

Maggots in wounds during the hot weather



The tissue viability service receives several calls over the hot weather weeks with reports of maggots being found in wounds. We know our acute colleagues also have several admissions.

We have decided it might be helpful for you to have a brief information guide regarding what to do, what advice to give patients and some background information when you find an infestation of maggots during wound care.

Life cycle of a fly

First it's important to understand the life cycle of a maggot. They hatch from eggs laid by flies who have an immense sense of smell and seek out food sources for their offspring. This will usually be animal cadavers but the malodour of a wound can also attract them. When the eggs hatch the maggots can wriggle through to the wound even if bandages are in the way or they weren't laid directly in the wound. It's unlikely you will find them under a sealed dressing such as biatain or Renasys.

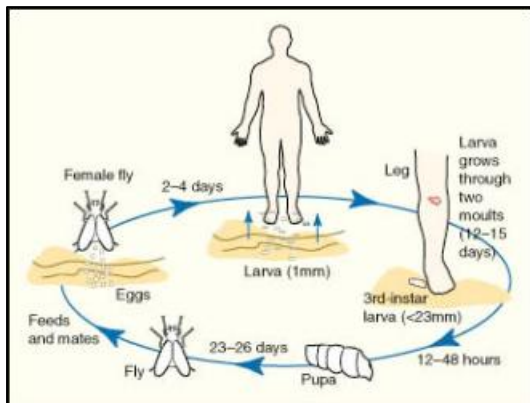


Photo Credit: Geary, M, Bernard, H, Russel, R, and Hardy, A. "Exotic myiasis with Lund's fly." Medical Journal of Australia 171 (1999): 654-655.

Although 15 years old this article will be of interest:

<https://www.nursingtimes.net/clinical-archive/tissue-viability/myiasis-maggot-infestation/205571.article>

Concerns

Very often the concerns about maggots are risk of causing infection, feeling they reflect badly on our clinical practice (what did we do wrong?) and an idea that flies are associated with “dirtiness”.

So let’s deal with these:

Risk of infection:

The nursing times article talks nicely about this. In the UK the maggots will want to feed on devitalised tissue only. However, if your patient has returned from tropical travel then do consider the fly source might be different and they may feed on healthy tissue.

Risk of infection from the maggots is going to be low, in fact they will cleaning the wound of dead tissue and bacteria as well as stimulating granulation tissue growth. Maggots will be an unlikely source of infection. Of more concern is the fly if it’s little feet have trampled in the wound bed because we don’t know where their feet have been!

Unless the patient is unwell and showing signs of systemic infection or sepsis, hospital admission is not necessary for an infestation of maggots alone.

Clinical practice:

Please do not blame yourself or your colleagues if maggots are found in the wound. It’s an act of nature and not a reflection on your dressing technique or even necessarily, the environment. Even our highly skilled leg ulcer nurses have reported a patient with maggots who had her compression bandages applied in a clean, fly free clinic only to return one week later with an infestation.

Dirtiness:

Whilst flies are more likely to be found in the least clean of the homes we visit they are not adverse to cleanliness.

I don’t know about you but whilst my house isn’t sterile, it also isn’t dirty and in hot weather when we have our windows open the flies get in uninvited!

Advice to patients

Patients may be concerned and upset when maggots are discovered. They may not know they are there and they can be a shock to patients, relatives and staff. Educate them on the above and reassure them it is not because they are “dirty”.

Whilst advising them that we don’t want to find non-medical maggots in a wound advise them that the chances are that the fly source is the same as those used medically and the benefits of maggots to the wound are well documented. Also, reassure them it has nothing to do with the clinician’s technique on dressing change, the dressings used or anything they have done.

Advise them to keep fly spray handy, invest in some nice smelling aids (air fresheners, de-odorisers) and be vigilant to flies.

What to do when an infestation of maggots is found in a wound

1. Advise, educate and reassure the patient.
2. Rule out tropical travel since last dressing change.
3. Remove the maggots as best as you are able – using tap water or a shower might be helpful. Try to catch them in a bag that can be disposed of. If using forceps to pick them out be careful not to pull the maggot apart.
4. Think back to when the bandages were removed – was there strikethrough visible? If so, consider a more absorbent dressing as strikethrough may be what attracted the fly. This might be a good opportunity to encourage those avoiding compression to reconsider.
5. Redress the wound as usual using products best suited for the wound conditions (which may now be cleaner and less sloughy having had maggots in it!).
6. Consider daily visits and dressing changes if you are concerned this may re-occur.
7. Consider using Clinisorb a carbon, charcoal dressing to reduce smell.
8. Review the patient and wound and complete a full wound assessment on SystemOne.
9. Document that maggots have been found and set up a communications care plan for the next visit for wound care to be observant of their presence or absence.
10. Notify the GP for their information and records.
11. Does the wound show signs of being clinically infected? If so consider an antimicrobial dressing as treatment. Swab to support decision about most appropriate antibiotics if you think these might be required. Antibiotics will not support getting rid of the maggots but maggots will support ingesting bacteria and killing them in their gut. Antibiotics may be needed where the wound shows signs of acute clinical infection or if systemic infection is suspected.
12. Hospital admission is not required for maggot infestation alone. Please consider our busy A and E colleagues and don't burden them unnecessarily. Is the patient systemically unwell or is sepsis suspected? Follow your usual protocols for assessing the condition of the patient and seeking appropriate medical advice.