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### Single application on a large haematoma

Mr T is a 70 year old man transferred from Antrim hospital to the Northern Ireland Cancer Centre for radiotherapy treatment.

On 19th June 2015 during admission, he presented with widespread bruising noted to his lower left leg.

The haematoma was of unknown aetiology but it was believed to have been sustained from a simple knock to his shin. His Clexane<sup>®</sup> was discontinued and coagulation screening monitored.

The patient was referred to Tissue Viability and he was assessed on 7th July. The wound was opened and evacuated via aseptic technique which drained the haematoma. The wound was 14.5cm x 17cm in size and it consisted of 100% congealed blood.



#### 01: Prior to application of the BioBags<sup>®</sup>

Larval therapy was advised for debridement and two BioBag<sup>®</sup> 400s were ordered for commencement for Thursday 9th July. In the meantime it was advised to dress with Actiform Cool<sup>®</sup>, Aquacel<sup>®</sup>, Mesorb<sup>®</sup>, Tubifast<sup>®</sup> and wool to maintain a moist wound bed to which the larvae would be applied.

Larval therapy was applied on Thursday 9th July and it was requested that the larvae stay on until Monday and the TVN would assess on Tuesday 14th July. Secondary dressings were changed on a daily basis with saline moistened gauze and gamgee pads to absorb exudate.



#### 02: Following one application of larvae

On assessment by Tissue Viability following one treatment, the haematoma was debrided 90%. The remaining small haematoma was treated conservatively with Algivon<sup>®</sup> alginate, Kaltostat<sup>®</sup> to manage a small bleed at the back of the leg, Mesorb<sup>®</sup> for absorption and Tubifast<sup>®</sup> and wool with spiral compression toe to knee.

On 23rd July Mr T was further assessed by Tissue Viability. On examination, the wound was 100% granulation tissue and it was recommended that his dressing regime was changed to twice weekly dressings of Urgotul SSD<sup>®</sup> to reduce infection risk and prevent

adherence, Mesorb<sup>®</sup> to absorb exudate and Tubifast<sup>®</sup> and wool with spiral compression toe to knee.

During the larval therapy, Mr T did not complain of any pain and had no anxieties about having the treatment. When it had finished he was delighted that all the staff were satisfied with the successful outcome of the larval therapy and how rapidly the debridement took place. This in turn cut down on nursing hours spent on his wound care and facilitated hospital discharge following his treatment in the Cancer Care Centre.