they were monitored.

It was important to ensure that staff were aware that what they sometimes thought to be strike through was actually honey. This prevented staff from changing the dressing too frequently thus promoting the wound environment.

Conclusion

It was always the case that due to Mrs W's underlying medical condition it was thought that this wound would be impossible to manage but with the help of Activon Tulle® we succeeded in not only improving the wound but also improving this patients quality of life. Her pain was also more controlled.

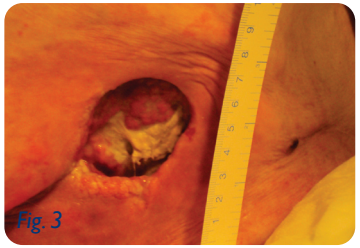
Fig. 3

The healing process was slow but gradually the wound improved to a stage that Mrs W was transferred to a local nursing home. Her wound was photographed on discharge (see fig: 3).

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