

NHS FORTH VALLEY

Guidance for Dealing with Opportunistic Maggots

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Consultation and Change Record – for All documents.

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1. Purpose

To provide a clear and consistent approach for the identification, assessment, and management of opportunistic maggots in wounds, ensuring patient safety, dignity, and optimal wound care outcomes. **Opportunistic Maggots:** Larvae of flies that colonize wounds unintentionally, often due to environmental exposure or delayed dressing changes.

2. Scope

This guidance may apply to all healthcare professionals involved in wound care across NHS Forth Valley, including Tissue Viability Nurses, District Nurses, and Acute Care staff. More specifically during spells of hot weather there can be an increase in patients with opportunistic maggots

3. The Fly's Life Cycle

The female fly lay between 50-300 eggs at a time which hatch 8-12hours later, it takes up to 4 days for a maggot to reach full grown capacity where it stops feeding and relocates to find soil so they then can pupate.

In all cases the maggot infestation will resolve on its own without further treatment.

Maggots normally only target necrotic, sloughy devitalised tissue, it is extremely rare for them to select viable tissue. The opportunistic maggots work in the same way as medical grade maggots, maggots reduce bacterial load in wounds thus reducing the risk of infection (even MRSA bacteria) they also clean the wound & stimulate granulating tissue.

4. The Patient

May be upset and have concerns, reassurance should be given as this does not reflect on clinical practice. Offer psychological support if needed

The presence of opportunistic maggots does not require having an IR1 completed.

The presence of opportunistic maggots does not reflect on the cleanliness of patient's home environment or personal hygiene.

4.1 RED FLAGS - Things to look out for

The presence of opportunistic maggots does not require admission to hospital unless the patient is **systemically unwell or has sepsis** then admission is appropriate
Recent foreign travel (in the past 7 days) especially to South America or the west coast of Africa – flies from both these countries are known to eat healthy tissue and should be removed immediately and clean area thoroughly to ensure none are left.

5. Treatment

1. Give reassurance to patient

2. Remove all maggots

Use tap water or shower

Suffocation of any remaining maggots can be achieved by wrapping affected limb in cling film or occlude with film dressing.

Avoid using forceps to remove maggots as this can cause maggot to tear apart

3. Reassess wound – This maybe cleaner with less devitalised tissue due to the opportunistic maggots

4. Redress wound with appropriate dressing (see Quick Reference Guide in FV Wound Management Formulary) [Wound Management Formulary](#)

5. Reassess & redress daily in the interim to ensure all maggots have been removed

6. Document findings in patient's notes

7. For further advice please contact TVS via email – fv.tissueviability@nhs.scot

6. References

Adapted from Brighton & Sussex University Hospitals NHS Trust – Guidance: Opportunistic Maggots 2020

Sunny B, Sulthana L, James A, Sivakumar T. Maggot Infestation: Various Treatment Modalities. J Am Coll ClinWound Spec.2018 Mar30;8(1-3):51-53.
Doi:10.1016/j.jccw.2018.03.002.PMCID:PMC6161638.

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