

THE USE OF MEDIHONEY® HCS IN THE TREATMENT OF CANCER PATIENT EXPERIENCING SEVERE HEAD AND NECK RADIATION DERMATITIS

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BACKGROUND

Radiation therapy is a common treatment for cancer patients. One of the most common side effects of radiation is acute skin reaction (radiation dermatitis) that ranges from a mild rash to severe ulceration. Approximately 85% of patients treated with radiation therapy will experience a moderate-to-severe skin reaction. Acute radiation-induced skin reactions often lead to itching and pain, delays in treatment, and diminished aesthetic appearance—and subsequently to a decrease in quality of life.

Whilst all effort during radiotherapy is taken to provide maximum benefit to the patient with minimal side effects, however, even with the most modern radiotherapy techniques, up to 90% of patients will experience a dose-dependent skin reaction at the treated area. Skin reactions related to radiation therapy usually manifest within 1–4 weeks of radiation start, persist for the duration of radiation therapy, and may require 2–4 weeks to heal after completion of therapy. The severity of the skin reaction ranges from mild erythema (red rash) and dry desquamation (itchy, peeling skin) to more severe moist desquamation (open wound) and ulceration.

During or after radiation treatment, many topical products must be avoided, especially those which include the use of metallic-based topical products (zinc oxide creams or deodorants with an aluminium base, for instance), because they may increase the radiation surface dose to skin.

RESULTS

The first dressing was applied on 3/10/15. Upon application, the MEDIHONEY® HCS dressing provided a soothing and cooling sensation to the patient. The dressing is highly flexible and malleable so did not hinder head movement or cause further trauma to the already broken skin. It also offered a protection from clothing which had constantly been adhering to the wound. This allowed the patient to wear normal clothes which could cover the dressing allowing the wounds to be hidden from view.

The patient had the dressing changed 36 hours later during a routine and planned hospital visit. At first dressing change substantial areas of necrotic tissue had been removed and slough / exudate levels reduced.

Dressing changes were made 48 hours and 96 hours later. The final dressing was removed on the 10/10/15. The change in the skin condition was dramatic. Exudate levels were reduced to almost zero, slough was eliminated and all necrotic tissue removed. The high odour level was eliminated.

Removal of the dressing was easy, the MEDIHONEY® HCS did not adhere to the wound area, and had an atraumatic removal from the healthy skin surrounding the wound. The patient had assisted dressing removal by showering prior to dressing change.

Whilst wearing the MEDIHONEY® dressing the patient felt confident to go outside as the dressing covered all the wound area, the colour of the dressing being quite discrete.

CONCLUSION

The MEDIHONEY® HCS provides an effective wound treatment therapy for radiation dermatitis. It was found to be very comfortable to wear in an area often difficult to dress and provided no restrictions to head and neck movement.

After 7 days of treatment the patient was able to cease the use of the dressing with only twice daily applications of MEDIHONEY® Barrier cream.

PATIENT MR. P

Was diagnosed with cancer in 2005. Adenoid Cystic Carcinoma (ACC) is a rare form of cancer and was located behind his right cheekbone.

At 32 years old he endured a complex 20 hour operation, including a brain lift which led to the loss of his right eye, cheekbone and upper palette. After his surgery and radiotherapy, he was able to return to work and carry out many of his day to day activities.

However, ten years on, the cancer has returned.

Treatment has involved High Ion Therapy in Germany and further radiation in an attempt to shrink the tumour and dramatically increase his chances of long-term survival.

The radiation treatment to the head and neck area caused substantial damage which resulted in ulcers, blisters and heavily exuding wounds around the front and sides of the neck and underneath the jaw.

Initial treatment was with a branded silver sulphadiazine topical cream, which involved daily applications. After 4 weeks no improvement in the skin condition was seen, with slough and exudate high, large areas of necrotic tissue, skin irritation high and the patient complaining of strong and overpowering odour from the wound.

It was decided to evaluate the MEDIHONEY® HCS, an absorbent hydrogel impregnated with medical grade Manuka honey. Medical grade Manuka honey is well known for its antimicrobial properties, anti-inflammatory benefits, plus debriding action and an ability to promote faster healing.

Application of any topical dressing to such a large area is difficult, using multiple dressings leads to greater discomfort and difficulty in providing an even and effective coverage.

The MEDIHONEY® HCS range has recently been extended to include larger dressings which are designed for the treatment of large wounds and especially burns. The 20 x 20cm dressing was applied to the neck area in 1 piece. This larger dressing gave good low contact adhesion to the good skin around the wound and ensured the whole wound area could be covered in 1 dressing. The previously available smaller dressings would have required 4 or 5 dressings to cover the same area and would have taken longer in applying to the patient increasing patient discomfort.



3rd October 2015
Before treatment with MEDIHONEY® HCS –
high exudate levels and pain.



MEDIHONEY® HCS 20 x 30cm applied.
Dressing changed every 2 days.



10th October 2015