Larval therapy in the community setting

Introduction

The District nursing team received a referral for a patient being discharged from hospital following admission with cellulitis. The 67 year old gentleman, who was otherwise healthy, had injured the tip of his finger while retracting a metal measuring tape. At the time of the incident the patient treated the injury as a minor break in his skin. He cleansed it under the tap, applied a plaster and thought no more about it. Within a couple of days he began to feel generally unwell and was resigned to his bed for a day before contacting his GP. A telephone consultation took place resulting in the GP issuing oral antibiotics. However, later that evening the pain in his arm became unbearable and the patient attended the out of hour service to obtain some analgesia. The General Practitioner on call that evening reviewed the wound for the first time and diagnosed cellulitis. Larval Therapy had previously been discussed with the patient as a treatment option by the DN but the patient had initially been sceptical. This was due to the fact he had heard some stories about maggots and had not like the idea of what he described as “beasties” in his wound. However when given a full explanation of the treatment, how the dressings would look and what to expect he was reassured that it would not be as he had initially thought so was happy to go ahead.

Method

When the infection was considered to be under control the antibiotics were changed to oral preparations and he was discharged from hospital after 8 days while the district nurses continued his care in the community. Treatment of Intrasite gel and Viscopaste continued for around 4 weeks during this time the wound was gradually decreasing in size with no sign of infection. The tissue was 100% slough which was dry and fibrous and the wound stopped progressing towards healing.

A joint visit was carried by a district nurse and a tissue viability nurse. Some sharp debridement was attempted by the TVN. Due to location of the wound it was agreed that debridement with larvae was the next appropriate treatment option due to the close proximity to tendon and bone so the selective nature of the larval enzymes could safely remove the devitalised tissue. Larval Therapy had previously been discussed with the patient as a treatment option by the DN but the patient had initially been sceptical. This was due to the fact he had heard some stories about maggots and did not like the idea of what he described as “beasties” in his wound. However when given a full explanation of the treatment, how the dressings would look and what to expect he was reassured that it would not be as he had initially thought so was happy to go ahead.

Result

The larvae were ordered via a community pharmacy on Tuesday morning. The maggots were received and applied on Wednesday afternoon. This bag remained in place for four days with the wound being assessed daily and saline moistened gauze being reapplied and retained with a wound pad and light bandaging. The wound was reassessed leading to a second bag of larvae were applied four days later to remove the remainder of sloughy tissue and remained in place for two days when it was removed as the wound bed was 100% granulating with visible tendon. The wound was thereafter treated with Intrasite gel and a Viscopaste.

Tissue viability and a hand surgeon’s opinions were sought to discuss the appropriate treatment for the visible tendon. Grafting was discussed however no surgery was needed. The wound progressed at each visit reducing in size and granulating well and the wound healed without any complications.

Discussion

Initially, the patient felt very little believing the maggots had died yet a few hours later a tickling sensation was felt and this continued throughout the treatment with no discomfort or pain being experienced by the patient.

The patient was able to receive treatment in the community which avoided the need for further antibiotics, hospital admission or surgery. The fact that the results of the debridement was so rapid, meant that the patient and his family could quickly see the benefit, which further boosted his confidence that his wound was being effectively managed and that larval therapy was an appropriate treatment option.

Conclusion

In conclusion, this case study demonstrates how a simple wound can progress rapidly and highlights the importance of prompt medical attention and treatment. This is a good example of seamless care from secondary to primary care and how complex wounds can be successfully managed when good lines of communication exist. The patient’s experience was positive due to the flexible workings of health professionals allowing the patient to maintain a balance between care and his person life.