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Chronic wound stimulation with a single application

The patient was a 67-year-old lady with a history of depression and deliberate self-harm. Normally fully mobile and independent, she was admitted to hospital for an arthroscopic knee washout due to sepsis. There was no other significant medical history other than a total knee reconstruction, secondary to osteoarthritis, on the same right knee 5 years earlier.

had previously been self-managed at home with various dressings. The patient stated that she had seen a TVN recently with dry dressings applied on admission. In addition to a chronic appearance with yellow biofilm and pink areas present, the wound bed also had a hypergranulating appearance. A swab confirmed that it was positive for staphylococcus aureus.

Following surgery, the patient remained sedated in the department of critical care and was referred to the Tissue Viability Nurse (TVN) for a long-standing ulcer. It was located on the left lower leg and



01: Prior to application of LDT

Following a discussion with the Clinical Support Specialist (CSS) on May 18th, the TVN decided to commence Larval Debridement Therapy (LDT) to stimulate the wound from its chronic state.

A BioBag[®] (BB400) was applied the following day with the aim of promoting healing by reducing bioburden and hypergranulation.

During a daily dressing change just two days later it was noted by ward staff that the wound was looking healthier and that "sloughy biofilm" had reduced.

The progression of the wound resulted in a second application being deemed unnecessary at this stage.



02: Following one application

The BioBag[®] was removed on May 23rd revealing a red and flattened wound bed. The healthy granulation tissue demonstrated clear stimulation of the wound bed with epithelial advancement visible around the edges. With the visible contraction, it was evident that the wound was progressing into the healing phase after a single four-day application of LDT.

Clinician experience

"It was excellent to see the change in the wound so quickly and the amount it contracted in one application. The staff on the unit found it really easy to manage without the input of the Tissue Viability Team. I would now consider using the therapy on other chronic wounds, that don't necessarily have a lot of sloughy tissue."