14. Specialised dressings

14.1 Honey (e.g. Activon)
Antibacterial properties of honey and its potential in the treatment of wounds has been extensively reviewed by Molan (1992 and 1999.) The mechanisms by which honey influences the wound healing process are currently incompletely understood. (Tonks et al 2001)

Molan (2005) recommend honey to treat all aspects of wound healing, stating that honey has:
- Anti-inflammatory properties
- Clearance of infection
- Deodorising action
- Barrier function
- Provision of the optimum moist healing environment
- Debriding action

For the properties of honey to be most effective within healing, honey needs to be in contact with the wound bed continuously, when the honey has absorbed into the wound bed the dressing needs to be re-applied.

It is essential that a date be set for reassessment of the wound and that any changes in treatment following reassessment should be recorded.

14.2 LarvE therapy
LarvE are sterile maggots of the green bottle fly Lucillia sericata and have been found to have a use in cleansing and deodorising wounds that are infected or have devitalised tissue. The Larvae produce powerful proteolytic enzymes that breakdown sloughy or necrotic wound tissue, which is ingested as a source of nutrient.

Guidelines for use
- Supplied in sterile containers (LarvE) or sterile nets (Biofoam)
- Suitable for a variety of wounds, pressure ulcers, leg ulcers, and diabetic foot ulcers
- Can be used to prepare a wound for grafting
- Ensure the correct number of pots, or correct size of Biofoam is ordered by using the LarvE calculator
- Although the maggots remain on the wound for a maximum of 5 days a daily secondary dressing is required this should be changed daily and maggots checked for viability.
- A hydrocolloid should be prescribed, as this will protect the surrounding skin. If using Biofoam then a cream e.g. Sudocrem is used to protect the skin
- Maggots are removed from the wound by irrigation, removing any remaining maggots with forceps or simply remove the Biofoam.
● Any hydrogel used prior to larvae therapy must be completely removed from the wound as it kills the maggots by suffocation
● Should only be used by practitioners who have received training in the use of maggots
● Refer to local policy for more details re use of maggots

Contra indications
● Caution should be used if wounds have a tendency to bleed
● Caution should be used for patients currently on anticoagulants, e.g. warfarin
● Caution should be used if wounds have a sinus or fistula
● LarvE should never be used on wounds that lie in close proximity to large blood vessels
● Increased levels of pain have been reported when used on ischaemic feet

14.3 Protease modulating matrix (e.g. Promogran)
Promogran matrix is made from a freeze dried mixture of 45% ORC (oxidised regenerated cellulose) and 55% bovine collagen. Promogran is able to re-balance and modulate the pathological wound environment in all chronic wounds. Excess proteases are inactivated, whilst endogenous growth factors are protected simultaneously. On absorption of Promogran into the wound the proteases remain inactivated and growth factors are released active back into the wound. Thus Promogran creates a favourable healing environment.

Guidelines for use
● Lightly apply to wound bed, to fit shape of wound
● Promogran absorbs into the wound
● The wound should be clinically free from infection
● Irrigate to cleanse wound if needed
● The wound may appear sloughy if Promogran has not fully absorbed into the wound bed.
● Change daily or alternate days
● Will need a secondary dressing
● May increase wound exudate

NB: Contains collagen of bovine origin.

14.4 Capillary dressing (e.g. Vacutex)
VACUTEX is a 3 mm layered ‘sandwich’ dressing. The layers of the dressing ‘pull’ interstitial fluid from the wound and place it within the central layer until saturation when it moves to the third outer layer. VACUTEX can be used on infected or heavily exuding wounds such as venous ulcers, pressure ulcers, burns, fungating wounds, stoma sites, cavity wounds and non-healing wounds. It is available in a range of sizes and can be tailored to suit each wound requirement individually.

Guidelines for use
● Can be used on wet or dry wounds
● Can be layered to absorb exudate
When used on dry wounds needs occluding with a film dressing  
Must be cut to size  
**Contra indications**  
Do not use on bleeding wounds  
Caution should be used for patients currently on anticoagulants, e.g. warfarin

**14.5 Topical Negative Pressure (e.g. Vacuum assisted closure. VAC)**  
This device assists in wound closure by applying localised, topical negative pressure to draw the edges of the wound to the centre.

Topical negative pressure is applied to a foam or gauze dressing positioned in the wound cavity or over the flap or graft. The foam/gauze dressing helps remove fluid from the wound and stimulate the growth of healthy granulation tissue.

Topical negative pressure devices are only to be used following advice from surgeons or Tissue Viability Nurses.  
**NB: Refer to local policy/manufacturers guidelines for more details regarding the use of Topical Negative Pressure**

**14.6 Deodorising dressings (e.g. Carboflex)**  
Most deodorising dressings are made up of activated charcoal. There are reasons that wounds become malodorous and a thorough wound assessment should be undertaken to determine the cause of the odour.

**Guidelines for use**  
Can be used in conjunction with other dressings  
Can be combined with metronidazole gel for wounds colonised with anaerobic bacteria, however this should be for a short period only  
Can be used on malignant fungating wounds  
Can be used on infected wounds; however the patient requires systemic antibiotic therapy and daily dressing change. (Morgan 2000)  
Deodorising dressings should be used as a primary dressing. However they may stick to the wound bed, therefore the use of a non-adherant dressing is advised.