

Development of a Burns Larval Therapy Advocate Programme

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Introduction

Over the past three decades, larval therapy has emerged as a valuable tool in burn care. This non-invasive treatment harnesses the natural abilities of live fly larvae to remove necrotic tissue and stimulate healing. By accelerating debridement and reducing necrosis, larval therapy offers an effective alternative to surgical intervention, particularly for patients with deep burn injuries (Gaffari et al 2023).

The need for innovative approaches is especially pressing in the United Kingdom, where an aging population has led to a rise in burn injuries among the elderly. Older patients are more likely to sustain full-thickness burns due to fragile, atrophic skin, insufficient first aid, and delayed presentation to specialist services. Many require surgical treatment, yet co-morbidities and complex medication regimens often limit surgical options. In this context, larval therapy provides a safe, well-tolerated alternative that can improve outcomes and reduce hospital admissions (Edwards 2006, Akhtar et al 2011).



Purpose of the Study

The use of advocates or champions in healthcare is not new. Wound care champions have long played a pivotal role in advancing best practice, leading education, and supporting colleagues. They engage in ongoing training, often using a “train-the-trainer” model, and act as trusted resources by connecting staff with guidelines, pathways, and evidence-based practices. Quiroga-Pico et al (2024) suggest that “a champion is a nurse who excels within an institution and is passionate about improving the quality of care2, This is exactly what we wanted for our advocates. Building on this proven model, our study sought to establish Larval Therapy Advocates specifically for burn care

Methods

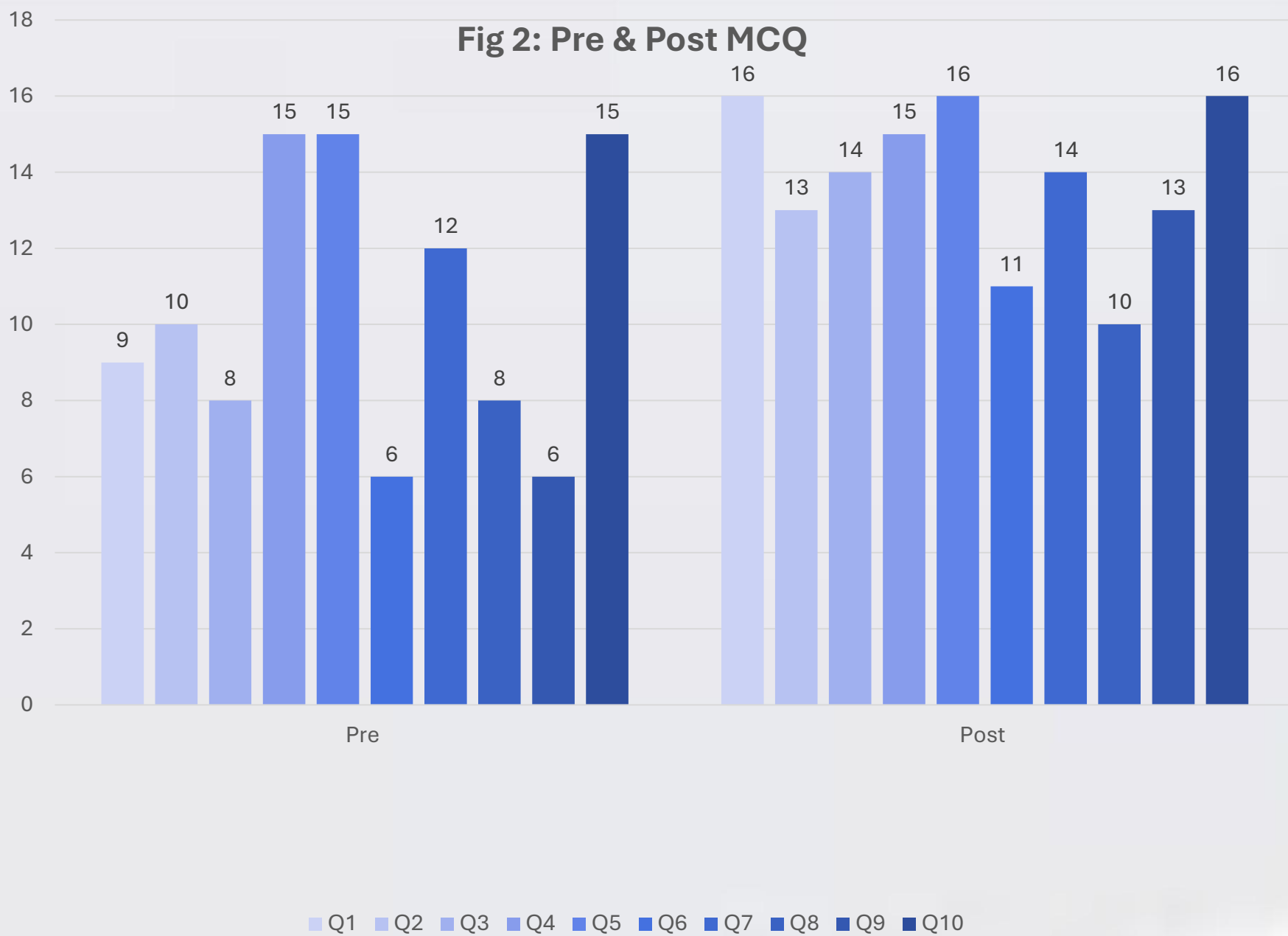
Working in collaboration with Biomonde, the UK’s sole supplier of larval therapy. We adapted their existing Master Class and advocate programme to create a burn-specific initiative. Each service identified two staff members, ideally one from the inpatient team and one from the outpatient team, to ensure continuity across the patient pathway. Advocates were targeted at Band 5 or 6 level, balancing the capacity to deliver training sessions with the practical experience of frontline care. Unfortunately, it was predominantly the more senior nurses and ward managers who put themselves forward. Either due to interest or possibly the fear of missing out, but we did get a selection of both in patient and outpatient nurses. This structure was particularly important for supporting patients discharged with larval therapy, a key factor in improving outcomes and preventing unnecessary admissions. Alongside this we had previously also developed a larval therapy pathway for use in burns which had been ratified at our Network Board (See Fig 1)

A study day was organised in Leeds, and we had 17 attendees from across the 12 services, some with in-depth knowledge of larval therapy and some with no knowledge at all. The study day was delivered by Biomonde with subject matter experience delivered by the Network Lead Nurse, it included an overview of the history and use of larval therapy, how they could specifically be used in burns and application and usage hints and tips.

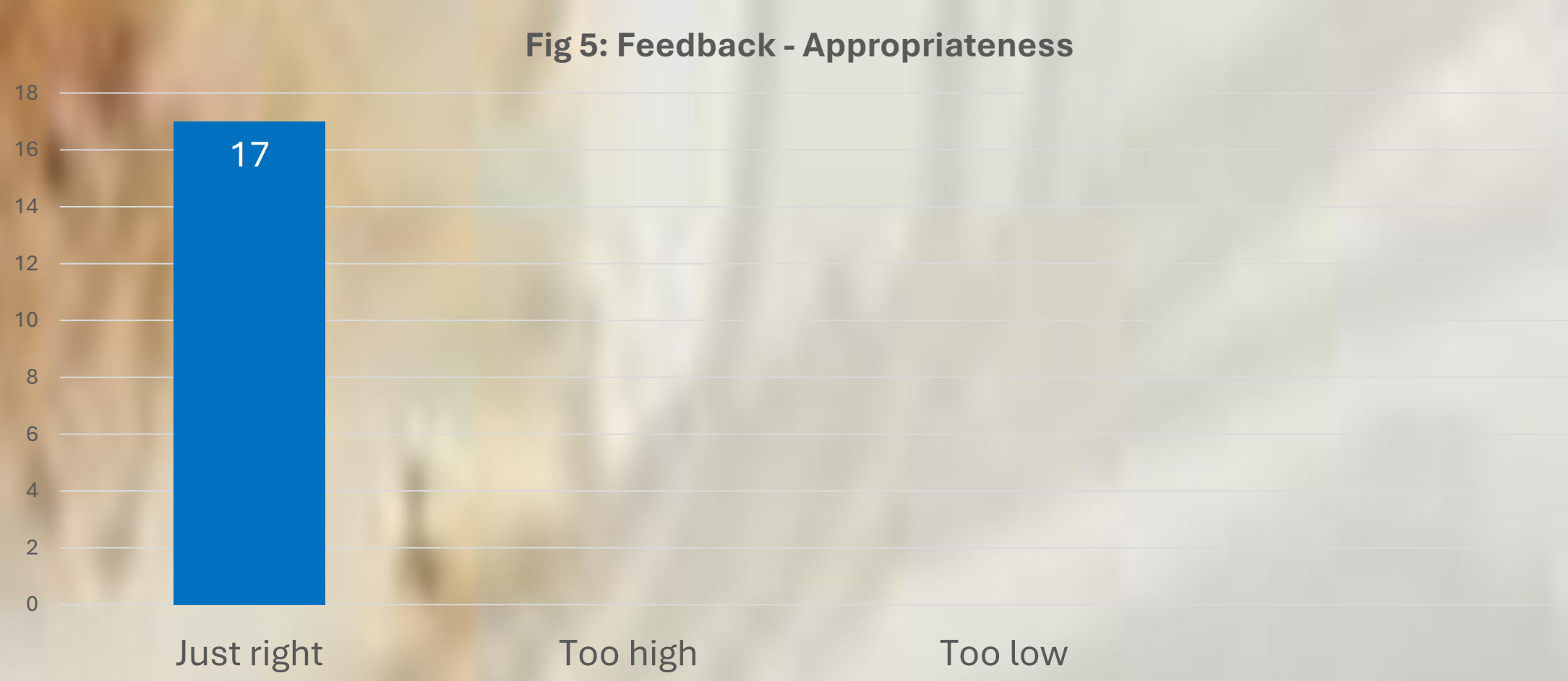
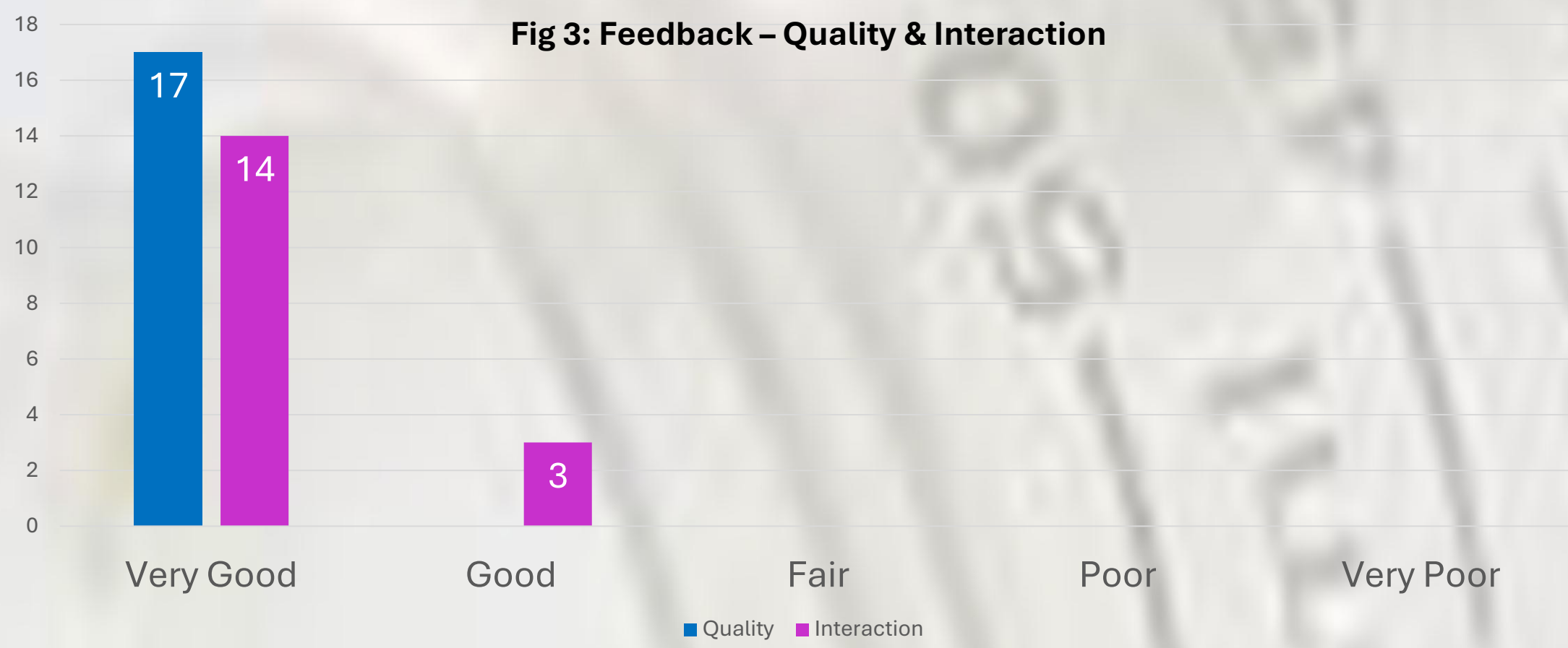
We also presented the advocates, with a presentation that they would deliver back in their clinical areas. They also were shown the advocate kit which contains larvae at all growth stages as well as a range of literature and other relevant tools to aid in implementation. After attendance, Biomonde would support the delivery of the advocates first session and deliver their advocate pack to them at the same time

Discussion / Results

To facilitate evaluation of the programme a pre and post questionnaire/quiz was administered to the staff. As previously identified, there was a range of clinical experiences of using larval therapy. Fig 1 demonstrates the pre and post knowledge questionnaire. And it’s clear that the majority of staff improved their knowledge across the day.



Education was well received evidenced through the evaluation forms that we asked attendees to complete (See Figs 3,4 & 5). All staff felt the quality of the education was very good and the majority felt it was also interactive. All staff felt confident to deliver the advocate education to their own staff and all staff felt the content was appropriate for the training required.



Conclusion

Although the programme has only recently been rolled out, early reports are promising. Some advocates have already delivered their education supported by Biomonde and have facilitated cases where larval therapy shortened hospital stays or enabled community-based treatment, avoiding admission altogether. Consultant surgeons have reported at Network Board that their first cases have been undertaken and how surprised they have been by the results.

The plan is to undertake some longitudinal follow up of advocates to see how easy it has been to implement and identify any barriers that may be inhibiting them. This will also hopefully identify if regular updates are required and if so, how frequently.

Perhaps most importantly, patient feedback has been encouraging, with many finding the therapy well tolerated and expressing a preference for it over surgical options, particularly in the older patient groups.

References

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Fig 1: Network Burns Larval Therapy Pathway

