

The use of Silflex[®], Advazorb[®] and Advancis Manuka honey on a mentally and physically ill patient

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9th June 2012

Patient was admitted to medicine with a pulmonary embolism and deep vein thrombosis.

10th June 2012

Patient was transferred to surgery care with poor nutrition, as a vulnerable adult who lived alone. Patient was discharged with support.

29th July 2012

Patient was found by the police on the floor in home, patient had collapsed and was very poorly. Patient had open wounds and maggots in a dirty leg ulcer and had been treating them herself at home. She was transferred to the A&E department.

The patient had an examination and debridement of ulcers in theatre under anaesthetic. Leg still continued to deteriorate. Patient was offered amputation or plastics intervention but refused. She was still very ill with a perforated gastric ulcer, renal impairment and a pharyngeal pouch.

31st July 2012

TVN saw patient, she had very poor pain management and tolerance. Patient was mentally unstable and not able to help herself, she required morphine, etanox and O₂. Dressing change was taking 1-1 1/2 hours.

Patient was advised to try Silflex[®] (Advancis Medical). Plastics assessed the wound as unsuitable for grafting, wound was over 30cm in length and circumferential.

24th August 2012

Dermatogly consultation advised patient to use 3-layer bandaging. Patient was admitted with Clostridium difficile and was extremely poorly.

30th August 2012

I assessed the wound and the length was 31cm and width 18cm, the patient was using and liked Silflex[®].

4th September 2012

Patient was reporting less pain at dressing changes and was using Silflex[®] and Advazorb[®] (Advancis Medical).



11th September 2012



11th September 2012



24th September 2012



24th September 2012

27th September 2012

Wound was reviewed by senior team, there was a definite improvement in size and pain levels.

19th October 2012

Advancis Manuka honey was used as well for colonisation. However, patient was very ill again, poor nutrition and Clostridium difficile was back.

26th October 2012

Clostridium difficile gone.

28th November 2012

Patient is mentally and physically very ill, transferred to nursing home.

Conclusion

Silflex[®] wound contact layer was successful in reducing pain for the patient when she had several additional issues with her health to deal with.