

Using maggots in wound care: Part 2

Learn how to set up a maggot therapy program.

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NOTE FROM THE EDITOR: *This is the second of two articles on maggot therapy. The first article appeared in our July/August 2014 issue.*

Whether your practice is an acute-care setting, a clinic, home care, or elsewhere, maggot debridement therapy (MDT) can prove to be a useful tool in wound care. But setting up any new program can meet resistance—and if you seek to establish a maggot therapy program, expect to meet significant resistance. By arming yourself in advance, you can achieve your goal more easily. This article covers all the bases to help you get your maggot therapy program off the ground.

Know what you're getting into

Be knowledgeable. Do your homework and learn all you can about maggot therapy. Know what it can and can't do, how it works, and the lifecycle of flies and maggots. Learn about the most common complications and how to avoid them. To gain knowledge, use the wealth of instructional resources in journals, on the Internet, and at conferences. Be aware that the Biotherapeutics, Education, and Research (BTER) Foundation (www.BTERFoundation.org) has many resources devoted to maggot therapy; most are available for free. You can contact the foundation directly to arrange lectures, workshops, and webinars. Also consider attending a



professional wound care conference, such as Wild on Wounds, which usually features a maggot therapy workshop. (See *Maggot therapy resources*.)

Recruit allies

A common obstacle to an MDT program is inability to find others who want to get involved. But try to get at least one other person on your side (more if possible), and make sure this person is an influen-

Maggot therapy resources

The Biotherapeutics, Education, and Research Foundation offers many programs and services for both patients and clinicians. They include:

- “Is MDT for Me?”, an educational brochure for patients
- therapist referral list
- biotherapy library and multimedia collection
- video interviews of patients who’ve had maggot therapy and clinicians who administer it
- instructional videos for clinicians seeking to learn how to apply maggot therapy dressing
- video lectures from the International Conference on Biotherapy
- conferences and workshops
- patient assistance grants and financial support.

For more information, visit <http://bterfoundation.org/patientpublications>.

tial member of the wound care team. The strongest ally may be the head of the wound care or skin integrity team, a surgeon, or the infection prevention officer. These individuals not only can lend support for an MDT program but also fend off such excuses as, “Maggots are an infection risk,” or “The Joint Commission will never approve.” If you don’t reach out to these individuals and convince them of the merits of your vision, the opposition may recruit them to block your efforts to establish a program.

Be prepared

Once you decide an MDT service can yield a net benefit for your facility’s wound care program, you’ll still need to convince colleagues and administrators of its merits. Don’t be scared; be prepared by working out everything in advance. Develop policies and procedures for the use of MDT in wound care. (On the BTER website, registered users can download a policy and procedure template at www.bterfoundation.org/policytemplates.)

Create a plan for patient and therapist education. The BTER Foundation’s patient education brochure “Is MDT for Me?” is a valuable educational resource available on the foundation’s website, along with recorded patient interviews.

Developing a notebook of peer-reviewed clinical studies also can help you prove MDT is effective in treating pressure ulcers, venous stasis ulcers, diabetic foot ulcers, postoperative ulcers, or other specific conditions. Be sure this notebook includes documents indicating that the maggots your clinic will use are cleared for marketing by the Food and Drug Administration. (The BTER Foundation maintains a library of such literature, available to members.) By addressing these and other likely problems or obstacles in advance, you won’t have to spend the next year searching for solutions.

Be flexible

Ultimately, your MDT program will need to fit into your facility’s wound care program. Prepare for the possibility that your facility might impose certain requirements—insisting, for instance, that your patients be treated as in-patients or that all maggot dressings are applied by medical staff. To get your program off the ground, keep an open mind and consider meeting such requirements and making compromises. Remember: it will be easier to renegotiate for the policies you want once others see firsthand that your program is running well.

Dealing with administrators and the “NIMBY” mindset

Anticipate questions by administrators, and have on hand the data or publications that support your answers. Address the areas of concern to those who are responsible for patient safety, financial solvency, and public relations. Present your plan for patient and staff education and safety.

Many healthcare administrators acknowledge that maggot therapy is effective, safe, and cost effective, but they don't want it in their facility. This is the "not in my backyard" (NIMBY) mindset. If you don't have buy-in from the administration, your program will be a nonstarter. So when looking for allies to join your effort, consider approaching a hospital administrator or someone who works closely with the administration, such as a department head (chief of orthopedic, reconstructive, or podiatric surgery), chief of nursing or rehabilitation medicine, leader of the infection-prevention team, or chair of the skin integrity committee. Don't choose someone you don't know; instead, select someone you're comfortable with, who will respect you and listen to you.

To communicate more effectively with administrators, try to see the issue from their viewpoint. Some administrators are concerned about flies getting loose in the hospital, passing the next inspection by The Joint Commission, hospital-acquired myiasis (parasitic infestation), negative media attention, and poor public perception. Be prepared to explain why each of these concerns is unfounded. To do this, perhaps you can arrange a chat between your administrators and an administrator from another healthcare facility that has an MDT program in place. Or ask a maggot-therapy experienced administrator from another facility to write a letter to your administrators. Be sure to emphasize that maggot therapy can bring positive local media attention and decrease costs for inpatients, uninsured patients, and anyone else on a capitated or fixed-fee reimbursement scheme.

You'll have an easier time getting the administration to sign off on an MDT service if you can demonstrate that maggot therapy is cost-effective and reimbursable. Ask your coding department or maggot suppliers for help in this area, if

How to answer commonly asked patient questions

When discussing the option of maggot therapy with patients, be prepared to answer these commonly asked questions:

Question: Is the treatment painful?

Answer: Most patients feel no pain. But if your wound is already painful, you may have some discomfort or pain after about 24 hours, when the maggots become large enough to be felt, especially if they crawl over sensitive areas or squeeze into the nooks and crannies. Fortunately, pain can be treated with simple analgesics—or relieved completely by removing the maggots early, after just 24 to 36 hours, for example. As the maggots eliminate necrotic tissue, quell the infection, and dissipate inflammation, wound pain diminishes. So, if you need a second or third treatment, you're unlikely to experience as much discomfort.

Question: Will the maggots burrow? What do they eat if there's no more necrotic tissue for them to dissolve or feed on?

Answer: Medicinal maggots aren't capable of dissolving healthy tissue, so they can't burrow into healthy tissue. In fact, they're self-extracting: Once they're satiated or when no more necrotic tissue is left, they line up at the wound edge, ready to leave as soon as the dressing is opened.

Question: Will the maggots become flies in the wound or immediately afterward?

Answer: No, they won't become flies. Maggots must go through a significant anatomical change before they can mature into flies, and this takes more than 2 weeks at room temperature. Even then, they can't lay eggs and make more maggots for at least 2 more weeks. Before the maggots even have a chance to mature, they're removed from the wound after just 48 to 72 hours and discarded along with normal wet dressing waste in a sealed biohazard bag.

Using the butterfly analogy

To explain to patients how a larva metamorphoses into a fly, you might want to use the analogy of the butterfly lifecycle: egg, caterpillar, cocoon, adult butterfly.

For more questions and answers, registered users on the BTER Foundation's website can download the free patient brochure "Is MDT for Me?"

necessary. You might want to download maggot-therapy reimbursement statements from your facility's common insurers, or access the reimbursement information available on the BTER Foundation website. The Foundation even provides patient assistance grants for patients without insurance or whose insurance declines to pay.

Recruiting and educating patients

Most wound care patients don't have trouble accepting maggot therapy—especially those with foul-smelling, draining, activity-impairing, limb-threatening wounds. Many have endured or may be facing surgery or even amputation. For them, wearing a dressing with maggots for 2 days may be no big deal, particularly if they understand the potential benefits.

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Play down the negative

One of the keys to interacting with patients successfully is to show you're comfortable with maggot therapy yourself. Don't tell a patient, "I know this sounds gross, and you're probably not going to like what I'm about to suggest, but..." If you do this, the patient is likely to respond, "Maggot therapy? That sounds

gross and I don't like what you're suggesting."

Don't put a "nonbeliever" in charge of discussing maggot therapy with patients, and don't give patients the idea that you expect them to find it repulsive. Instead, present the option matter-of-factly or even enthusiastically, as you would any other medical option: "I think maggot therapy might help. Let me explain the benefits, risks, and alternatives."

Anticipate that most patients will have questions, and be prepared to answer them. (See *How to answer commonly asked patient questions*.) An effective means of education is to have former MDT patients speak to MDT candidates. A registry of former patients willing to volunteer as educators or interviewees can be a valuable adjunct to your maggot therapy service. Brochures, video testimonials, and other materials also can aid patient education.

A few weeks of solid preparation up front can save you months of drawn-out discussions about the benefits of an MDT program with administrations. Instead, you'll be able to spend this time providing patients with the benefits of maggot debridement. ■

Selected references

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