

Guidance: Opportunistic Maggots



- Every year during the hot weather we experience an increase in patients with opportunistic maggots who are admitted to Brighton and Sussex University Hospitals
- The information below is guidance to aid assessment and management of these patients

The Life Cycle of a Fly

- **Female flies** lay between 50-300 eggs at a time which hatch **8-12 hours later**
- **Between 50-60 hours** of life the maggot has reached full growing potential, stops feeding, migrates from the wound, and attempts to find soil to pupate
- In all cases the infestation **is self-limiting**
- Insects in this group normally only take **necrotic tissues and slough** and it is extremely rare to find them debriding viable tissue

Red Flags

- ⇒ **Systemically unwell and/or Sepsis**, requires admission
- ⇒ **Recent foreign travel**, in the past 7 days, especially to South America or the west coast of Africa. Flies from both of these continents are known to eat healthy tissue and should be removed **immediately and aggressively**

Concerns

Infection

- Flies/Maggots originating from the United Kingdom will want to feed on **devitalised tissue only**. The opportunistic maggots are the same breed as the medical grade maggots
- Maggots **do not** increase the risk of an infection, and in fact **reduce the bacterial load of the wound beds**
- The maggots will be **cleaning the wound** including infections such as **MRSA bacteria**
- The presents of maggots in a wound bed **stimulates granulating tissue**

Clinical Practice

- Patient may be concerned and upset when maggots are discovered in their wounds however this is **not a reflection on poor clinical practice**
- The presence of maggots is not a reflection on the **clinicians technique at dressing change**
- The presence of maggots alone **does not require a safeguarding alert**
- The presence of maggots alone **does not require admission to hospital**
- The presence of maggots **does not require a completion of a datix incident form**

Dirtiness

- **The presence of maggots does not reflect the dirtiness of a patients living conditions**

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

1. **Reassure** the patient
2. **Remove the maggots** as best able using tap water or a shower, avoid using forceps to pick them out as this is likely to cause the maggots to tear apart. Suffocations of the maggots can be achieved by using Clingfilm to wrap the wound/limb. Ideal for maggots found in the lower limb
3. **Reassess the wound bed**. The wound bed may be cleaner with less devitalised tissue having had maggots present. Reassess and dress the wound accordingly
4. If the patient is not already receiving **daily visits from the community nurses** for wound care this should be commenced in the short term
5. **Document** findings on discharge summary

For further advice please contact the Tissue Viability Team via email at bsuh.woundcare@nhs.net