

THE USE OF MEDIHONEY® HCS ON A DEGLOVED FUNGAL INFECTED FOOT AND SECONDARY BACTERIAL INFECTION: A CASE STUDY

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AIMS

To highlight how a tissue viability service team used MEDIHONEY® HCS as a last resort on a dermal wound which had caused the Accident and Emergency (A & E) department difficulties to manage; having had to ask the patient to attend the department daily for both intravenous antibiotics and dressing change.

INTRODUCTION

A 48 year old male patient developed fungal infection between 3rd and 4th toe of the left foot which later became bacterial infected. He attended to his general practitioner, had the dressings applied by practice nurse, during the process he developed *Pseudomonas aeruginosa* infection which was managed and treated with potassium permanganate soaks.

The practice nurse realised that less progress was being made as the wound continued to exudate, the patient was encouraged to attend the A&E department. The A&E doctors did blood cultures which had raised inflammation markers, and requested a X-ray to exclude osteomyelitis. The X-ray showed no bone and joint abnormalities with no evidence of radiographic osteomyelitis. The above X-ray request was precipitated by a swollen foot, foul smelling wound and the patient being apyrexial. The patient was also commenced on intravenous (IV) ceftriaxone and daily dressing with an iodine based dressing.

Having done all the above the A&E doctors stepped down from the IV antibiotics to oral antibiotics, slough was noted on the wound bed, swabbing no growth was identified. However, patient was prescribed hibiscrub soaking and an iodine based dressing. A referral was made to the hospital based tissue viability service and community based podiatry service that had a waiting time of up to 3 weeks.

The hospital based tissue viability service assessed the patient; and they were faced with a challenge to rehydrate a dehydrated dermis. Plastic surgery was another alternative; however, the degloved tissue on the sole of the foot does not match with any other tissue except for coming close to the palms of the patient's hands. The patient was anxious about making his pre-booked ticket trip to Australia and being able to play a round of golf with his son not just driving the buggy for him. He wanted to be able to carry groceries of his elderly customers to their doorstep after their shopping as an owner and a driver of a taxi company.

METHODS

A case study based on a clinical challenge that the tissue viability service did not know how best to address and the patient being anxious if his foot would get any better for his trip to Australia. Consent sought, photos taken and provided by patient. Literature search was conducted to retrieve publications which focused on the use of intravenous and oral antibiotics in wound care, wound care knowledge amongst health care professionals and management of degloved wounds using MEDIHONEY® HCS.

RESULTS AND DISCUSSION

To highlight how a tissue viability service team used MEDIHONEY® HCS as a last resort on a dermal wound which had caused the Accident and Emergency department difficulties to manage; having had to ask the patient to attend the department daily for both intravenous antibiotics and dressing change.



12.5.14



23.5.14



20.5.14



23.5.14



30.5.14



6.6.14

CONCLUSION

MEDIHONEY® HCS enabled an efficient and effective management of exudate creating a moist wound environment, a reduction in number of dressing changes from daily dressings to once weekly, debridement of hyperkeratosis and slough.

The dressing's ability to adapt and be applied in a creative way, in combination with other products made it possible to improve patient's outcomes without any complications.

The dressing's effectiveness and reduced application resulted in its application being cost effective, with efficient savings as its benefits are realised indirectly as nursing time and wound bed bio-burden management.