DERMA SCiENCES

WOUND & BURN DRESSING

MEDIHONEY®

with Active *Leptospermum* Honey

The most studied and proven medical grade honey[1,2,3] offering versatility and effectiveness when managing challenging wounds.

What is Active *Leptospermum* Honey (ALH)?

- The most studied species of honey for the management of wounds and burns
- Also know as Manuka honey, it is derived from the pollen and nectar of a specific *Leptospermum* species of plant in New Zealand
- Unique among all types of honey, it maintains its effectiveness even in the presence of wound fluid
- The only species of honey that has been shown in randomized controlled studies to help wounds that have stalled under first-line treatment to progress towards healing[1,2,3]

MEDIHONEY® - Superior sourcing, rigorous processing

- Controlled against a rigorous set of systems and standards, and demonstrates product consistency from batch-to-batch
- Sterilized by gamma irradiation, destroying any bacterial spores without loss of product effectiveness[7,8]
- Comes from a traceable source and is free of pesticides and antibiotics

How MEDIHONEY® helps to promote healing

- Promotes a moisture-balanced environment conducive to wound healing
- Multiple Mechanisms of Action (MOA's) help to manage and gain control over the wound environment
- Assists in autolytic debridement due to high osmolarity[7]
- Promotes a constant outflow of lymph fluid helping to lift necrotic tissue from the wound environment
- Helps to lower pH levels within the wound, decreasing protease activity[9,10]
- Is non-toxic, natural, and safe
- Easy to use, with the potential for extended wear times

History and heritage helping to heal

MEDIHONEY, with Active *Leptospermum* Honey, is helping to advance wound care

The use of honey for healing goes back thousands of years, to ancient Greece and Egypt. References to its healing abilities are found in the Smith Papyrus, in the writings of Hippocrates and Galen, and even in the Talmud. In recent years a resurgence in the use of honey has driven research and clinical testing to understand the healing properties and effectiveness of honey in helping to heal wounds. As a result, clinicians worldwide are championing the use of this unique honey across a broad spectrum of applications.

WOUND & BURN DRESSING

MEDIHONEY®

with Active *Leptospermum* Honey

Helps to promote moist wound healing in challenging wounds and assists in autolytic debridement

Changing expectations and clinical outcomes in wound care

In all the long history of wound care, no period has seen as dramatic a change as the last decade. The new paradigm of moist wound healing has significantly improved outcomes and has helped clinicians make knowledge-based decisions affecting the healing process.

Derma Sciences is at the forefront of this ongoing search for advanced knowledge and innovation in wound care. MEDIHONEY® dressings, containing Active *Leptospermum* Honey (ALH), address the many factors that cause delayed healing, assist with autolytic debridement and help promote a moist wound healing environment.

Making an impact on challenging wounds

Wounds can be challenging to manage due to a multitude of co-morbid and cascading factors[8]. These factors include necrotic tissue, bacterial imbalance, recurring physical trauma, and altered levels/composition of wound exudates.

The overall goal for wound bed preparation is to remove factors that delay healing[9]. Setting goal-oriented strategies can help you gain control over the wound environment and get the patient back on track towards healing. Appropriate goals such as maintaining the physiologic wound environment (e.g. debridement, cleansing, prevention/management of infection)[10] and providing systemic support (e.g. edema reduction, nutrition, hydration) are foundational to the process.

MEDIHONEY's high osmolarity helps create a moist wound healing environment which aids in **debridement and removal of necrotic tissue.** The low pH of MEDIHONEY helps to lower **the pH of the wound, helping to improve O_2 diffusion and reducing protease levels[11].**

CAUSES OF STALLING	MEDIHONEY ACTION	RESULT
Non-viable/Necrotic tissue	Osmotic activity	Aids in autolytic and mechanical debridement Constant outflow of lymphatic fluid delivers plasminogen to wound site,helping to break down necrotic tissue
High levels of proteases	pH modulation	A reduction in pH helps to decrease protease activity and reduce slough
Impaired fibroblast activity	pH modulation	Lower pH levels help to optimize conditions for fibroblast migration proliferation, organization of collagen
Impaired perfusion and decreased tissue oxygenation	Osmotic activity pH modulation	Osmotic potential helps to reduce edema and increase the oxygen flow to the wound area. A decrease in pH helps to release oxygen into the blood steam.

The Role of MEDIHONEY® in Debridement

Because no two wounds are alike, it is often difficult to identify exactly what is going wrong within the wound environment, causing it to be chronic or stalled. MEDIHONEY offers two mechanisms of action that can help you approach your wound management plan from two perspectives and get the wound back on track - high osmolarity and low pH.

1 AUTOLYTIC DEBRIDEMENT

During autolysis the body breaks down tissue or cells. A moist environment, created by ALH dressings, aids the body's own process of moisturizing and re-hydrating, thus loosening and liquefying necrotic tissue.

2 OSMOLARITY

ALH creates an osmotic effect, which occurs when the high sugar content of honey facilitates movement of fluid from an area of higher concentration to an area of lower concentration. Lymph fluid is drawn from the deeper tissue to the wound surface. The constant flow of lymph fluid cleanses debris and lifts necrotic tissue from the wound.

3 PLASMINOGEN CONVERSION

The osmotic effect constantly replenishes plasminogen at the surface of the wound. Plasminogen is then converted to plasmin which breaks the adhesion of necrotic tissue at the wound surface. The constant outflow of fluid helps to gently lift necrotic tissue.

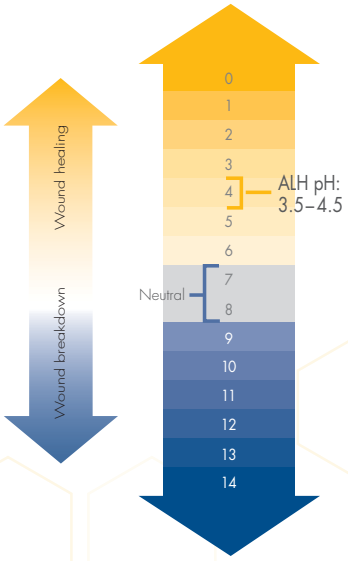
4 REDUCTION IN pH

The failure of a chronic wound to heal has been correlated with alkaline pH levels. The surface pH of chronic wounds has been reported to range from 7.15 to 8.94. ALH has a low pH of 3.5 – 4.5, which helps to reduce the pH of the wound environment. It contributes to the acidic environment that promotes healing.

This is in part due to the fact that a reduction in pH has been shown to decrease protease activity, therefore diminishing the production of slough. Further, lowering the pH by 0.6 units shifts the oxygen/hemoglobin curve to the right, causing a release of almost 50% more oxygen, which fuels the cellular functions essential to the repair process. As shown in the Gethin study, use of ALH demonstrated an average pH lowered from 7.72 to 7.26 ($p<0.001$). Each 0.1 decrease in pH was associated with an 8.1% reduction in wound size ($p<0.01$).[7]

High Osmolarity

Low pH Level



Clinical evidence demonstrates MEDIHONEY's effe

Manuka Honey vs. Hydrogel – a prospective, open label, multicenter, randomized controlled trial to compare desloughing efficacy and healing outcomes in venous ulcers

A 108-PATIENT RCT

Georgina Gethin, PhD, and Seamus Cowman, MSc, PhD, of the Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland, Dublin, Ireland, performed a prospective large, multicenter randomized controlled trial of venous ulcer patients[6].

INCLUSION CRITERIA

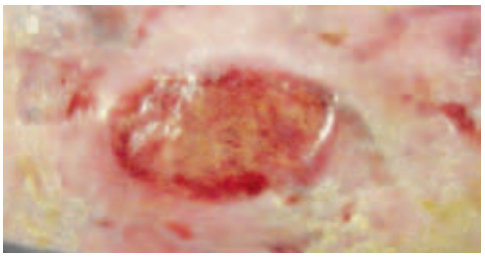
Patients with venous leg ulcers, at least 6 months in duration, not progressing after standard compression therapy: must have > 50% of wound area covered in slough. Must not be taking antibiotics.

PRIMARY OUTCOMES

To determine the ability of ALH to deslough wounds after four weeks. To evaluate ALH's impact on healing at 4 and at 12 weeks.

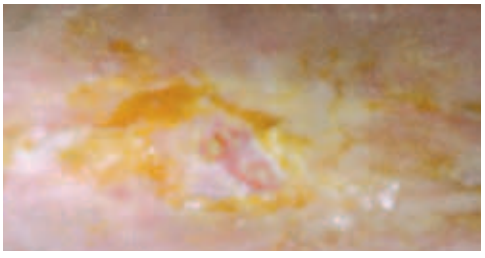
END OF WEEK 4

- Honey had a mean 67% reduction of slough versus mean 53% in gel group (p = 0.054).
- New epithelial tissue was visible earlier in honey then gel wounds (p = 0.042).
- The median reduction in wound size was 34% in honey group versus 13% in gel group (p = 0.00).



END OF WEEK 12

- Healing rate at 12 weeks was significantly better in honey group versus gel (p = 0.037)
- 44% healed in honey arm; Approaching 50% rate of "typical" venous leg ulcer healing under compression. 33% in control arm healed.
- This finding, adjusted for Margolis Score (ie: considering both the size and duration of the ulcer) was statistically significant (p<0.025)



The impact of Manuka honey dressings on the surface pH of chronic wounds

A 20-PATIENT RCT

Gethin G., Cowman, S., & Conroy, R. (2008). The impact of Manuka honey dressings on the surface pH of chronic wounds. International Wound Journal, 5(2), 185-194.

STUDY DESIGN

- Prospective study on 20 Patients:
  - – No reduction in wound size for prior 3 weeks
  - – Venous, arterial, mixed, and pressure ulcers
  - – MEDIHONEY Calcium Alginate applied for 2 wks

pH LEVELS

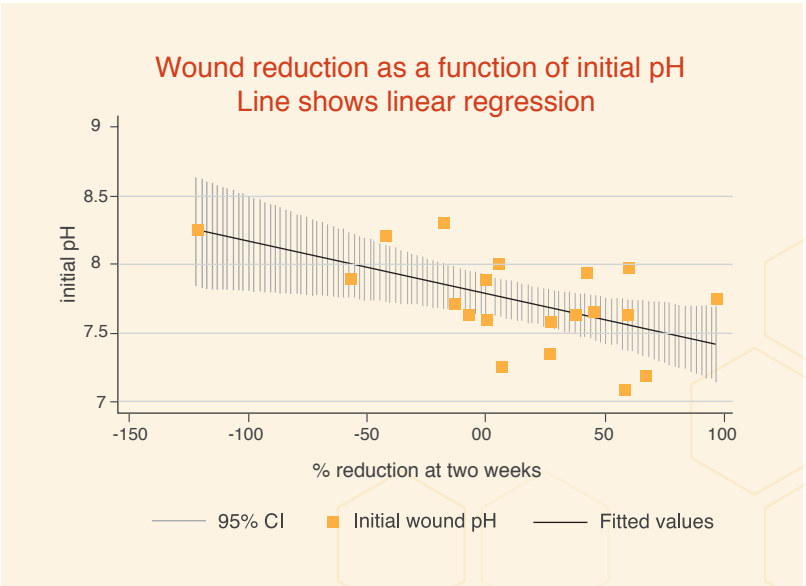
- Mean pH at start 7.72 (SD .339)
- Mean pH at end 7.26 (SD .53)
  Statistically significant (p = 0.001)

WOUND SIZE

- Mean wound size at start 10.1cm
  reduced to 9.1cm (N/S)

RESULTS

- The highest pH of VLU was 7.94
  at start and 7.76 at end
- The highest pH of mixed aetiology
  ulcers was 8.25 and 7.95 at end
- Those with a pH of 7.6 or lower had
  a mean reduction in size of 32%
- Wounds with pH of >8.0 had
  increases in size



Evidence shows MEDIHONEY® is effective on a variety

PATIENT CASE STUDY - PRESSURE ULCER

Nancy Chaiken, ANP-C, CWOCN, Swedish Covenant Hospital, Chicago, IL

56 year-old female with Stage IV sacral pressure ulcer measuring 8.0 cm x 10.0 cm. Moderate amount of serosanguineous exudate. Per wound erythema and adherent, loose, necrotic slough tissue around wound base. Patient pain score 10/10.

WEEK 1 MEDIHONEY® was applied, covered with a calcium alginate absorbent cover dressing daily.

WEEK 6 Minimal sharp debridement was performed as needed. Continued application of MEDIHONEY® covered with an absorbent calcium alginate dressing. Wound measures 6.0 cm x 8.0 cm x 1.0 cm. Healthy granulation tissue apparent with small amount of fascia exposed. Patient's self-report of pain scores was gradually improving.

WEEK 12 Complete healing was achieved.

PATIENT CASE STUDY - VENOUS LEG ULCER

Jennifer A. Gardner PT, DPT, MHA, CWS and Tara Murphy RN, BSN, Underwood-Memorial Hospital, Woodbury, NJ

88 year-old female with traumatic wound on anterior lower leg complicated by venous insufficiency. Patient had multiple co-morbidities including cancer and was concurrently undergoing radiation treatment. MEDIHONEY® Gel was initiated in combination with elastic tubular bandage and the wound came to full closure in a two week time period.

DAY 1 2.5 cm x 2.5 cm

WEEK 1 Closed

WEEK 2 Follow up visit, wound remained closed.

# of etiologies, helping to make wound management easier

PATIENT CASE STUDY - DIABETIC FOOT ULCERS

Steven J. Kavros, DPM, Gondavascular Wound Healing Center, Mayo Clinic, Rochester. MN

68 year-old male with diabetes, peripheral neuropathy, ESRD and CCLI. Wound located on the plantar aspect of the forefoot without bone exposure. Dense fibrin tissue, slough and limited granulation tissue were initially present. Weekly debridement and additional adjunctive therapies continued in the patient's wound care protocol.

DAY 1 MEDIHONEY® Calcium Alginate dressing was applied and changed every other day.

WEEK 4 Patient responded well with dressing changes every other day. Wound reduced in volume by 25%.

WEEK 8 Wound reduced in volume by 85%.

PATIENT CASE STUDY - RHEUMATOID ARTHRITIS

M. Allison Hendrickson, DO, CWS, FACCWS Baylor All Saints Wound Management Program

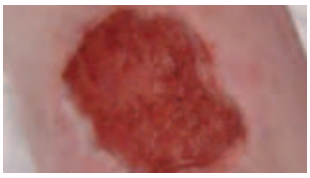
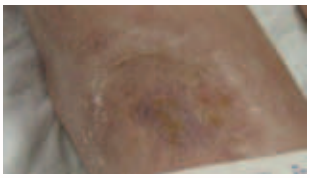
53 year-old male with history of RA, morbid obesity, myocardial injury, Hepatitus C and newly diagnosed esophageal cancer. MRSA positive foot wound of 2½ year duration. 8.0 cm x 8.0 cm x 1.0 cm full thickness wound. Large amounts of serious exudate, necrotic slough tissue, periwound erythema and pain.

WEEK 1 MEDIHONEY® was applied, covered with an absorbent calcium alginate dressing and secured with a conforming gauze bandage daily.

WEEK 4 Continued application of MEDIHONEY® covered with an absorbent calcium alginate dressing and secured with conforming gauze. 7.0 cm x 7.0 cm x 1.0 cm wound measurement. Decreased exudate, necrotic slough, and periwound erythema. Increased granulation tissue. Decreased pain.

MONTH 4 Complete healing achieved despite continual chemotherapy for esophageal cancer.

PATIENT CASE STUDY - AT-RISK LIMBS

Paul Ligouri, MD & Kim Peters, RN, CWS, Whittier Rehabilitation Hospital, Bradford, MA

72 year-old diabetic, neuropathic female. Reddened area on the dorsal surface of the foot. Diagnosed with cellulitis. Wound bed covered with thick slough. Periwound edema, erythema and warmth.

WEEK 1 MEDIHONEY® Calcium Alginate dressings were initiated with an absorbent cover dressing changed daily.

WEEK 4 Frequency of MEDIHONEY® Calcium Alginate reduced to 1x daily. Wound bed clean and undermining is present. NPWT initiated to enhance growth of granulation.

MONTH 3 Total healing time with multi-disciplinary, advanced modality approach. At-risk limb achieved optimal outcome – total wound closure.

PATIENT CASE STUDY - PEDIATRIC WOUNDS



Roxana Reyna RNC, WWC, Driscoll Children's Hospital, Corpus Christi, TX

A 4 week-old male with a history of failure to thrive, IV infiltrate and cellulitis to the left foot, which had been treated for 7 days with antibiotic ointment and covered with non-stick gauze BID. Upon beginning of ALH treatment, dressings were changed every 3 days until discharge, then every 5 days until closed.

DAY 1 Initial assessment

DAY 3 24 hrs. after ALH paste applied

MONTH 2 Wound closed

PATIENT CASE STUDY - ONCOLOGIC: POST SURGICAL



Scott Moore, NREMT-P, RN. Certified ACLS, PALS, BLS ONS Chemotherapy and Biotherapy, Edmund Oncology Center, Edmond, OK

Rapidly growing SCC of the right post-auricular area. Excessive malodor and exudate present. Patientundergoing radiation therapy (IMRT).

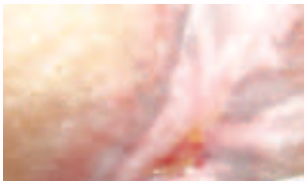
WEEK 1 Absorbent cover dressing initiated.

WEEK 3 MEDIHONEY® Calcium Alginate initiated.

WEEK 4 MEDIHONEY® Calcium Alginate dressings with super absorbent cover initiated. IMRT resulted in necrotic tissue sloughing. Excess exudate managed with frequent cover dressing changes (1-2x daily). Malodor was eradicated.

WEEK 8 Complete wound closure with minimal scar tissue.

PATIENT CASE STUDY - STAGE IV PRESSURE ULCER



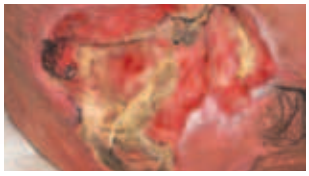
Aaron Wodash RN, WCC, Augustana Care Center, Minneapolis, Minnesota

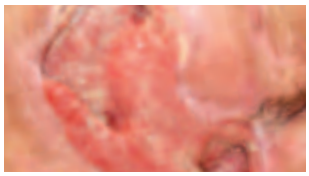
79 year-old female with stage IV pressure ulcer at left ischial tuberosity. Enzymatic debrider and NPWT were utilized however wound not progressing. MEDIHONEY® Calcium Alginate dressings were initiated 3/7. The wound came to closure is less than 9 weeks.

WEEK 1 4.0 cm x 2.0 cm

MONTH 2 Closed

PATIENT CASE STUDY - SACRAL PRESSURE ULCER





Cecilia Gray, RN, MSN, CNS, CWON, and Fatima Ishii, RN, BS, CWON, Los Angeles County and University of Southern California Medical Center, Los Angeles, CA

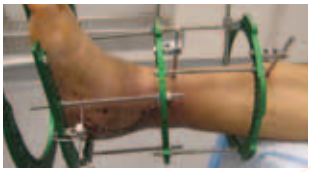
A 51 year-old male paraplegic with chronic sacral and ischial pressure ulcers previously treated with surgical muscle flaps. History of osteomyelitis, receiving long-term antibiotics.

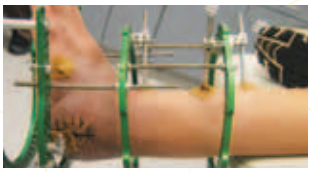
DAY 1 Sacral pressure ulcer 10 cm x 12 cm x 5 cm

WEEK 4 After 16 days of ALH treatment wound measured 7 cm x 12 cm x 4 cm

MONTH 2 Readmitted with right ischial ulcer 10 cm x 8 cm x 1 cm in addition to previously treated sacrum, 7 cm x 12 cm x 4 cm. ALH re-started to both areas. 37 days after restarting ALH. Sacrum (superior) with 100% beefy red hypergranulation tissue; right ischium (inferior) with beefy red 80% hypergranulation tissue and 20% adherent yellow slough.

PATIENT CASE STUDY - PIN SITES





Michael S. Kerzner, DPM, Dept. of Orthopedic Surgery, Duke University Medical Center, Durham, NC.

A single center case series to investigate the safety and efficacy of *Leptospermum* honeycolloids (ALH) for use in pin site care after open reduction external fixation (OREF) of DM Charcot patients undergoing reconstruction.

Results: Out of a total of 57 sites on five patients, only two wire sites were noted to have signs of infection. These two sites resolved uneventfully with a short course of empirical antibiotics administered orally. As noted by Dr. Kerzner, infection rates of open reduction external fixation can range from 35-40% or higher.

Dressings that can be used from the start of the wound through to closure can help make wound management easier[11]

MEDIHONEY®, with Active *Leptospermum* Honey, (ALH) is the global leading medical-grade honey-based product line for the management of wounds and burns. Derived from the *Leptospermum* scoparium species of plant in New Zealand, these unique dressings contain plant-derived properties beneficial throughout all phases of the wound healing.

Due to its multiple properties for healing, MEDIHONEY is a first-line choice for the management of challenging wounds and for helping to facilitate fast, effective debridement of necrotic tissue.

MEDIHONEY® Gel

(Active Leptospermum Honey content - 80%)

- 80% Active *Leptospermum* Honey and 20% Natural gelling agents.
- Provides increased stability at the site of the wound due to its natural gelling agents.

Usage suggestions:

- This natural and non-toxic honey dressing can be used safely on superficial to full thickness wounds

MEDIHONEY® Paste

(Active Leptospermum Honey content - 100%)

- For use in hard-to-dress wounds and other wounds that would normally require a gel or paste

Usage suggestions:

- This all natural and non-toxic honey dressing can be used safely in tunneled wounds or wounds with undermining
- An optional accessory applicator tip comes in each box, to help facilitate application into tough-to-reach areas

MEDIHONEY® HCS

(Active Leptospermum Honey content - 63%)

- Combines the healing properties of *Leptospermum* Honey with the handling capability of Super Absorbent Polymer (SAP) technology
- Absorbs 2.5x the amount of fluid of leading hydrocolloids[12]
- Is cooling and soothing upon application
- Two versions: Adhesive and non-adhesive
- Both versions absorb light to moderate amounts of exudate

Usage suggestions:

- For dry to moderately exuding superficial to partial thickness wounds

MEDIHONEY® Calcium Alginate

(Active Leptospermum Honey content - 95%)

- Honey impregnated into a calcium alginate dressing
- As wound fluid enters the dressing, the honey is released while the dressing absorbs and forms a gel

Usage suggestions:

- Used in the same fashion as a typical calcium alginate or other gelling fiber dressing

MEDIHONEY® Honeycolloid™

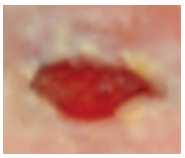
(Active Leptospermum Honey content - 80%)

- Two versions: Adhesive and Non-adhesive
- The adhesive version is occlusive like a traditional hydrocolloid, having a thin film backing and adhesive border
- The non-adhesive version is not occlusive, and requires a secondary dressing to hold in place
- Both versions absorb light to moderate amounts of exudates
- The honeycolloid pad will form a gel as it warms up with body temperature and as it comes into contact with wound fluid

Usage suggestions:

- For lightly to moderately exuding superficial to partial thickness wounds
- The non-adhesive version can be used similarly to an alginate or a hydrocolloid paste to either cover or fill a partial-to-full thickness wound

MEDIHONEY® Dressing Selection Guide

WOUND DEPTH		EXUDATE LEVEL	PRIMARY DRESSING	SECONDARY DRESSING/ TERITIARY DRESSING
SUPERFICIAL OR PARTIAL THICKNESS		Light-Mod	MEDIHONEY HCS Non-Adhesive	BIOGUARD Conforming Bandage/ Lg. Roll Gauze or Gauze Wrap
			MEDIHONEY HCS Adhesive	
			MEDIHONEY Gel, Paste or Honeycolloid Non-Adhesive	XTRASORB Foam Non-Adhesive and Gauze Wrap
			MEDIHONEY Gel, Paste or Honeycolloid Non-Adhesive	XTRASORB Foam Adhesive
			MEDIHONEY Honeycolloid Adhesive	
		Mod-Heavy	MEDIHONEY Gel, Paste, Alginate or Honeycolloid Non-Adhesive	XTRASORB Foam Non-Adhesive/ Gauze Wrap Bandage
			MEDIHONEY Gel, Paste, Alginate or Honeycolloid Non-Adhesive	XTRASORB Foam Adhesive
			MEDIHONEY Honeycolloid Adhesive	
		Ex Heavy	MEDIHONEY Calcium Alginate	XTRASORB Classic and BIOGUARD Conforming Bandage/Lg. Roll Gauze or Gauze Wrap
FULL THICKNESS		Light-Mod	MEDIHONEY Gel, Paste or Honeycolloid Non-Adhesive	XTRASORB Foam Non-Adhesive and Gauze Wrap Bandage
			MEDIHONEY Gel, Paste or Honeycolloid Non-Adhesive	XTRASORB Foam Adhesive
			MEDIHONEY Honeycolloid Adhesive	
		Mod-Heavy	MEDIHONEY Gel, Paste or Honeycolloid Non-Adhesive	XTRASORB Foam Adhesive
			MEDIHONEY Gel, Paste or Honeycolloid Non-Adhesive	XTRASORB Foam Non-Adhesive and Gauze Wrap Bandage
			MEDIHONEY Calcium Alginate	XTRASORB Foam Non-Adhesive and Gauze Wrap Bandage
			MEDIHONEY Calcium Alginate	XTRASORB Foam Adhesive
		Ex Heavy	MEDIHONEY Calcium Alginate	XTRASORB Classic and Gauze Wrap Bandage

Please seek physician consult when signs of infection or infection are present.

Proper wound bed preparation is based on this protocol (TIME) to create a physiologic wound environment and keep healing on track:

Debride to restore viable wound base

Inhibit proteases, reduce inflammation

Restore epithelial cell migration, avoid dessication, control edema

Use debridement and other therapies to advance edge of wound

A Guideline for Care – MEDIHONEY® Dressing, Application and Removal

- Wash hands thoroughly
- Apply gloves
- Assess the wound. Look for signs of healing. Also look for any signs of increased redness, pain, swelling, or heat within or around the wound*
- Cleanse the wound and skin around the wound with sterile saline, sterile water, or other safe wound cleansers
- Dry the skin around the wound by patting gently with gauze
- Protect the skin around the wound to avoid maceration. Apply a skin protectant barrier wipe or barrier ointment. (An initial increase in exudates may occur as a result of the highly osmotic effect of MEDIHONEY®)
- Choose a MEDIHONEY® dressing that is appropriate for the amount of drainage. (MEDIHONEY® dressing or MEDIHONEY® Gel for light to moderate exudates, wounds that are hard to dress, or those that require a wound gel or paste; MEDIHONEY® HCS for dry to moderate exudates that are superficial to partial thickness wounds; MEDIHONEY® Calcium Alginate dressing for moderate to heavy exudates; MEDIHONEY® Honeycolloid dressing for light to moderate exudates)
- Apply the appropriate MEDIHONEY® dressing to fit the wound. The MEDIHONEY® Calcium Alginate and Non-adhesive Honeycolloid can be cut to fit within the wound edges.
- Apply an absorbent cover dressing (XTRASORB® super absorbent dressings are recommended due to the highly osmotic effect of MEDIHONEY®)
- Dressing change: Remove the dressing gently. If the dressing is difficult to remove, moisten with saline or water. Discard the old dressing in a disposal bag.

** The healthcare provider should be notified if the wound worsens. Report increased redness, pain, swelling, or heat on or around the wound.*

References

[1] Georgina Gethin, PhD, and Seamus Cowman, MSc, PhD, of the Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland, Dublin, Ireland: a prospective large, multicenter randomized controlled trial of venous ulcer patients.
[2] Nancy Chaiken, ANP-C, CWOCN, Swedish Covenant Hospital, Chicago, IL, a study of various etiologies and co-morbidities
[3] Becky Strilko RN, BSN, CWOCN, APN; Chris Barkauskas RN, BA, CWOCN, APN; Andrea McIntosh, RN, BSN, CWOCN, APN, Silver Cross Hospital, Joliet, IL Open Label Pilot Study
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[7] Gethin G, Cowman S. The impact of Manuka honey dressings on the surface pH of chronic wounds. *Int Wound J.* 2008; 5:185-194.
[8] Regulski, M. A novel wound care dressing for chronic leg ulcerations. *Podiatry Management, 2008*. November/December: p. 235-246
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[10] Bryant, R, Nix, D editors, *Acute and Chronic Wounds*, ed 4, pp 279-290, St. Louis, 2012, Mosby
[11] Robson, V., Dodd, S and Thomas, S. Standardized antibacterial honey (MEDIHONEY) with standard therapy in wound care: randomized clinical trial. *Journal of Advanced Nursing,* 2009: p. 565-575.
[12] In-house data

MEDIHONEY® Ordering Information

Order Code	Description	Packaging unit/Case	HCPCS
Gel			
31805	0.5 oz tube	10/box, 4 boxes/case	A6240
31815	1.5 oz tube	1/box, 12 boxes/case	A6240
Paste			
31505	0.5 oz tube	10/box, 4 boxes/case	A6240
31515	1.5 oz tube	1/box, 12 boxes/case	A6240
31535	3.5 oz tube	1/box, 12 boxes/case	A6240
HCS			
Non-adhesive			
31622	2.4" x 2.4"	10/box, 5 boxes/case	A6234
31644	4.33" x 4.33"	10/box, 5 boxes/case	A6235
Adhesive			
31722	2.8" x 2.8" (4.3" x 4.3" with adhesive border)	10/box, 5 boxes/case	A6237
31744	4 ½" x 4 ½" (6" x 6" with adhesive border)	10/box, 5 boxes/case	A6238
Calcium Alginate			
31012	¾" x 12"	5/box, 4 boxes/case	A6199
31022	2" x 2"	10/box, 10 boxes/case	A6196
31045	4" x 5"	10/box, 5 boxes/case	A6197
Honeycolloid™			
Non-adhesive			
31222	2" x 2"	10/box, 10 boxes/case	A6234
31245	4" x 5"	10/box, 5 boxes/case	A6235
Adhesive			
31422	2" x 2" (3½" x 3½" with adhesive border)	10/box, 10 boxes/case	A6237
31445	4½" x 4½" (6" x 6" with adhesive border)	10/box, 5 boxes/case	A6238

Note: Due to the high osmotic activity of MEDIHONEY® dressings, when appropriate it is recommended to protect the skin with a skin protectant, and to initially cover the dressing with a highly absorbent secondary dressing.

Scan this QR code with your smart phone to see MEDIHONEY's unique MOA, or view the MEDIHONEY Versatility video on our e-learning portal

DERMA SCIENCES

MEDIHONEY® XTRASORB® BIOGUARD® ALGICELL® Ag TCC-EZ®

Derma Sciences, Inc.
214 Carnegie Center, Suite 300
Princeton, NJ 08540
(p) 800 445 7627 (f) 609 514 8554
www.dermasciences.com