

Using Activon® Manuka honey with diabetic foot ulcers

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Advancis Manuka honey; Medical Grade Manuka honey is available on UK Drug Tariff in various cost effective presentations to suit clinical needs. The anti-microbial, anti-inflammatory and debridement properties of honey are useful in the diabetic foot ulcer for management of local wound infection, to provide a barrier against opportunist bacteria and for ongoing debridement.

Activon® Tulle

Medical Grade Manuka honey impregnated non-adherent dressing (suitable for low exuding wounds and epithelialising tissue).

Algivon®

Manuka honey impregnated alginate dressing (suitable for exuding wounds and cavity wounds). Algivon® holds a higher volume of honey and offers absorbency and sustained release in exuding wounds due to the alginate carrier.

Activon® Tube 25g

Pure 100% Medical Grade Manuka honey. Abscesses, cavity or deep wounds need more honey to adequately penetrate deep into the wound tissue. The amount of honey required depends on the amount of fluid exuding from the wound. Greater exudate requires a greater volume of honey to be applied. Due to the osmotic nature of honey it is normal to notice increased exudate on initial use. This should become less frequent as the honey starts to take effect. Algivon®, Activon® and Actillite® dressings can be left in place for a maximum of 7 days although it is recommended to monitor the diabetic foot wound more frequently. An absorbent secondary dressing such as gauze, Advazorb® or Eclipse® helps to manage secondary exudate preventing leakage and maceration.

Necrotic wounds



(1) On debridement the extent of the wound bed and any complications should be fully visible and should be treated in relation to the remaining tissue status. Sharp debridement to reveal the extent of the wound and vascular

tissue is likely and should be treated in the same way as a granulating wound. Where sharp debridement is not possible: Algivon® may be cut to fit the wound area with sharp scissors and applied directly. A secondary absorbent dressing will allow for the osmotic action and autolytic debridement. The dressing should be changed at 1-3 day intervals depending on the volume of exudate produced and to allow for monitoring of the debridement process.

Sloughy wounds



(2) For exuding sloughy wounds apply a layer of Algivon® and cover with a secondary absorbent dressing.

(3) Highly exuding sloughy wounds may be treated with Algivon® and will require dressing change when strike through is evident. A high absorbency secondary dressing such as Eclipse® will maximise wear time. As for necrotic tissue the dressing should be changed at 1-3 day intervals depending on the volume of exudate produced and to allow for monitoring and intervention in the debridement process.

Granulating wounds and recently debrided vascular tissue

(4) Likely to be the most common presentation of the diabetic wound due to the process of debridement. Actively bleeding wounds should be managed appropriately until the bleeding has been stopped prior to dressing with honey. Activon® Tulle can be used for low exuding wounds, alternatively Algivon® can be used for more exudative granulating wounds. Dressings can be left in place for 2-3 days.

Post granulating



Epithelialising wounds and partial thickness wounds



(5)(6) Likely to be dry in nature these wounds benefit from a non-adherent dressing providing a gentle and slightly moist environment for total epithelialisation. Patients who have suffered repeated infections

or at high risk of infection will benefit from dressings with antimicrobial properties at this stage to prevent bacterial influence and subsequent deterioration. Activon Tulle® provides the properties of Manuka honey in a malleable mesh ideal for shallow wounds or low exuding wounds providing sustained antimicrobial effect. Dressings can



be left in place for up to 5 days once healing is established. Wounds should be monitored until total closure has occurred and the clinician is satisfied that appropriate palliative care has been provided to remove any routine factors associated with the development of the wound.

Wounds with a cavity

Algivon® can be cut to form a ribbon using sharp scissors for use within a cavity wound. For wounds of unknown depth, or where the cavity or sinus is narrow Activon® Tube should be used and covered with an absorbent secondary dressing. A layer of Algivon® may be applied to cover superficial wound areas coupled with a cavity.