The most studied commercially available medical grade honey offering versatility and effectiveness for managing challenging wounds and helping with removal of necrotic tissue.
What is Active *Leptospermum* Honey (ALH)?

- The most studied species of medical grade honey for the management of wounds and burns
- It is derived from the pollen and nectar of a specific *Leptospermum* species of tea tree
- Unique among all types of honey, it is the only species of honey that has been shown in a randomized controlled study to help wounds that have stalled under first-line treatment to progress towards healing\(^1\)
- It maintains its effectiveness even in the presence of wound fluid

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
- Comes from a traceable source and is free of pesticides and antibiotics

How MEDIHONEY® can help to promote healing

- Promotes a moisture-balanced environment conducive to optimal wound healing in multiple etiologies\(^1, 2, 7, 8, 9, 10, 11, 12, 13\)
- Multiple Mechanisms of Action (MOAs) help to manage and gain control over the wound environment
- Supports autolytic debridement due to high osmotic potential\(^1, 7, 10\)
- Can help to promote an increase in wound fluid, helping to liquefy necrotic tissue
- Helps to lower pH levels within the wound (lowering the pH of a wound has been shown to have wound healing benefits\(^5, 6\))
- Is non-toxic, natural, and has a long history of safe use in the care of wounds and burns
- Easy to use, with the potential for extended application wear times
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.
Helps to promote an optimal healing environment in challenging wounds and assists in autolytic debridement.
Changing expectations and clinical outcomes in wound care

Dramatic changes have been seen in the field of advanced wound care within the last two decades. 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, help to promote a moist wound environment optimal for healing, and aids in autolytic debridement.
Making an impact on challenging wounds

Wounds can be challenging to manage due to a multitude of co-morbid and cascading factors. 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 and set goal-oriented strategies that can help you gain control over the wound environment to 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) and providing systemic support (e.g., edema reduction, nutrition, hydration) are foundational to the process.

MEDIHONEY’s high osmotic potential helps create a moist wound healing environment, which aids in autolytic debridement and removal of necrotic tissue. The low pH of MEDIHONEY helps to lower the pH of the wound, which has been shown to have wound healing benefits.

Key Mechanisms of Action

MEDIHONEY’s high osmotic potential draws additional fluid from the deeper tissue to the wound surface, aiding the body’s natural processes to cleanse debris and necrotic tissue from the wound.
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 – high osmotic potential 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 HIGH OSMOTIC POTENTIAL
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. Additional fluid is drawn from the deeper tissue to the wound surface. The increased flow of fluid helps the body’s natural processes to cleanse debris and necrotic tissue from the wound.

3 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. Lowering the pH also aids the body’s natural processes for removal of necrotic tissue.

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).

Factors that Deal with Wound Healing

<table>
<thead>
<tr>
<th>CAUSES OF STALLING</th>
<th>MEDIHONEY ACTION</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-viable/Necrotic Tissue</td>
<td>Osmotic activity</td>
<td>Aids in autolytic debridement (^{1,7,10})</td>
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<tr>
<td></td>
<td></td>
<td>An increased flow of wound fluid helps to soften and liquefy necrotic material, while the body’s own enzymes work to further break down the necrotic tissue.</td>
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<tr>
<td>High pH</td>
<td>pH modulation</td>
<td>The use of Active <em>Leptospermum</em> Honey dressings has been shown to be associated with a statistically significant reduction in wound pH. This reduction in wound pH was associated with a decrease in wound size.(^{5})</td>
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<tr>
<td></td>
<td></td>
<td>Lowering pH aids the body’s natural processes for removal of necrotic tissue.(^{6})</td>
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</table>
Clinical evidence demonstrates Active *Leptospermum*

**Active *Leptospermum* 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.

**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)
Honey’s effectiveness in helping wounds heal

The impact of MEDIHONEY® dressings on the surface pH of chronic wounds

20 PATIENT CASE SERIES
Georgina Gethin, PhD and Seamus Cowman, MSc, PhD, of the Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland, Dublin, Ireland, and Ronan M Conroy, DSc, Associate Professor of Biostatistics, Royal College of Surgeons in Ireland, Dublin, Ireland, performed an open-label non-randomized prospective study to analyze the changes in surface pH and size of non-healing ulcers following application of MEDIHONEY® dressings after two weeks.

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 weeks

pH LEVELS
- Mean pH at start 7.72 (SD 0.339)
- Mean pH at end 7.26 (SD 0.53)
  Statistically significant (p = 0.001)

WOUND SIZE
- Mean wound size at start 10.1 cm reduced to 9.1 cm (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

Wound reduction as a function of initial pH
Line shows linear regression

95% CI Initial wound pH Fitted values

% reduction at two weeks
-150 -100 -50 0 50 100

initial pH
9 8.5 8 7.5 7

Evidence shows MEDIHONEY® is effective on a variety of etiologies. 

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.
**PATIENT CASE STUDY - RHEUMATOID ARTHRITIS**

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

53 year-old male with history of RA, morbid obesity, myocardial injury, Hepatitis 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, peri-wound 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 peri-wound erythema. Increased granulation tissue. Decreased pain.

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

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**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 - AT-RISK LIMBS

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


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-auricul area. Excessive malodor and exudate present. Patient under going 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 (1-2 x 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, but wound healing was not progressing. MEDIHONEY® Calcium Alginate dressings were initiated 3/7. The wound came to closure in less than 9 weeks.

**WEEK 1**
4.0 cm x 2.0 cm

**MONTH 2**
Closed

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**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.

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**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 (MEDIHONEY®) for use in pin site care after open reduction external fixation (OREF) of DM Charcot patients undergoing reconstruction. Historically this care has consisted of once or twice daily saline and peroxide cleanses with dry gauze dressing. Authors felt that MEDIHONEY® could be a useful product to have for pin site care after OREF as it may allow for adequate absorption, less frequent dressing changes, and has a good safety profile.

**RESULTS**

Five patients undergoing OREF for DM Charcot reconstruction had MEDIHONEY® applied to pin and wire sites intraoperatively and then changed once weekly following a cleanse with peroxide for up to 8 weeks. This treatment protocol reduced the frequency of care from twice daily to once weekly over 8 weeks with no severe adverse events. Weekly application of MEDIHONEY® may be considered a safe, low-cost, less cumbersome dressing for use in this patient population to minimize dressing changes without adverse event.
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* species of tea tree, these unique dressings have properties that can be beneficial throughout all phases of the wound healing.

Due to its multiple mechanisms of action, MEDIHONEY® has become a first-line choice among many clinicians to help in the management of chronic and stalled wounds and to assist in safe and effective removal 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
(Leptospermum Honey content - 63%)
- Combines the benefits of Leptospermum Honey with the handling capability of Super Absorbent Polymer (SAP) technology
- Absorbs 2.5x the amount of fluid of leading hydrocolloids
- 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

<table>
<thead>
<tr>
<th>WOUND DEPTH</th>
<th>EXUDATE LEVEL</th>
<th>PRIMARY DRESSING</th>
<th>SECONDARY DRESSING/ TERTIARY DRESSING</th>
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<tr>
<td>SUPERFICIAL OR PARTIAL THICKNESS</td>
<td>Light-Mod</td>
<td>MEDIHONEY HCS Non-Adhesive</td>
<td>BIOGUARD Conforming Bandage or Gauze Wrap</td>
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<tr>
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<td>Light-Mod</td>
<td>MEDIHONEY HCS Adhesive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mod-Heavy</td>
<td>MEDIHONEY Gel, Paste or Honeycolloid Non-Adhesive</td>
<td>XTRASORB Foam Non-Adhesive and Gauze Wrap</td>
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<td>Mod-Heavy</td>
<td>MEDIHONEY Gel, Paste or Honeycolloid Non-Adhesive</td>
<td>XTRASORB Foam Adhesive</td>
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<tr>
<td></td>
<td>Ex Heavy</td>
<td>MEDIHONEY Calcium Alginate</td>
<td>XTRASORB Classic and BIOGUARD Conforming Bandage or Gauze Wrap</td>
</tr>
<tr>
<td>FULL THICKNESS</td>
<td>Light-Mod</td>
<td>MEDIHONEY Gel, Paste or Honeycolloid Non-Adhesive</td>
<td>XTRASORB Foam Non-Adhesive and Gauze Wrap Bandage</td>
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<td>XTRASORB Classic and BIOGUARD Conforming Bandage or Gauze Wrap</td>
</tr>
</tbody>
</table>

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

### References

2. Nancy Challen, AMP-C, CWOCN, Swedish Covenant Hospital, Chicago, IL, a study of various etiologies and co-morbidities
14. In-house data

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Most MEDIHONEY® dressings noted in this brochure are covered by one or more patent applications or patents provided at www.dermasciences.com.
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® Paste 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 HCS or 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.

CONTRAINDICATIONS
Do not use MEDIHONEY®:
- 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

PRECAUTIONS
- If the dressing is not easily removed, soak with sterile saline or water until it is removed without difficulty.
- Due to the dressing’s low pH, some patients may notice a slight transient stinging. If stinging does not stop or 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. Protect the peri-wound skin by applying a skin barrier protectant to the surrounding skin.
- During the healing process 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.
# MEDIHONEY® Ordering Information

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<th>Description</th>
<th>Packaging unit/Case</th>
<th>HCPCS</th>
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**HCS**

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<td>Non-adhesive</td>
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</tr>
<tr>
<td>31622</td>
<td>2.4&quot; x 2.4&quot;</td>
<td>10/box, 5 boxes/case</td>
</tr>
<tr>
<td>31644</td>
<td>4.33&quot; x 4.33&quot;</td>
<td>10/box, 5 boxes/case</td>
</tr>
<tr>
<td>31688</td>
<td>8&quot; x 8&quot;</td>
<td>5/box, 4 boxes/case</td>
</tr>
<tr>
<td>31612</td>
<td>8&quot; x 12&quot;</td>
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</tr>
<tr>
<td>Fenestrated - Non-adhesive</td>
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<tr>
<td>31618</td>
<td>1.8&quot; x 1.8&quot;</td>
<td>10/box, 5 boxes/case</td>
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<td>Adhesive</td>
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<tr>
<td>31722</td>
<td>2.8&quot; x 2.8&quot;</td>
<td>10/box, 5 boxes/case</td>
</tr>
<tr>
<td>31744</td>
<td>4½&quot; x 4½&quot;</td>
<td>10/box, 5 boxes/case</td>
</tr>
<tr>
<td>Calcium Alginate</td>
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<tr>
<td>31012</td>
<td>¾&quot; x 12&quot;</td>
<td>5/box, 4 boxes/case</td>
</tr>
<tr>
<td>31022</td>
<td>2&quot; x 2&quot;</td>
<td>10/box, 10 boxes/case</td>
</tr>
<tr>
<td>31045</td>
<td>4&quot; x 5&quot;</td>
<td>10/box, 5 boxes/case</td>
</tr>
<tr>
<td>Honeycolloid™</td>
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<tr>
<td>Non-adhesive</td>
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</tr>
<tr>
<td>31222</td>
<td>2&quot; x 2&quot;</td>
<td>10/box, 10 boxes/case</td>
</tr>
<tr>
<td>31245</td>
<td>4&quot; x 5&quot;</td>
<td>10/box, 5 boxes/case</td>
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<tr>
<td>Adhesive</td>
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</tr>
<tr>
<td>31422</td>
<td>2&quot; x 2&quot;</td>
<td>10/box, 10 boxes/case</td>
</tr>
<tr>
<td>31445</td>
<td>4½&quot; x 4½&quot;</td>
<td>10/box, 5 boxes/case</td>
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<tr>
<td>Paste</td>
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<td>31505</td>
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<td>31515</td>
<td>1.5 oz tube</td>
<td>1/box, 12 boxes/case</td>
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<td>31535</td>
<td>3.5 oz tube</td>
<td>1/box, 12 boxes/case</td>
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</tbody>
</table>

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.