MAKING A DIFFERENCE IN QUALITY OF LIFE WITH MANUKA HONEY DRESSINGS IN HOSPICE CARE PATIENTS

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PURPOSE

To assess the impact of dressings with Active *Leptospermum* Honey, also known as Manuka honey, in a palliative care environment for effective odour reduction, debridement of necrotic tissue, reduction of dressing changes and the enhancement of quality of life and self-esteem. The dressings used on these patients was MEDIHONEY®.

BACKGROUND

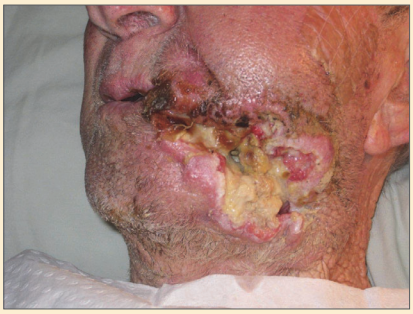
Three patients at the end of life with malodorous, malignant lesions complained of embarrassment, pain and loss of self–esteem due to their condition. The use of traditional wound care dressings did nothing to combat the odour or pain, were unsightly and required several dressing changes a week. Treatments were changed to MEDIHONEY® (Medical Honey or Wound Gel or HCS) and were applied on average 1-2 times a week.

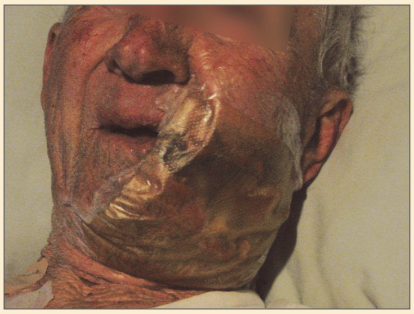
PATIENT 1– MR. J.

This is an 81 year old man diagnosed with basal cell carcinoma of the left buccal gingiva with erosion through the mandible and nodular fungation on the cheek. In February 2012 he developed an ulcer under his lower denture that failed to heal. It was not until August he was diagnosed and treated with radiation therapy. In December, 2 lumps developed on his left cheek which subsequently fungated. At this stage, surgery was not advised and he required hospice admission for management of pain.

Initial treatment was a large, white bulky dressing secured with mess pants. It distorted his face and made him "feel like a side show act." These daily dressing changes did nothing to absorb the odour and exudate or manage pain. Normally a sociable man, quick to laugh with a twinkle in his eye, he became a recluse, embarrassed by his appearance and odour .

The dressings were changed to HCS dressings and immediately he and his wife could not believe the difference. After one application he stated, "the general tumour pain is reduced, dressing changes were less painful and the odour nil and due to the natural color and conformability of the dressing." Mr. J felt more confident and happy. He stated "I can go out in public and feel normal."



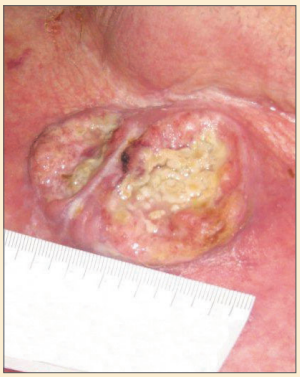


PATIENT 2– MR. B

This 75 year old man was diagnosed with metastatic squamous cell cancer of the chest wall. A new sternal notch lesion with clavicular attachment was noted in March. He was treated with radiation therapy with little effect. A CT scan in August showed the tumour infiltrating the sub-sternal notch, with brachial plexus and carotid sheath involvement. His tumour was odourous, exudating and at risk of bleeding. He was admitted to the unit for symptom control and at this stage the wound was treated with metronidazole, combine (gamgee) and mesh pants cut to secure the dressings. This was done daily and sometimes twice due to the exudate and foul odour. Mr. B stated that the odour came in 'wafts' at the slightest movement.

The treatment was changed to a gel sheet dressings with a small amount of Wound Gel applied to the indentation at the base of the wound. A silicone, occlusive dressing was used to prevent further damage to the radiation dermatitis at the peri-wound.

As expected when using the Wound Gel, there was an initial increase in the exudate, but the patient noticed within 24 hours, the foul odour was gone. The wound was much drier with little exudate. The patient stated he, "feels better and is much more comfortable and there is no smell!" He said he was "thrilled" with the products. Both he and his family were supportive of the use of the Wound Gel and were pleased with his improvement.



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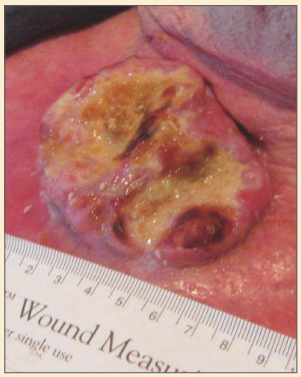

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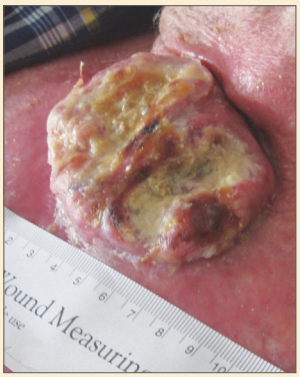

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PATIENT 3– MR. C

This gentleman suffered with CA of the tongue. He was experiencing difficulty in talking and swallowing and was quite distressed due to severe pain in his mouth and throughout the GI tract. He was given Medical Honey to take orally. On his next visit from the nurse, he told her how much better he felt, he was able to swallow with less difficulty and the pain in his mouth and GI tract was greatly decreased. He asked for more Medical Honey!

RESULTS

Healing these wounds was not the goal. The use of Manuka honey dressings resulted in decreased pain and odour, while increasing self-esteem and quality of life for all three patients.

CONCLUSION

When dealing with anyone with a wound it is essential to be holistic and adapt care to the individual. The expectation the patient has and what they hope can be achieved may differ from the health professional's opinion. By encouraging patient involvement and exploring their needs, an approach can be personalized to suit them. A fungating wound caused by the presence of a tumour is unlikely to heal, and often continues to increase in size and depth as the disease progresses. The priority in managing these wounds and dressings is to maximise patient comfort and therefore minimize any stress or inconvenience which would affect their quality of life. By using Manuka Honey dressings, the dressings are less bulky, odour was reduced and pain reduced, improving confidence, self-esteem and quality of life. Not only does it impact the patients, it also affects their families. Mr. J said he felt more 'normal', and with the increased confidence, allowed him to be more independent and stay at home for longer. Mr. B was less restricted around his neck and throat and was no longer bothered by wafts of malodour that not also distressed him but also made him feel self-conscious. The dressings could remain in situ for longer which reduced dressing changes, this reduces cost, but more importantly precious time that could be spent with loved ones. Like all chronic wounds, continual assessment is required and cares adapted as the wound changes. In these cases as the tumour progressed, dressings where adapted but, Manuka Honey dressings were a constant treatment of care. Mr. C found relief in taking Medical Honey orally and his symptoms were reduced. His swallowing and speech improved, allowing him to converse at work without feeling awkward or uncomfortable.

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