

Usage Instructions

Activon Tube

Twist off cap, apply to a dressing directly to the wound, or use in conjunction with Activon Tulle to increase the concentration of Activon honey at the wound site. Cover with a secondary dressing of choice which may be an absorbent pad or film dressing. Replace cap and dispose of tube, single use only.

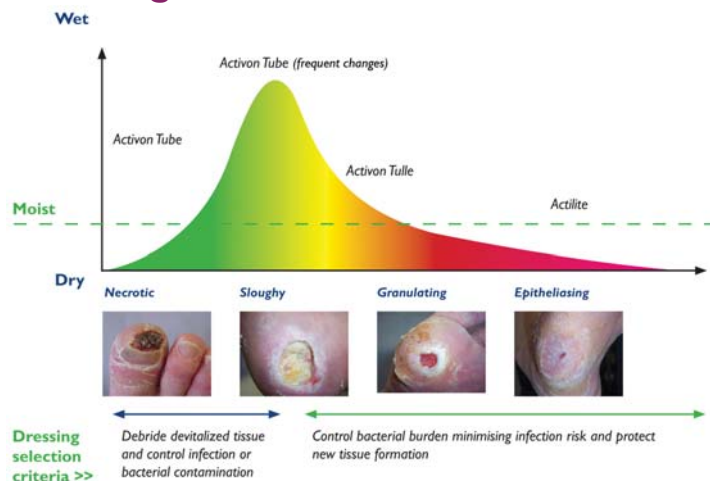
Activon Tulle

Activon Tulle is placed (either side down) onto the wound surface; dressings can be placed side by side to cover large wound areas or cut to size. Activon Tulle can be unfolded to cover larger areas, this reduces the concentration of honey at the wound site. Depending on the tissue type within the wound bed and level of exudate, your secondary dressing of choice could be a film dressing and/or bandage. In wounds with a high level of exudate an additional highly absorbent dressing can be introduced to help manage exudate.

Actilite

The hygroscopic effect of Activon+ promotes a moist wound healing environment. The dressing is easy to apply, with honey being naturally self-adherent it will gently adhere to surrounding dry skin but will not adhere to a wound bed. Apply a secondary dressing of choice, this can be an absorbent dressing or semi-permeable film dressing depending on the nature of the wound.

Dressing Selection Criteria



Ordering and Sizing Charts

Product Description	Sizes	Product Code	No. in Box
Activon Tube	25g	CR3830	12
Activon Tulle	5 x 5 cm	CR3747	5
	10 x 10 cm	CR3748	5
Actilite	10 x 10 cm	CR3822	10
	10 x 20 cm	CR3799	10

Read more about honey's medical properties and uses with our free textbook offer



Abbreviated chapter list:

- 1 Mode of Action
- 2 The Anti Microbial Activity of Honey
- 3 The Implications of Honey Dressings within Primary Care
- 4 Practical Use of Honey in Chronic Wounds
- 5 The Use of Leptospermum in Chronic Wound Management
- 6 Quality Standards of Medical Grade Manuka Honey
- 7 Use of Leptospermum on Chronic Wounds in Breast Care
- 8 The Use of Honey in Wound Management
- 9 A Summary of Published Clinical Research on Honey in Wound Management
- 10 Immunomodulatory Properties of Honey that may be relevant to wound repair

Appendix: Guidelines on the Use of Honey in Wound Management

Indications

Leg ulcers including pressure ulcers, surgical wounds, burns, graft sites and malodorous wounds. **Precautions:** Monitor diabetics for blood sugar change. Many cause pain due to osmotic action. If this occurs, discontinue and irrigate with saline.

Contra-Indications

Known allergy to bee venom. For Actilite only, allergy to tea tree oil (family of manuka) plants.

Your Local Distributor:

ACTIVON

Medical Grade Manuka Honey

By Advancis Medical



www.medicalhoney.com

mediGroup Australia Pty Ltd

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Melbourne VIC 3000

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**Natural Wound
Management Product**

How Medical Honey works?

Extensive evidence is available on the use of medical honey: over 500 cases, publishing clinical trials and research, spanning medical, surgical and nursing journals. Mechanisms and benefits discussed and referenced in *Honey: A Modern Wound Management Product*¹ include:

- Antibacterial barrier - Unique non-peroxide factor in active Manuka honey.
- Osmotic effect - Honey's high sugar content actively draws fluid from the wound bed
- Promoting autolytic debridement
- Enhanced healing - Honey is rich in water soluble antioxidants and provides favourable conditions that promote granulation and epithelialisation.
- Odour reduction - Rapid reduction and elimination of wound odours.

(For free copies of this book, contact us on 1300 362 534)

The Manuka Honey

The Manuka plant is part of the tea-tree family and found to have anti-bacterials properties greater and more resilient than other honeys tested so far.

The nectar is gathered from the Manuka plant (*Leptospermum Scoparium*) by bees in remote regions of New Zealand where these plants are heavily concentrated so that there is less chance of dilution from other floral sources.

Extracting the Manuka Honey used in our medical honey range is very stringent with specially developed techniques for bee keeping and the harvesting of honey. The Activon Honey also remains anti-bacterial in the presence of catalase found in wound serum where others do not.²

References

¹ ed. White, R, Cooper R, Molan P. 2005. *Honey: A Modern Wound Management Product*. Advancis Medical.

² Allen, KL, Molan PC, Reid, GM. 1991. A Survey of the antibacterial activity of some New Zealand honeys. *Journal Pharm Pharmacol*. 43 (12): 817-22.

Activon Tube



Activon Honey is a sterile medical grade Manuka Honey in a 25g tube which can be used in conjunction with our Activon Tulle dressing.

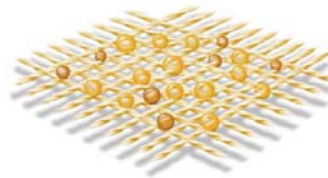
Activon Tulle

Activon Tulle is a BP specification knitted viscose primary dressing impregnated with an optimum volume of Activon medical grade Manuka honey for effective wound treatment.

Activon Tulle is designed to protect a wound, create a moist healing environment and form a barrier which effectively reduce or eliminate wound odour. Through osmotic action attributable to the high sugar levels in the antibacterial Manuka honey, exudate will be drawn from the wound into the dressing, which promotes autolytic debridement.



Actilite



Actilite is made from knitted viscose for low adherence and coated with anti-bacterial Activon+. Bacterial colonisation management is achieved in a natural way through the antibacterial barrier properties of the Actilite dressing.

This patented Activon+ technology has been demonstrated in-vitro to be effective against a number of major wound infecting organisms including MRSA, VRE and *Providentia stuartii*. In the laboratory tests the inhibition of bacteria was demonstrated to be better than a povidone iodine dressing and tested silver based dressings.

Case Studies

Case 1: Electrical Burn to Upper Arm



A 20 x 15 cm electrical burn wound with MRSA infection. Previously treated with Amoxicillin Flucloxacillin and Hydrogel with little progress. Honey was used to promote autolysis. *Within 1 week*: Softening of eschar and reduced pain. *Within 3 weeks*: Visible debridement. *Within 10 weeks*: Total debridement and visible signs of large areas of epithelialisation. Dressing was comfortable to wear and no pain following application.

Case 2: Mixed Aetiology Lower Leg Ulceration



Long standing ulcers on both lower legs showed signs of deterioration despite a modified compression regime and various appropriate topical dressings. Action Tulle was applied to ulcers and surrounding macerated skin. Daily dressings took place initially, then upon improvement went to alternate day changes and eventually twice weekly. Rapid improvement in the peri-wound skin was quite dramatic in first 4 weeks, with the initial affected areas (over 10cm square) healing completely and improvement in ulcer wound beds and surrounding macerated skin adjacent of each ulcer apparent.

Case 3: Bilateral Cellulites (reduced mobility)



Obese lady presented with small ulcer on left calf (6 x 2 cm). Sloughy minimal exudates with macerated peri-wound area. She was allergic to iodine. The use of honey was commenced and the wound healed in approx. 4 weeks.

Case 4: Donor site wound MRSA positive



5 month old donor site wound MRSA positive and no signs of healing. *Left photo*: Before Manuka Honey dressing *Right photo*: 2 weeks after dressing