INTRODUCTION TO LARVAL DEBRIDEMENT THERAPY

Larval debridement therapy (LDT), also known as 'maggot therapy' or 'biosurgery' involves the use of larvae of the greenbottle fly, which are introduced to a wound to remove necrotic, sloughy and/or infected tissue.

Benefits of LDT

There are three main reported actions of larvae on chronic wounds. As demonstrated below, all have been reported in observational studies, one has been proven in RCTs, and all have scientific studies which demonstrate why they may occur.

Action	Observed in clinical practice	Proven in RCTs	Demonstrated in scientific studies
Removal of dead tissue in chronic wounds	✓[1]	✓[2]	✓[3]
Reduction of bacterial burden in chronic wounds	✓[1]	x	✓[3]
Acceleration of healing in chronic wounds	✓[1]	x	✓[3]

Where can LDT be used?

LDT can be used in both primary and secondary settings, and is generally appropriate for the following types of wounds:[4]

- **Diabetic ulcers**
- **Venous ulcers**
- **Arterial ulcers**
- **Mixed arterial-venous ulcers**
- **Pressure ulcers**
- **Pilonidal sinus post-surgery**
- **Non-healing surgical wounds**
- **Post-traumatic wounds (e.g. haematoma)**
- **Necrotising fasciitis post surgical debridement**
- **Infected wounds (including MRSA)**

LARVAL ACADEMY

Free, accredited, online learning for larval debridement therapy (LDT)

Created under the guidance of industry experts, this online learning course contains some of the most cutting-edge research currently available on LDT.

Larval Academy™

Larval Academy is free to enrol in for all healthcare professionals, and the complete course covers four modules:

- Debridement and wound bed preparation
- What is LDT?
- How to use LDT
- Case studies on LDT

The content of the course is accredited as **5 hours of learning** by the Royal College of Nursing and the College of Podiatry

Royal College of Nursing RCN ACCREDITED

This programme has been accredited by the RCN Centre for Professional Accreditation until January 4th 2018. Accreditation applies only to the educational content of the programme and does not apply to any product.

The College of Podiatry

Learn more and register: www.larvalacademy.com

1. Gottrup & Jørgensen. *Eplasty* 2011;11:e33
2. Mudge et al. *Wound Repair Regen* 2014;22(2):290
3. Nigam. *Wounds UK* 2013;9(4):Suppl
4. Adapted from Chan et al. *Hong Kong Med J* 2007;13(5):382–6
5. Blake et al. *Wound Repair Regen* 2007;15(5):756–61

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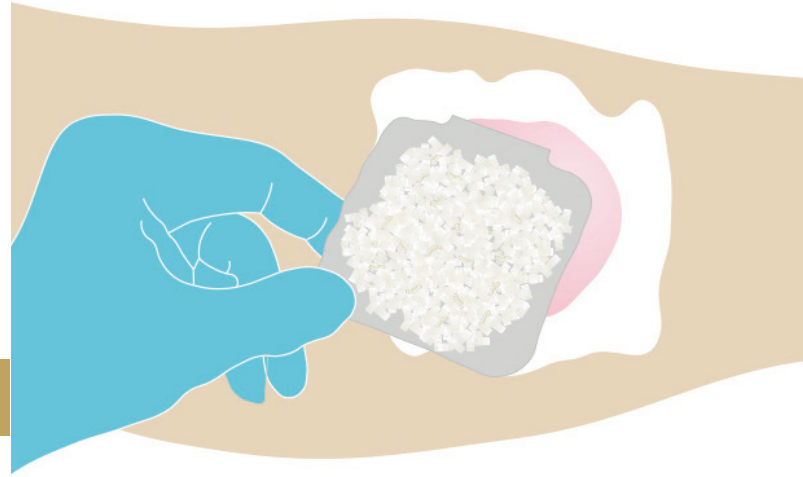
QUICK GUIDE

Assessing a wound for larval debridement therapy: A clinical guide



Wounds UK

ASSESSMENT AND MANAGEMENT WITH LARVAL DEBRIDEMENT THERAPY (LDT)

Wound assessment and tips

Factor	Guidance
Wound type	All chronic wound types *Tip: Many haematomas can be cleared in one application*
Wound size	All wound sizes *Tip: Multiple bags of larvae can be used together on larger wounds*
Wound depth	Flat and cavity wounds *Tip: Ensure oxygen access in deep wounds*
Exudate level	Dry and wet wounds *Tip: Keep larvae moist on dry wounds* *Tip: On wet wounds, do not allow secondary dressings to become saturated*
Wound location	All anatomical locations except near open cavities *Tip: On areas of pressure, correct off-loading will be required*
Bacterial burden	Can be used on infected wounds *Tip: Heavy pseudomonas infections may impact the vitality of larvae*
Other products	Do not use concurrently with other gels or solutions *Tip: Fully irrigate the wound before LDT application* *Tip: Should be covered only with non-occlusive secondary dressings* *Tip: Bagged larvae can be used underneath non-occlusive compression therapy systems*

Clinician skill level and confidence

- Clinician should be confident and competent in initiating LDT
- If not, refer to specialist clinician, a colleague competent in LDT, a company Clinical Support Specialist or the Larval Academy.

Larval Academy™

Bagged or loose larvae?

Free-range and bagged larvae are equally efficacious in terms of debriding the wound.[5] Selection will depend on the following factors:

- **Size of wound**
- **Depth of wound**
- **Location of wound**
- **Pre-existing or expected pain**
- **Patient acceptability (including mental capacity or concordance)**

Bagged larvae

Loose larvae

Wound is suitable and clinician is LDT-competent

Check exudate level, wound position and relevant precautions

Plan for appropriate product/treatment solutions for exudate management or weight distribution/offloading, etc

Ensure patient levels of understanding and confidence

Measure wound and select appropriate bag size or number of FR larvae (BioBags should cover the whole wound margin)

Order and apply per company instructions (FP10 must be generated by a physician or independent nurse prescriber)

Reassess wound on Day 3 of application, per treatment cycle (below)
Reorder if any visible slough is present
Continue until debridement is achieved

When wound has been completely debrided, continue with planned treatment for healing

4-day treatment cycle