

# USING LARVAL THERAPY TO DEBRIDE HAEMATOMA AS AN ALTERNATIVE TO SURGICAL DEBRIDEMENT

Sarah Davies and Christina Harris, Clinical Nurse Specialists, Wound Healing, University Hospital of Wales, Heath Park Way, Cardiff, CF14 4XW

Email: sarah.davies17af27@wales.nhs.uk and christina.harris@wales.nhs.uk Telephone: +44 (0) 2920 746506

## HAEMATOMA TIMELINE

### INTRODUCTION

A haematoma is defined as a bruise or collection of blood in the tissues (Collins et al, 2002). When a haematoma caused by trauma affects the lower limb, it can be debilitating, especially for the elderly who are most at risk (Todhunter, 2021). Timely intervention to treat these injuries is imperative to achieve haemostasis, minimise the extent of tissue damage and skin loss. Many patients are not suitable for surgery due to underlying comorbidities, frailty and anaesthetic risk (Todhunter, 2021). Other modalities of debridement therefore should be explored.

Early intervention and effective wound management may reduce protracted hospital stays, allowing patients to be managed safely in Primary Care settings.

### METHOD

An 88-year-old female sustained a haematoma to her right thigh due to trauma. The patient was reviewed by the Trauma and Orthopaedics team whom advised that she was unsuitable for surgery and required conservative management.

The patient was then referred to the Tissue Viability Team for further advice and support regarding the wound. At this stage, conservative management was commenced until the haematoma evolved requiring debridement.

The skin began to break down and the haematoma evolved, the Tissue Viability Team supported the ward staff and regularly reviewed the wound. A sharp debridement was attempted at the bedside but unfortunately was unsuccessful.

At this point the Tissue Viability Team reviewed the patient, we advised that Larval Therapy should be considered. The Clinical Support Manager from the supplier was contacted to support and provide training for ward staff members, Larval Therapy was then applied on the wound.

#### INITIAL WOUND PRESENTATION



#### CONSERVATIVE DRESSING MANAGEMENT



#### TIME TO DEBRIDE USING LARVAL THERAPY



#### AFTER ONE ROUND OF LARVAL THERAPY



#### FURTHER ROUND OF LARVAL THERAPY



#### HEALING TRAJECTORY AFTER 2 MONTHS



### RESULTS

Following the first application of Larval Therapy, it was noted that there was a reduced amount of clotted blood and debris. Granulation tissue could be seen and the wound bed was becoming visible. It was also noted that the edges of the wound were now epithelialising and the surrounding inflammation and erythema had resolved.

Despite this progress, some clotted blood and devitalized tissue remained present, a second application of Larval Therapy was advised to achieve complete debridement. The remainder of the wound debris was successfully debrided following the second application of treatment revealing healthy granulation tissue though cavity was still present.

Less than a month after the initial Larval Therapy application, the cavity was filled with healing granulation tissue and the wound measurements were smaller. Approximately 2 months after the initial application the wound continued to improve and has since healed.

### CONCLUSION

Haematomas can be debilitating on lower limbs in the older population who are at higher risk of falls, many of which are not suitable for surgical intervention due to underlying comorbidities. If not treated effectively, these wounds can potentially lead to extended bed days, increased pain and reduced mobility.

By applying Larval Therapy, debriding the devitalised tissue and preparing the wound bed appropriately, the Haematoma was able to heal effectively by secondary intention. This reduced the pain experienced by the patient, allowing her to continue physiotherapy and prepare for her a safe timely discharge.

### REFERENCES

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