Burn to lower leg

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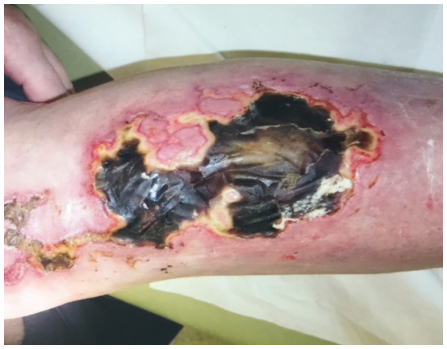
Community treatment to prevent hospital admission

The patient was a 66 year old male with a history of diabetes and hypertension. Osteoarthritis was present in the right knee but despite this was otherwise fit and well. All conditions were being treated with usual routine medication.

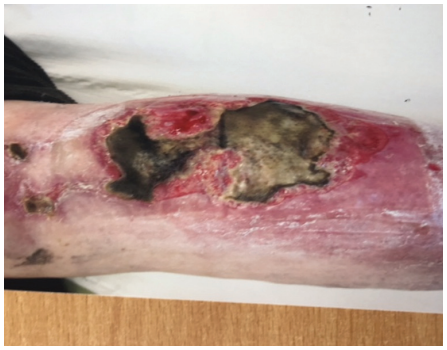
On 15th December the patient fell asleep in front of the fire after a night out resulting in a large burn to knee and lower leg, this was initially seen and managed by the practice nurse who referred to the TVN after around a month.

The wound was dry and measured 30 x 15 cm at its widest. The patient declined hospital referral and possible surgery so a hydrogel and a hydrocolloid dressing were applied to soften the dry hard eschar.



01: Wound on presentation

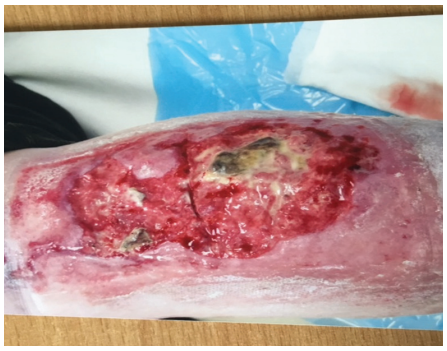
On 30th January the wound was reassessed and the TVN discussed using LDT with the patient who agreed to the therapy. Two BioBag® 400s were prescribed and were applied on 11th February to coincide with other appointments and healthcare professionals involved in his care.



02: Wound following the first application of larvae

Following the application of larvae the wound still required further debridement but was again dry in the centre. After some discussion with the patient it was discovered that he was still sitting very close to fire which could be causing the wound to dry out.

Hydrogel and a hydrocolloid dressing were applied again for 10 days to rehydrate the wound. The patient was also asked to sit further away from fire to prevent the wound from drying out.



03: Significant debridement following the second application of larvae

On 25th February a second application of LDT was applied and managed by the practice nurse who then removed it on 1st March. The TVN reviewed the wound on 15th March and almost 100% granulation tissue was present. The wound was then managed by the practice nurse in clinic through to healing.