

Frequently Asked Questions

Advanced Wound Care

Are MediHoney® dressings made with regular honey?

No. MediHoney® dressings are made with a special honey that is derived from the nectar of the Leptospermum plant. This type of honey has unique properties that have been scientifically verified and shown in clinical trials and by other clinical evidence to be effective for the management of wounds and burns.¹⁻³ In one randomized controlled trial, the mean healing time of wounds treated with MediHoney dressings was significantly faster than the mean healing time of wounds treated with conventional dressings.⁴

Why is MediHoney different than any other honey?

Unlike regular honey, MediHoney is controlled against a rigorous set of systems and standards, including independent monitoring and auditing, to guarantee quality and batch-to-batch consistency. It is also ultra filtrated and sterilized by gamma irradiation, removing any bacterial spores without loss of product effectiveness.³ MediHoney comes from a traceable source and is free of pesticides and antibiotics.³

What makes MediHoney effective for wound and burn care?

MediHoney dressings aids and supports autolytic debridement and a moist wound healing environment in acute and chronic wounds and burns,⁵⁻⁸ through two key mechanisms – high osmolarity and low pH. The high sugar content of honey facilitates movement of fluid from an area of higher concentration, across a membrane, to an area of lower concentration. Osmotic potential draws fluid through the wound, to the surface, helping to liquefy non-viable tissue.

Additionally, MediHoney has a low pH of 3.5-4.5. Maintaining more acidic pH levels within the wound environment can help to keep a wound on track towards healing.

What is the difference between the MediHoney Gel and the MediHoney Paste dressing?

Designed to be different and provide a clinical benefit, MediHoney Gel dressings are made with Active *Leptospermum* Honey and combined with natural gelling agents, commonly used in dermatologic products, to offer a more viscous formulation with increased stability at the site of the wound. Even in the presence of body heat and wound fluid, MediHoney Gel is designed to keep the honey at the site of the wound for longer periods of time. It is safe and effective on a variety of partial to full thickness wound etiologies.

MediHoney Paste dressings with 100% Active *Leptospermum* Honey is ideal for use in hard to dress wounds areas such as tunneled wounds, sinus wounds and wounds with undermining. The MediHoney Paste dressing has the ability to seep down into areas of the wound you may not be able to reach with other dressings.

What is the evidence to support the dressings' usage?

There are over 200 pieces of evidence demonstrating MediHoney dressings are effective for the management of acute and chronic wounds and burns:

- 5 Randomized Controlled Trials (RCT)
- 30+ Peer-Reviewed In-vitro Studies and Papers published

- 50+ Peer-Reviewed In-vivo Studies and Papers published
- 130+ In-vivo Posters presented

 $More\ supporting\ evidence\ than\ any\ other\ medical-grade\ honey\ brand!$

What are the most common uses of MediHoney dressings?

MediHoney dressings are safe, effective and versatile to use on a variety of wounds and are indicated for use on:

- · Diabetic foot ulcers
- 1st and 2nd degree partial thickness burns
- Leg ulcers (venous stasis ulcers, arterial ulcers and leg ulcers of mixed etiology)
- Pressure ulcers / sores (partial and full thickness)
- Donor sites, and traumatic and surgical wounds

How often should the dressings be changed?

The change frequency of MediHoney dressings depends on the condition of the patient's wound as well as the level of wound exudates. MediHoney dressings should be reapplied when the primary secondary dressing has reached its absorbent capacity.

Should a skin protectant be used prior to application?

Yes. Due to the osmotic potential there can be an increase in exudate and wound fluid to the wound area. Applying a skin protectant to the surrounding skin will help to prepare and protect the area from excess moisture and fluid.

What are the precautions?

- Due to the dressing's low pH, some patients may notice a slight transient stinging. If stinging persists and cannot be managed with an analgesic, remove dressing, cleanse area, and discontinue the use of MediHoney dressing.
- During initial use of the dressing (depending on wound exudate levels, interstitial fluid, and edema surrounding the wound), the dressings' high osmotic potential may contribute to increased exudate, which could lead to maceration if the excess moisture is not managed appropriately. Manage additional moisture by adding an absorptive cover dressing and/or adjusting the frequency of dressing change.
- During the healing process, due to autolytic debridement, it is common for non-viable tissue to be removed from the wound resulting in an initial increase in wound size. Although an initial increase in wound size may be attributed to the normal removal of non-viable tissue, consult a healthcare professional if the wound continues to grow larger after the first few dressing changes.

What are the contraindications?

- · On third degree burns
- With patients that have a known sensitivity to honey or any other component parts specific to each dressing (please see package insert for more information).
- · To control heavy bleeding

References: 1. Cutting KF. Honey and contemporary wound care: An overview. Ostomy Wound Manage. 2007;53(11):49–54. 2. Lusby PE, Coombes A, Wilkinson JM. Honey. A potent agent for wound healing? J Wound Ostomy Continence Nurs. 2002;29(6):295–300. 3. In-house data. 4. Kamaratos AV, Tizriogiannis KN, Iraklianou SA, Panoutsopoulos GI, Kanellos IE, Melidonis AI. Manuka honey-impregnated dressings in the treatment of neuropathic diabetic foot ulcers. Int Wound J. 2012; 9: 1–7. S. Regulski, M. A novel wound care: radowing defensions. Poddity Management, 2008. November/December: p. 235–246. 6. Robson, V., Dodd, S and Thomas, S. Standardized antibacterial honey? with standard therapy in wound care: randomized clinical trial. Journal of Advanced Nursing, 2009; p. 565–575. 7. Bateman S, Graham T (2007) The Use of MediHoney? Wound Gel on survical wounds post–CABG. WOUNDS UK: Vol. 3(3). 76–83. 8. Cadoan. 2008) The use of honey to treat an ulcer on the heel of a person with diabetes. The Diabetic Poot Journal: 11. (i): 47–45.

PREPARE

	Reference	Description	Packaging Unit/Case	HCPCS
Gel	31805	0.5 oz tube	10/box, 4 boxes/case	A4649
	31815	1.5 oz tube	1/box, 12 boxes/case	A4649
	31840	14 oz tub	1/jar, 6 tubs/case	
Paste	31505	0.5 oz tube	10/box, 4 boxes/case	A4649
	31515	1.5 oz tube	1/box, 12 boxes/case	A4649
	31535	3.5 oz tube	1/box, 12 boxes/case	A4649
Hydrogel Sheet Non-Adhesive	31620	2.4 in x 2.4 in	10/box, 5 boxes/case	A6242
	31640	4.3 in x 4.3 in	10/box, 5 boxes/case	A6243
Adhesive	31720	2.8 in × 2.8 in (4.3 in × 4.3 in with adhesive border)	10/box, 5 boxes/case	A6245
	31740	4.5 in x 4.5 in (6 in x 6 in with adhesive border)	10/box, 5 boxes/case	A6246
HCS Surgical	31738	1.75 in x 6.5 in (3 in x 8 in with adhesive border)	10/box, 5 boxes/case	A4649
Fenestrated (Non-Adhesive)	31618	1.8 in x 1.8 in	10/box, 5 boxes/case	A4649
Non-Adhesive	31622	2.4 in x 2.4 in	10/box, 5 boxes/case	A4649
	31644	4.33 in x 4.33 in	10/box, 5 boxes/case	A4649
	31612	8 in x 12 in	2/box, 5 boxes/case	A4649
Adhesive	31722	2.8 in x 2.8 in (4.3in x 4.3in with adhesive border)	10/box, 5 boxes/case	A4649
	31744	4.5 in x 4.5 in (6 in x 6 in with adhesive border)	10/box, 5 boxes/case	A4649
Calcium Alginate	31012	0.75 in x 12 in	5/box, 4 boxes/case	A4649
	31022	2 in x 2 in	10/box, 10 boxes/case	A4649
	31045	4 in x 5 in	10/box, 5 boxes/case	A4649







Hydrogel Sheet (Non-Adhesive)

Hydrogel Sheet (Adhesive)





HCS (Surgical)

HCS -Fenestrated (Non-Adhesive)





HCS (Non-Adhesive)

HCS (Adhesive)



Calcium Alginate

Integra LifeSciences Corporation intends to use reasonable efforts to provide accurate coding information, but this information should not be construed as providing clinical advice, dictating reimbursement policy or substituting for the judgment of a practitioner. It is always the Provider's responsibility to determine and submit appropriate codes, charges and modifiers for services that are rendered. Integra LifeSciences Corporation assumes no responsibilities or liabilities for the timeliness, accuracy and completeness of the information contained herein. Since reimbursement laws, regulations and payor policies change frequently, it is recommended that providers consult with their payors, coding specialists and/or legal counsel regarding coverage, coding and payment issues.

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