J Nurs Care 2016, 5:4 (Suppl)
http://dx.doi.org/10.4172/2167-1168.C1.026

Global Wound Care Congress

September 12-13, 2016 San Antonio, USA

MAGGOT THERAPY: BACK TO THE FUTURE OF WOUND CARE

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Maggot Therapy or Maggot Debridement Therapy is the medical use of live maggots (fly larvae) for cleaning non-healing wounds. In maggot debridement therapy, disinfected fly larvae are applied to the wound within special dressings. Medical grade maggots have three primary actions: they clean the wound by removing dead and infected tissue "debridement", they disinfect the wound (kill bacteria) and they speed the rate of healing. Wounds affect many people, often elderly or debilitated and over one third of hospice patients, with many severe wounds. Often these wounds need debridement due to infection, pain, sepsis, or gangrene. Patients usually are not candidates for surgical debridement, including amputation. Sometimes debridement is not seen as consistent with the desired palliative care. In this presentation multiple cases of the use of Phoenicia sericata larval therapy (maggot therapy) for wound debridement in hospice or debilitated patients are demonstrated.

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The potential impact of biofilm on healing in acute and chronic wounds is one of the most controversial current issues in wound care. A significant amount of laboratory-based research has been carried out on this topic but, in 2013 EWMA (European Wound Management Association) underlined the lack of guidance for managing biofilms in clinical practice and solicited the need for guidelines and further clinical research.

In response to this challenge, the Italian Nursing Wound Healing Society (AISLeC) initiated a project which aimed to achieve consensus among an international multi-disciplinary and multi-professional panel of experts in order to identify what could be considered as part of 'good clinical practice' regarding the recognition and management of biofilms in acute and chronic wounds. The group followed a systematic approach, developed by the GRADE working group, to define relevant questions and clinical recommendations raised during clinical practice.

An independent librarian retrieved, analyzed and selected from approximately 2,000 relevant published papers on the matter in order to produce tables of levels of evidence. Following this process, a smaller focus group had a multi-step structured discussion and a formal voting process was completed. Ten therapeutic interventions were identified as being strongly recommendable for clinical practice, while another four recommendations were graded as being 'weak'.

The panel subsequently formulated a preliminary statement (although with a weak grade of agreement) "provided that other causes that prevent optimal wound healing have been ruled out, chronic wounds are chronically infected". All members of the panel agreed that there is a lack of reliable, well-conducted clinical trials which have produced clear evidence related to the effects of biofilm presence. In the meantime, it was agreed that it was necessary to develop expert-based guidelines for the recognition and management of biofilms in wounds and to optimize the planning of future clinical trials. This is a fundamental and urgent task for both laboratory-based scientists and clinicians.

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