Challenged by Dehisced Surgical Wounds?
Its time for operation MEDIHONEY®

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This presentation was executed as a live webinar series and is available on demand as a video presentation on the Derma Sciences website at http://www.dermasciences.com/medihoney-webinars. For complete and accurate context of the content contained in this slide deck, please view the video presentation. See Instructions for Use for complete product indications and uses.
Agenda

• My Clinical Practice
• The Challenge of Dehiscence
• Why I use MEDIHONEY®
• Case Review
• Application Tips & Pointers
• Q&A
My Clinical Practice

Urban, Level 1 Trauma Center

• Acute Care
• Wound Center (Ulcers – Venous, Pressure, Diabetic)
• Surgery (Wound Referral Source)
Wound Healing Challenges of Dehiscence

Dehisced Groin Incisions
✓ Post Arterial Bypass Surgery
✓ Post Inguinal Hernia Repair

Risk Factors:
• Diabetes Mellitus
• COPD
• Obesity
• Smoking
• Advanced Age
• Low Serum Albumin
• Autoimmune Disease

- 13% incidence of femoral site graft infections after bypass procedures
- 3-5% wound infection rate after open hernia repair
Wound Management after Dehiscence

…”Let’s do wet to dry”

- Surgical debridement with possible removal of the foreign body and flap coverage
- Negative pressure wound therapy.
  - V.A.C. Must use non-adherent when placed directly over blood vessel or vascular anastomosis
- Absorptive dressings (Calcium alginates)
- Anti-infectives (Silver)
- Topical debridement (Manuka, hydrogel, enzymatic)
WHY MEDIHONEY®?

• Derived from the pollen and nectar of the *Leptospermum* species of plant in New Zealand
  • Unique among honey/even Manuka honey
  • Effective even in the presence of wound fluid

• Rigorous sourcing and processing controls; sterile

• Two key mechanisms of action support autolytic *debridement of devitalized tissue* and *healing*: Low pH and High Osmolarity

1. MEDIHONEY Reference List. Derma Sciences.
LOW pH: 3.5-4.5 pH – it’s Acidic$^1$
impacting wound healing conditions

High Osmolarity: High sugar low water pulls fluid from deeper tissues to the wound surface, getting the wound moving.

OVER 160 pieces of evidence showing MEDIHONEY® is an effective product for promoting the removal of necrotic tissue and healing.¹

1. MEDIHONEY Reference List. Derma Sciences.
Different Configurations to assist Wound Bed Preparation & Healing

MEDIHONEY® Paste

MEDIHONEY® Gel

MEDIHONEY® HCS

MEDIHONEY® Honeycolloid

MEDIHONEY® Calcium Alginate
Case Review
Case 1 – Dehiscence of Transhumeral Amputation Closure

32 year old - dismounted IED (Improvised Explosive Device) blast

Triple amputation, polymicrobial wound infection

- Right upper extremity, after traumatic transhumeral amputation with multiple attempts at closure.
- After neurectomy, incision healing by secondary intention
Left Transhumeral Amputation Wound

- Wound bed 70% slough, 30% granulation
- MEDIHONEY® Calcium Alginate
Case 1 – Dehiscence of Transshumeral Amputation Closure

Day 7

Rapid improvement

- After 1 week of MEDIHONEY® + Mepilex® dressings changed daily
- Fully granulated wound bed
- Rapid epithelialization at wound edges
Day 14

Healed

- Arm is now ready to be fitted for prosthesis
Case 1 – Dehiscence of Transhumeral Amputation Closure

Summary

Day 1

Day 7

Day 14
Case 2 – Dehisced Abdominal Wound Following Surgery

Day 1

- Initial presentation
- Wound measurement 20 x 10 x 5cm
- 5 days post surgery with NPWT in place
Wound Management:

– Debridement
  • MIST ultrasound
  • MEDIHONEY® Calcium alginate/bordered foam

– Pain control
  • MIST ultrasound therapy
  • Pre-med 1 hour prior to wound care with oral meds

– Infection risk
  • Immunosuppressed
Case 2 – Dehisced Abdominal Wound Following Surgery

Day 21

• MEDIHONEY® helped to clean up the wound bed
• Proceeded to put patient back on NPWT
Case 2 – Dehisced Abdominal Wound Following Surgery

Wound Management, Part II

• Time for NPWT again
• Use of contact layer between NPWT sponge and wound bed
• Healed 4 months later
• 1 year later: wound still healed, cancer re-occurred

Healed!
Case 2 – Dehisced Abdominal Wound Following Surgery

Summary

Day 1
• MEDIHONEY® Calcium Alginate to clean up wound

Day 21
• Clean wound bed
• NPWT initiated

4 Months later
• Healed
Case 3 – Dehisced Fasciotomy Wound

Day 1

- 26 yo 4th year medical student
- Had 4 compartment fasciotomy for exercise induced compartment syndrome
- Developed cellulitis 1 month postop at medial calf incision
- Dehisced in 3 areas
- MEDIHONEY® Paste and foam
Case 3 – Dehisced Fasciotomy Wound

Day 15

- Minimal adherent slough
- Edges closing in
Case 3 – Dehisced Fasciotomy Wound

Day 30

• Smaller wounds healed
• Larger wound nearly closed
Case 3 – Dehisced Fasciotomy Wound

Day 1

Day 15

Day 30
Case 4 – Dehiscence Complex Below Knee Amputation Closure

Day 1

- 25 year old with Bilateral below knee amputation (B-BKA)
- Complex closure to preserve length
- Epidermolysis at the juncture of the incisions
- Incision was known to be threatened at time of closure
- Alternative was conversion to above knee amputation (AKA)
- Initiated MEDIHONEY® Gel
Case 4 – Dehiscence Complex Below Knee Amputation Closure

DAY 21

- Tissue is declaring itself
- Central area is key to prevent major revision surgery
- Watchful waiting at this time
Case 4 – Dehiscence Complex Below Knee Amputation Closure

DAY 28

DAY 30

Good debridement progress
Continued MEDIHONEY® Gel
Case 4 – Dehiscence Complex Below Knee Amputation Closure

DAY 40

DAY 50

100% granulation tissue
Case 4 – Dehiscence Complex Below Knee Amputation Closure

DAY 60

DAY 75

70% epithelization
Case 4 – Dehiscence Complex Below Knee Amputation Closure

Summary

- 3 months progressive healing
- Saved limb at below knee amputation level
Case 5 – Dehisced Total Knee Arthroplasty Wound

DAY 4
Post Surgery

Left Total Knee Arthroplasty (TKA) Replacement
Case 5 – Dehisced Total Knee Arthroplasty Wound

DAY 14

Danger Zone
• Dehisced
• 100% slough
• MEDIHONEY Gel®
Case 5 – Dehisced Total Knee Arthroplasty Wound

Day 30: 80-90% adherent slough

Day 42: <10% adherent slough
Case 5 – Dehisced Total Knee Arthroplasty Wound

Moved from inflammatory phase to wound healing
Case 5 – Dehisced Total Knee Arthroplasty Wound

Good wound edge advancement
Case 5 – Dehisced Total Knee Arthroplasty Wound

Wound Closure Achieved
Case 5 – Dehisced Total Knee Arthroplasty Wound

Summary

- 4 month journey to healing
- Save Knee Replacement
Case 6 - Dehisced Groin Incision after bypass surgery

Initiated MEDIHONEY® Calcium Alginate

- Wound depth 0.4cm
- Zero slough
- Goal – healing

1 Day Later

- Wound depth 0.1cm
- Improved appearance to gran tissue
When to use and What to Expect

Upon Application

When/What type of dehisced wound:

- Acute dehiscence = healing
- Eschar, Slough = debridement to granulation

What will MEDIHONEY® do:

- Osmotic engine = Increased outflow of fluid
- pH modulation = Low pH promotes acidic environment, create pathway out of inflammatory phase, allows body to take over the healing

Few Contraindications:

- Known allergy or hypersensitivity to honey or alginate products if using the MEDIHONEY® Calcium Alginate
Application Tips & Pointers

What not to do...

In the wound bed please!

NOT, around the wound bed.
Product Tips & Pointers

MEDIHONEY® Gel:
- Thicker consistency, promotes autolytic debridement in timely fashion
- Use in conjunction with other modalities

MEDIHONEY® HCS:
- Comfortable “closing” dressing: Progressing the healing until epithelization is complete

MEDIHONEY® Calcium Alginate:
- Great absorption and continuous honey donation. Ideal for partial and full thickness, for gently packing into wounds
Questions?

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Click on Event Resources tab at left to download:
- Today’s Slides
- MEDIHONEY® Wound Protocol Guide
- Certificate of Attendance

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