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## Enhancing quality of life in palliative care

A 28 year old lady with cervical cancer was admitted to the hospice for management of venous ulceration secondary to venous thrombosis and pelvic lymphadenopathy. Her symptoms were pain, odour, excessive exudate and gross oedema of her left leg.

On admission the dressings needed to be changed three times during the day and once overnight due to excessive exudate and pain.



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

After discussion the patient gave consent for the use of Larval Debridement Therapy. Sudocrem was applied to the peri-wound skin for protection and one 10 x 10 cm and two 6 x 12 cm BioBags<sup>®</sup> were applied to the ulcerated area. These were covered with saline moistened gauze, surgipads and Comfifast<sup>®</sup>.

A Kerramax<sup>®</sup> absorbent dressing and gamgee padding were placed under her foot to contain the exudate. The secondary dressings were initially changed twice daily.



### 02: Following 24 hours of larval treatment

Twenty four hours after treatment had commenced, a significant improvement was evident much to the delight of the patient. Following five days of treatment, despite the wound improving, the patient was still unable to tolerate compression bandaging, therefore it was agreed to try a second application of LDT.



### 03: Following the second application of LDT

Ten days after the commencement of LDT the patient was able to tolerate compression bandaging which was applied on alternate days. Plans were made for discharge home with community follow up and support. Pain, exudate and oedema had significantly reduced and the odour had been completely eliminated.

With the help of LDT, we achieved: Pain relief, tolerance of compression bandaging, elimination of odour and oedema and most importantly hope for the future and an enhanced quality of life. The wound went on to completely heal. The patient died nine months after the therapy began.