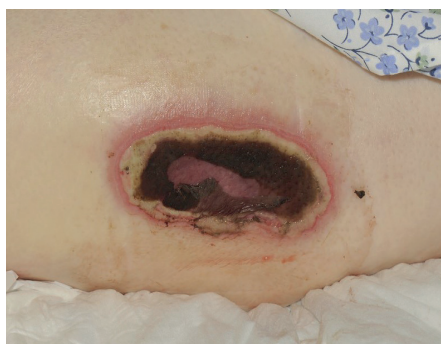


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Quick and effective debridement of an unstageable pressure ulcer

The patient was an 80-year-old female who was admitted from home following a fall. After spending thirty hours on the floor she developed a large, deep pressure ulcer to the left hip and became dehydrated and confused. Upon admission, a referral was made to the Tissue Viability Nurse (TVN) and the pressure injury was deemed unstageable with 100% necrosis.

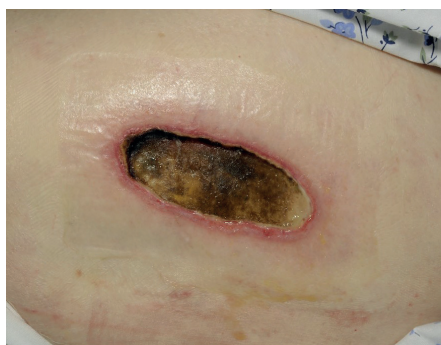
Her medical background included Type II diabetes; previous pulmonary embolisms, for which she is warfarinised; polymyalgia and a recent history of falls. The patient was also a practising Jehovah's Witness, meaning blood transfusions would not be accepted. This, along with her age, made her an anaesthetic and surgical risk. Consequently, Larval Debridement Therapy (LDT) was discussed with the patient as an alternative to surgical debridement.



01: Prior to application of LDT

Upon presentation the wound had a darkened leathery appearance and peri-wound induration. The ulcer measured 10 x 4.5cm with black and yellow necrosis present. Following a discussion with the TVN, the patient was happy to receive this treatment and a BioBag[®] (BB300) measuring 6 x 12cm was ordered.

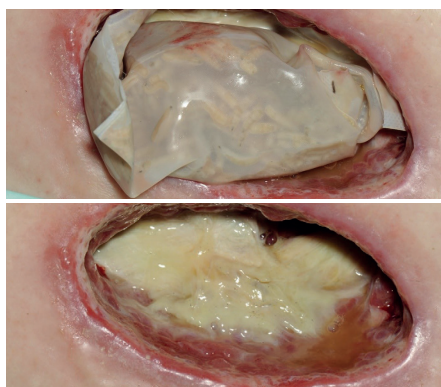
In the interim, a hydrogel was used to soften the leathery eschar and thick necrotic cap prior to application. As the staff on the ward had no previous experience using LDT, support was provided on the initial application by the Clinical Support Specialist (BioMonde[®]).



02: Following the first application

Whilst removing the first BioBag[®] it was evident that the wound had started to debride with the top layer of necrosis lifted. The wound was reassessed on the third day of the treatment cycle, allowing a subsequent application to be ordered. During the treatment, the therapy was easily managed with ward staff undertaking daily dressings and successive applications.

The larvae continued to debride the wound effectively and a third BioBag[®] was applied to encourage and achieve complete debridement.



03: Complete debridement after three applications

During the final application, the BioBag[®] (BB300) was positioned inside the wound to ensure that the larvae were in contact with the remaining devitalised tissue. Once removed, the selectivity of the larvae was highlighted by the exposed underlying tendon and fascia. The treatment proved to be quick and effective with complete debridement achieved following three consecutive applications of LDT.

With no complications and surgical debridement prevented, the treatment proved to be an excellent choice for the patient. Additionally, she described being hardly aware that the larvae were present and the experience being pain free throughout. The TVN, who is an experienced user of LDT, also reiterated this. Following the successful debridement, NPWT was commenced to promote granulation for wound closure.