

## Dressing Of Wounds, Maggot Therapy And Vacuum Dressings

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The wound is a battle ground between invading bacteria and defending phagocytes. Dressings run interference in this battle. Dressings should help in removal of exudates, allow gaseous exchange, should be impermeable to bacteria, keep wound free of particulate matter and allow easy removal. Various types of dressings are -non adherent fabrics like tulle or paraffin gras, absorptive like gauze, gambji or foam, biologic or nonbiologic occlusive dressings and ointments & creams. No dressing meets with all the requirements, hence dressings will have to be chosen with care to adapt to the wound. Dressing for bed sore will be different than dressing for a clean large wound. The characteristics of various types of wounds will be discussed. Maggot therapy is a type of biotherapy involving the introduction of live, disinfected maggots (fly larvae) into the non-healing skin and soft tissue wounds for the purpose of cleaning out the necrotic dead tissue within a wound. There is evidence that maggot therapy may help with wound healing. In 2004, the US FDA cleared maggots for use as a medical device in the United States for the purpose of treatment of non-healing necrotic skin and soft tissue wounds, and non-healing traumatic or post-surgical wounds. Lucilia sericata, Green Bottle Fly is generally bred & used. The maggots have 4 principal actions viz debridement, disinfection of the wound, Stimulation of healing, Biofilm inhibition and eradication. The Maggot therapy has become popular in some parts of world. VAC or Vacuum assisted closure (negative pressure wound therapy) utilizes the principle of continuous/intermittent suction to keep the wound free of discharge, utilizes the vacuum to bring wound edges together & uses mildly hypoxic environments to stimulate phagocytosis, mitosis and thus promotion of granulation. VAC decreases the time for getting the wound ready for skin grafting and has been shown to reduce infection rates in open fractures. . . Addition of instillation with VAC has shown to be more beneficial in management of resistant wounds. However it should be remembered that surgical debridement is the mainstay of wound management.