100% Medical Grade Manuka honey

- Chronic wounds
- Pressure ulcers
- Diabetic ulcers
- Burns
- Cavity wounds
- Malodorous wounds
- Dry, sloughy or necrotic wounds
- Stages I, II, III*, IV*

The natural choice for wound management...

* most appropriate
Why Manuka honey?
The properties of Advancis Manuka honey provide a combination of beneficial wound healing effects not found in other types of dressings. Advancis Manuka honey has an osmotic effect that helps to de-slough and debride necrotic tissue\(^1\) that can impede wound healing. There is a marked reduction in odor\(^2,4\) when Advancis Manuka honey is applied to a malodorous wound. Advancis Manuka honey will protect the wound bed and provide a moist wound healing environment known to be beneficial to wound healing and promote faster healing\(^3\).

Properties of Advancis Manuka honey
- Effective debridement capabilities for faster wound bed preparation
- Deodorizes wounds, positively impacting on a patient’s quality of life
- Maintains a moist wound healing environment, facilitating faster healing of chronic wounds
- Honey is non-cytotoxic and is a completely natural substance.

Advancis Medical bring the benefits of 100% Manuka honey into a versatile suite of wound management tools that enable you to choose the right dressing for every phase of wound healing.

An educational DVD is available from Advancis Medical of Professor Peter Molan’s presentation:

“\textit{The wound healing process – and how honey helps it}”

To get a copy email info@advancismedical.com

Activon Tube®
100% Medical Grade Manuka honey

Product description
Activon Tube® 100% Medical Grade Manuka honey with no additives. This wound filler will de-bride and de-slough, eliminate odors and provides a moist wound healing environment.

Activon Tube® is ideal for debriding necrotic tissue. Activon Tube® can be used as a wound filler for use in cavities, just irrigate with saline solution.

Dressing features
- Activon Tube®, 100% Medical Grade Manuka honey
- Deodorizes wounds, positively impacting on a patient’s quality of life
- Maintains a moist wound healing environment, facilitating faster healing of chronic wounds
- Activon Tube® is not absorbed into the blood stream, meaning it can be safely used on diabetic patients
- Can be used in conjunction with a wide range of secondary dressings

Activon Tulle®
Knitted viscose mesh impregnated with 100% Manuka honey

Product description
Activon Tulle® is a knitted viscose mesh primary dressing impregnated with 100% Medical Grade Manuka honey. Activon Tulle® creates a moist healing environment and effectively eliminates wound odor.

Activon Tulle® is ideally suited to debriding and de-sloughing shallow wounds or where the exudate levels have started to decrease.

Dressing features
- Activon Tulle® is a 2 in 1 sterile dressing; Manuka honey with a primary dressing
- Allows exudate to pass through the dressing on wounds with low to moderate levels of exudate
- Activon Tulle® can be cut to size, increasing patient comfort and resulting in better peri-wound skin condition
- Activon Tulle® can be placed on the wound either side up, eliminating incorrect dressing application
Mrs H is aged 64 years and presented to District Nurses with bilateral leg ulcers and following Doppler examination this was found to be venous in origin. Mrs H was having both legs re-dressed 3 times a week with many dressings but was non-compliant and complained of severe pain and discomfort. The patient was returning to clinic every day (twice some days) complaining of pain, offensive odor and excessive exudate.

There were many failed attempts at treating this lady with various antimicrobials and dressings, and advice given on a healthy diet and exercise with which the patient did not comply. Mrs H's GP and nursing staff spoke to her about the possibility of surgical intervention maybe amputation of both legs, this was a shock to the patient. Fortunately we were introduced to the Activon® range by the Advancis Medical representative. The clinical staff elected to use the Activon® range as a last attempt to resolve this patient's condition. We applied the products to the patient and after two applications the odor had decreased, the exudates were slightly less and there was no pain on removal.

The patient saw an improvement and therefore began to comply with the treatment regime. As a result of this Mrs H began gentle exercise and changed her diet, which improved her condition holistically. We have continued this treatment 3 times a week for almost 6 months and have now almost healed the ulcers. The patient has been measured for support hosiery.

Mrs H is now fully compliant with treatment, has lost 2 stones in weight and has a much healthier life style.

## Activon® honey in the treatment of a fungating tumor

Caroline Farrant, Wound Care Specialist Nurse. South Wiltshire Primary Care Trust (SWPCT)

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 tumor 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 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 lymphoedema and a grade II lesion with a large area of devitalized tissue, copious exudates and odor. He was pale and cachexic but denied being anaemic, the slightest exertion caused shortness of breath and he appeared weak and tired. The tumor 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 hydofibre, a carbon pad, a silver impregnated charcoal dressing, surgipads (7.8 x 15.7in) 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 exudates or odor. On consultation Jason denied pain completely, but he was never able to tolerate any compression even crepe for his lymphoedema. He stated that the odor and exudates were to him the most distressing problems.

He then requested that honey be tried. Collier (1997) suggests that it is important to ensure that individuals 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 tumor the dressing was easy to apply and easy to remove. Although observations have recorded that honey poses problems when liquefied (Lawrence 1999). Both Jason and the district nurse team scored the odor on assessment as strong despite the use of carbon. After one week the odor score was down to moderate and within the second the odor score went from slight to no odor. 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 exudates management continued to improve using Eclypse®. From six surgipads (7.8 x 15.7in) per day the padding was reduced to one - the Eclypse® dressing. 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 without the Eclypse® dressing changes would have increased to two/three times a day.

A final thought that 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)
Guidelines for dressing selection using

Advancis Medical Manuka honey products

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The wound healing progression model

This graph shows the wound healing process and the stages where each of the Manuka honey dressings are most suitable/effective.

Frequently asked questions...

Do honey dressings increase wound exudate levels?
Yes, this is due to osmotic action which is an important and integral part of how honey works. Ensure secondary dressing can cope with the increased exudate level. The high level of exudate should subside after time.

Does it sting?
A minority of patients report a stinging pain upon application. This is due to the acidic nature of honey. It is not indicative of damage and should wear off in a few hours once the nociceptors/nerve endings have adjusted to the change in wound pH.

What secondary dressing do you recommend?
It depends upon the level of exudate. Low to moderate exuding wounds we recommend the Advazorb® range of foam dressings. For medium to high exudate, we recommend Eclypse® super absorbent dressings.

Can you use Advancis Manuka honey on diabetic patients?
Yes, there are no reports of our honey affecting blood sugar levels as the honey is not absorbed into the bloodstream. We do advise monitoring patients with diabetes.

References

Disclaimer
Advancis Medical USA LLC has made every effort to ensure the information in this brochure is accurate.
As HCPCS codes and associated coverage policies are frequently revised, we recommend you consult with a reimbursement specialist and/or the DMECS website for any coding, coverage, reimbursement, or billing questions.
The listing of a HCPCS code does not guarantee coverage or payment.

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