

# Wound Progress using Honeycolloid Dressings with Active *Leptospermum* Honey in an Office Based Plastic Surgery Environment: A Case Study

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## INTRODUCTION

Flap necrosis in a facelift patient is a rare complication and results in increased recovery time and costs. Complications such as this can be devastating to the patient as it is an elective surgery and aesthetic patients demand positive outcomes. Because flap necrosis is uncommon, dressing options are limited. Therefore, information regarding an effective dressing for flap necrosis is important to the field of plastic surgery and facial rejuvenation.

## CLINICAL BACKGROUND

61 year old female status post facelift and endobrow lift on 10/11/2011. PMH included Hashimoto's disease, hypercholesterolemia, depression, and CAD. Patient called office on 10/20/2011 complaining of tightness, erythema and warmth to bilateral pre-auricular areas. Patient was placed on Keflex and seen in office on 10/21/2011. Noted at that time was bilateral facial swelling and erythema with areas of eschar. Initiated Active *Leptospermum* Honey\* (ALH), and continued on Keflex.

## OBJECTIVES

1. Identify an effective, low maintenance, low profile dressing that can be used on facelift patients with flap necrosis.
2. Evaluate the effectiveness of ALH in debriding and reepithelializing a wound after facial rejuvenation.

## METHODS

Previous management techniques included; wet to dry dressings, silver sulfadiazine, enzymes and sharps debridement. Dressings such as wet to dry, silver sulfadiazine, and enzymes, created challenges because of trauma caused by frequent tape removal. ALH dressings were chosen for this patient to assist in debridement and healing and provide a low maintenance, low profile topical therapy.

ALH dressings were cut to fit the contours of the pre-auricular area and secured in place with a thin film. Dressing frequency was every two days and decreased to three days as drainage decreased. Photographs, measurements, and a brief case report supported the findings.

*There are two limitations which need to be acknowledged in this case study. Firstly, with the study only involving one patient, there is a limit to the extent of which the findings can be generalized. Secondly, it is not known how much of an effect systemic antibiotic therapy had on the wound healing.*

## RESULTS

Photographs and measurements were documented with each follow up visit. ALH efficacy was evidenced by decreased erythema, decreased eschar and decreased exudate. The patient studied showed almost complete healing in 10 days. The patient verbalized ease of dressing application and relief of the use of low profile dressing upon returning to the workplace. From a nursing perspective, this dressing choice was relatively low cost as patient used a total of one 4 x 5 wafer for the entire treatment. Furthermore, the patient was able to apply the dressing herself or with family assistance.

## CONCLUSION

ALH proved to be effective in debriding necrotic tissue and promoting healthy tissue. The product also earned high doctor, nurse and patient satisfaction in regards to ease of use and performance. Dressing effectiveness reduced office visits. ALH hydrocolloid dressings improved patient outcomes by providing a method of autolytic debridement with a less visible dressing. Time and money saved, along with less trauma, are benefits of fewer dressing changes.

Further research of this topical product in this patient population is recommended, especially in those patients presenting with larger areas of facial flap necrosis. Additionally, further research in a larger patient population who present without evidence of cellulitis would aid in eliminating the identified limitations.

### References

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Stutzin, J.M., Baker, T.J. (2006). Aging Face and Neck. In S.J. Mathes & V.R.Hentz (Vol.Ed.), *Plastic Surgery-Vol.II. The Head and Neck, Part 1 (2nd ed., pp.159-213)*. Philadelphia, PA: Saunders Elsevier.

\*MEDIHONEY® Active *Leptospermum* Honey Dressing, Derma Sciences, Inc., Princeton, New Jersey.

## SUBJECTIVE DATA FROM A COSMETIC SURGERY PERSPECTIVE

"I wanted a face-lift to get rid of my turkey neck. When I developed the eschar on my face, I was upset and devastated. I didn't think the big holes in my face would go away. I did not want to return to work looking that way and I was scared. When I started using the ALH dressings, I was hopeful as I had heard good things about honey. Once I started using the dressings, I was amazed after the first dressing change and continued to be amazed at subsequent changes. In addition, I found the dressings easy to use as I only had to change the dressings every two days or if it leaked. I was able to be frugal with my wafer and it was easy for my family member to do. I am pleased with the final results as it has healed evenly with just a slight color difference. My co-workers and my primary care physician were impressed with the results."

