14. Specialised dressings

14.1 Honey (e.g. Activon)

Antibacterial properties of honey and its potential in the treatment of wound has been extensively reviewed. (Belcher, 2012; Vandamme, Heyneman, Hoeksema, & Verbelen, 2013)

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 Larval debridement therapy (LDT)

The larvae of the greenbottle fly (Lucillia Sericata) physically feed on dead tissue, cellular debris and serous drainage (exudate) present in sloughy wounds. Their feeding action breaks up the necrotic or sloughy tissue which is then consumed and digested (All Wales Tissue Viability Nurse Forum, 2013). The larvae do not digest living human tissue.

Guidelines for use

- Suitable for any wound that requires debridement (wound bed preparation) or for palliative reasons, e.g. malodour/infection.
- Can be used to prepare a wound for grafting or diagnostic reasons, e.g. diabetic foot wounds, pressure ulcers.
- Ensure the wound is sized correctly to ensure most effective mode of application and amount of larvae (free range) or bag size (BioBag).
- Immediately prior to treatment the wound should be irrigated or cleansed to remove dressing debris. Do not irrigate the wound bed whilst maggots in situ as this will minimise their effectiveness.
- LDT remains on the wound for up to 4 days. During the treatment outer dressings will be changed daily. The larvae should also be checked for viability and effectiveness. Ensure damp gauze is replaced on top of the bag/net at each dressing change. Ensure that ALL outer/secondary dressings are not occlusive and are permeable to the air.
- Sudocrem is supplied with BioBag. This should be used to protect the peri-wound area from excoriation. Hydrocolloid will be provided with free range

larvae. This will be used to prevent excoriation and to provide a base to seal the larvae net.

- On removal the BioBag should be gently removed and double bagged as clinical waste. Free range larvae should be removed with all outer dressings and the hydrocolloid border. Any remaining larvae should be wiped or irrigated off the wound and disposed of as clinical waste (double bagged).
- Should only be used by practitioners who have received training in the use of maggots
- Application instructions and care plans is sent with each delivery.
- Refer to local policy for more details re use of maggots

Contra indications/associated risks

- LDT should never be used on wounds that lie in close proximity to large blood vessels
- LDT should not be used for patients on anti-coagulants where the relevant clotting marker is not within an acceptable clinical range.
- LDT should not be used if wounds have a tendency to bleed.
- Caution should be used if wounds have a sinus or fistula and for wounds that have exposed organs or leading to a body cavity in conjunction with close medical supervision.
- LDT can be used on patients with necrotising fasciitis but only once a thorough assessment has been carried out as either a replacement for surgery or as an adjunct.
- LDT should not be used on wounds with dry necrotic eschar. These types of wounds require hydration first.
- Increased levels of pain have been reported when used on ischaemic wounds or where pain is already reported. Pain should be managed through analgesia
- As with any method of debridement, bleeding can result through damage to capillaries therefore daily wound inspection is recommended.
- Consider and discuss the efficacy of the treatment with the prescriber if the patient is undergoing systemic or topical cytostatic or cytotoxic therapy.

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 and devitalised tissue.
- 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 Topical Negative Pressure (e.g. VAC or Renaysis)

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, Vascular Nurse Specialists.

NB: Refer to local policy/manufacturers guidelines for more details regarding the use of Topical Negative Pressure

14.5 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 appropriate antimicrobial and/or systemic antibiotic therapy and daily dressing change. (Wounds UK, 2013)

Deodorising dressings should be used as a primary dressing. However they may stick to the wound bed, therefore the use of a non-adherent dressing is advised.

14.6 Debridement Pad – (Debrisoft)

- Debrisoft can be used to debride and cleanse chronic and acute wounds, peri-wound skin and skin conditions such a hyperkeratosis, in adults and children.
- Wound and skin debris make an ideal breeding ground for bacteria and infection. By actively and rapidly removing debris, Debrisoft leaves the wound and skin clear and ready for assessment and healing.

Guidelines for use

- Cleanse the wound and skin, removing all creams and emollients
- Remove the Debrisoft from the packaging
- Moisten Debrisoft with about 30ml of tap water or saline – there is no need for a

bucket.

- Gently using light pressure and a circular motion on the wound or a sweeping motion on the skin, cleanse/debride with the soft fleecy side of the moistened Debrisoft.
- **Do Not**
  - Cut the pad
  - Use as a dressing
  - Use if the patient has any known sensitivities to the product
  - Use on hard necrosis
  - Over soak the Debrisoft
  - Wring out Debrisoft