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Plastic Surgical Tips for GPs - Concurrent Breakout Session Repeated

Sunday, 12 June 2011	Start 8:30am	Duration: 50mins	Sigma
	Start 9:25am	Duration: 50mins	Sigma

Rotorua GP CME 2011 NZMA

General Practice Conference & Medical Exhibition

09-12 June 2011 | Energy Events Centre | Rotorua

Minor Burns

Mr. Adam Bialostocki
Plastic Surgeon


HOT

Burns

First Aid

- Remove the burning agent / wet clothes
- COLD RUNNING WATER FOR 20 MIN
  - <60 min from time of burn.
  - Does not need to be sterile.
  - Can use water for comfort at any stage but keep the patient warm.
  - Don’t use ice

Burns

First Aid

- ELEVATE to help reduce swelling
- ANALGESICS – paracetamol & brufen/codeine
  - refer to A&E if pain control is inadequate with oral analgesics.

Burns

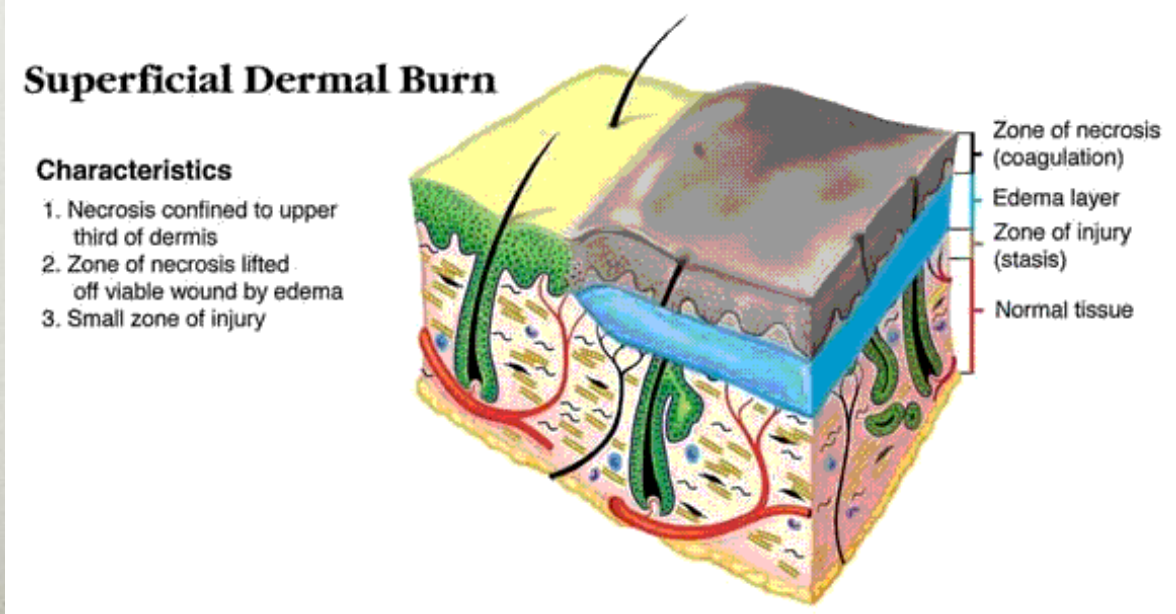
Estimating burn depth

- Burn depth guides treatment
- 1st, 2nd & 3rd degree are no longer used.
  - too much confusion!
- use superficial, partial & full-thickness.
- most burns are a combination

Burns

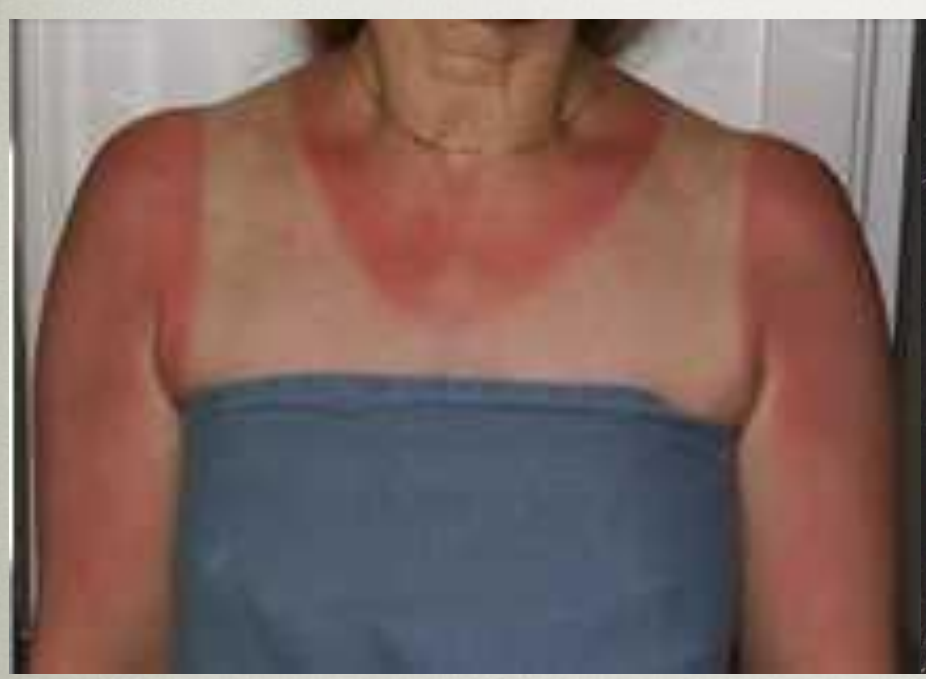
Estimating burn depth

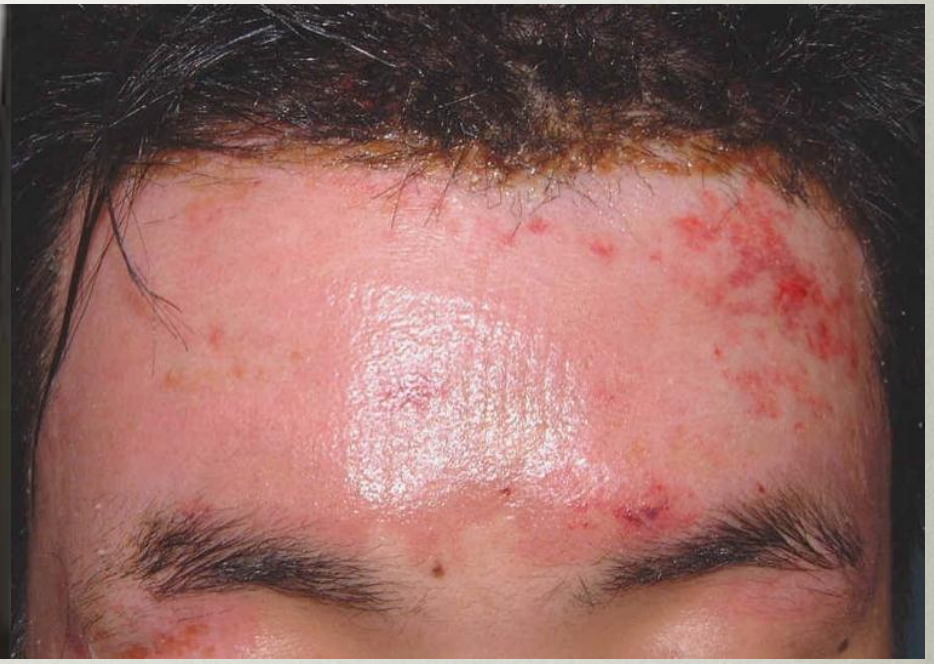
- Superficial
  - Involves only the epidermis and is characterized by erythema.
  - Pain, the chief symptom, usually resolves in 48-72 hours.
  - In 5-10 days, the damaged epithelium peels off in small scales, leaving no residual scarring



Burns

Superficial

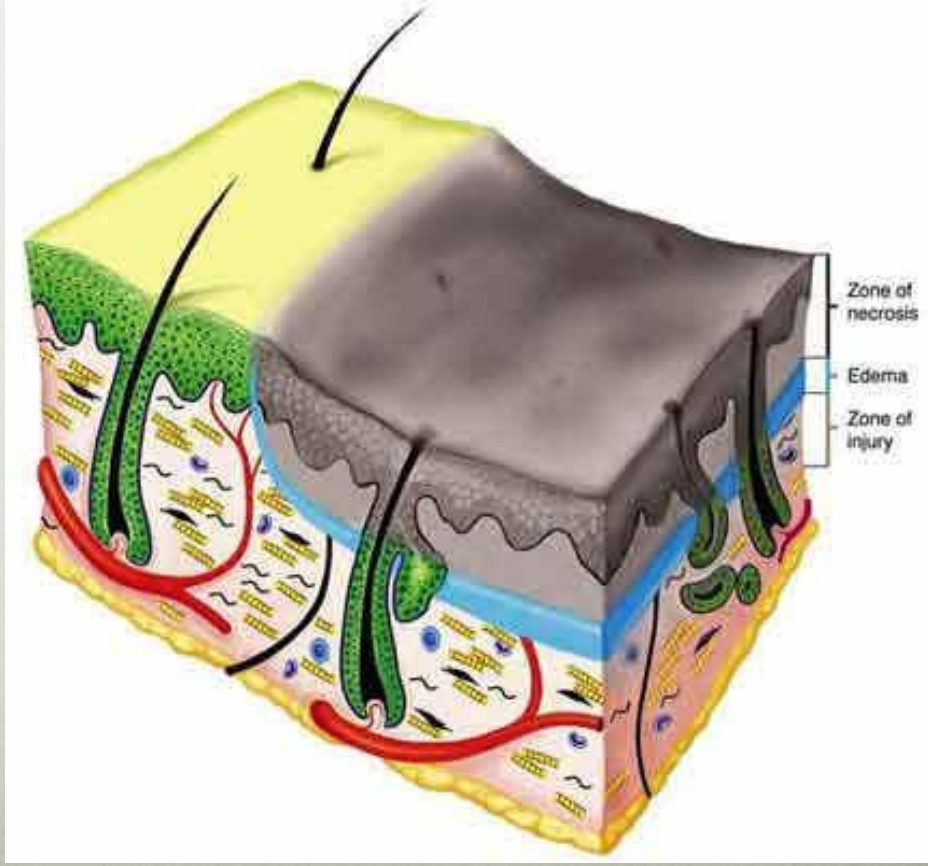




Burns

Partial thickness

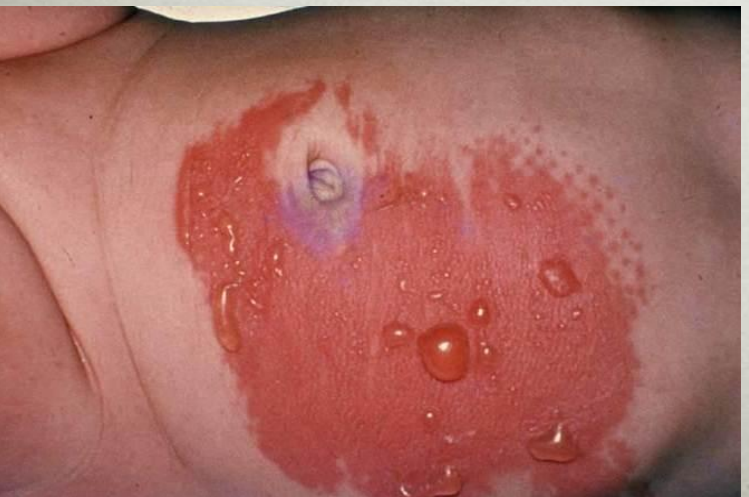
- Partial Thickness
  - Partial-thickness burns are deeper, involving all of the epidermis and some dermis.



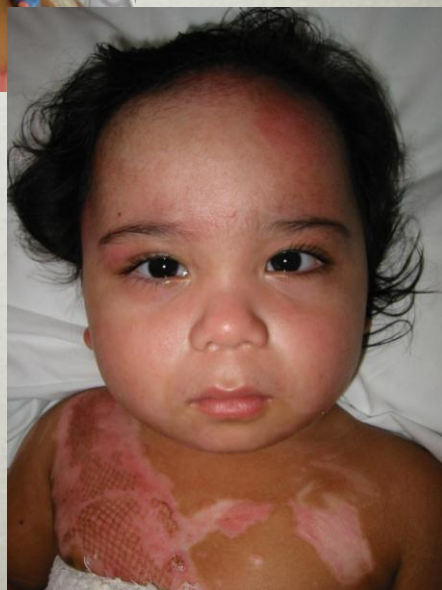
Burns

Superficial Partial thickness

- Superficial burns are characterized by blister formation.
- blisters may have burst by the time you see the wound
- wound appears shiny / glistening.
- very painful - exposed nerves



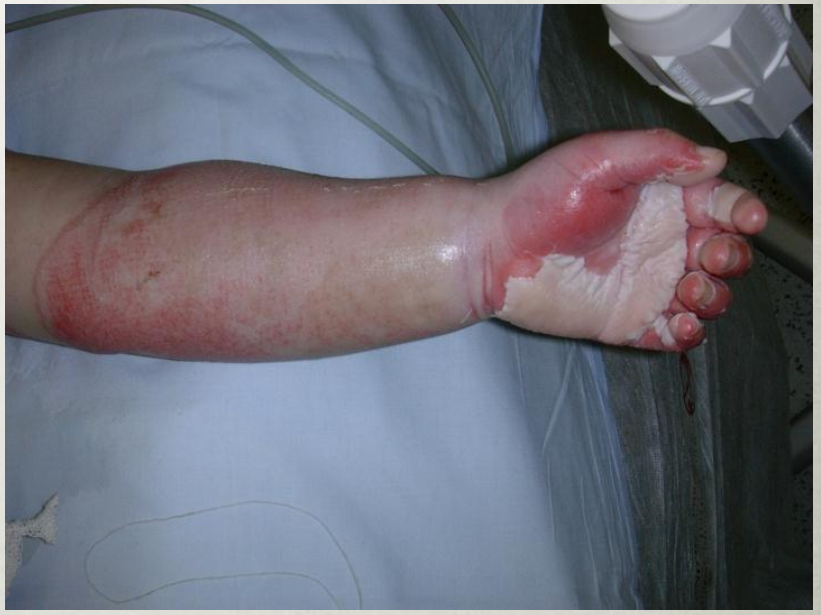
- may heal with some residual blemish or pigmentation

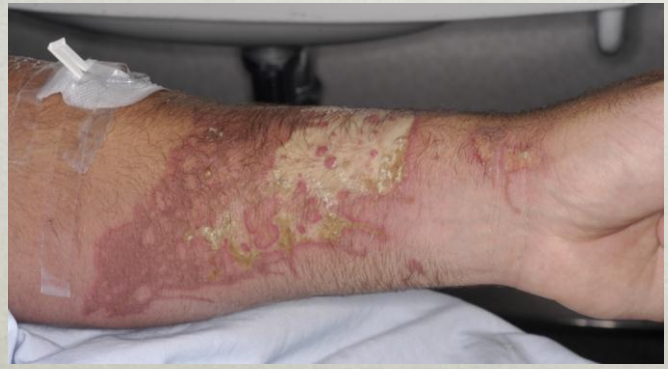


Burns

Deep Partial thickness

- Deep partial-thickness burns have a layer of white non-viable dermis firmly adherent to the remaining viable tissue.
- Will heal, but resulting appearance may be better with a skin graft.

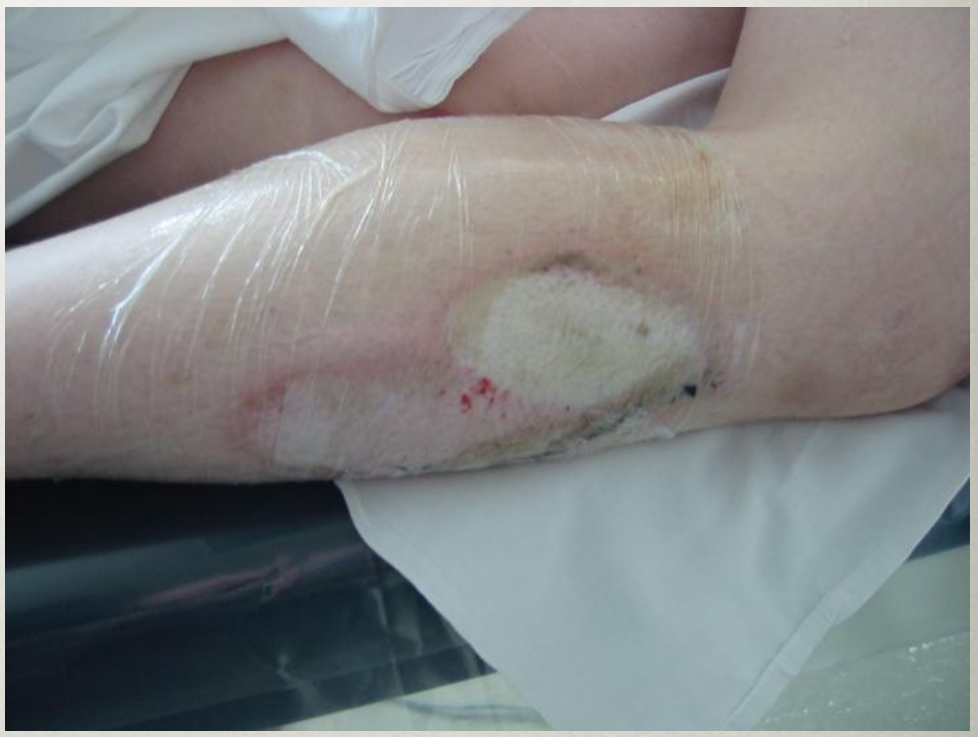




Burns

Full thickness

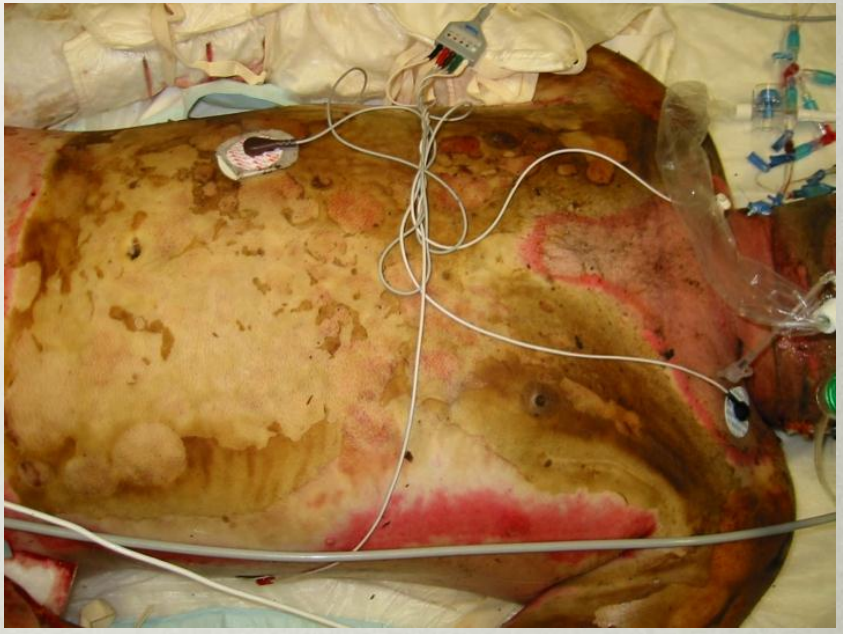
- Full thickness
  - All layers of the skin are dead.
  - Waxy white & insensate.
  - leathery texture
  - May also appear a charred brown.



Burns

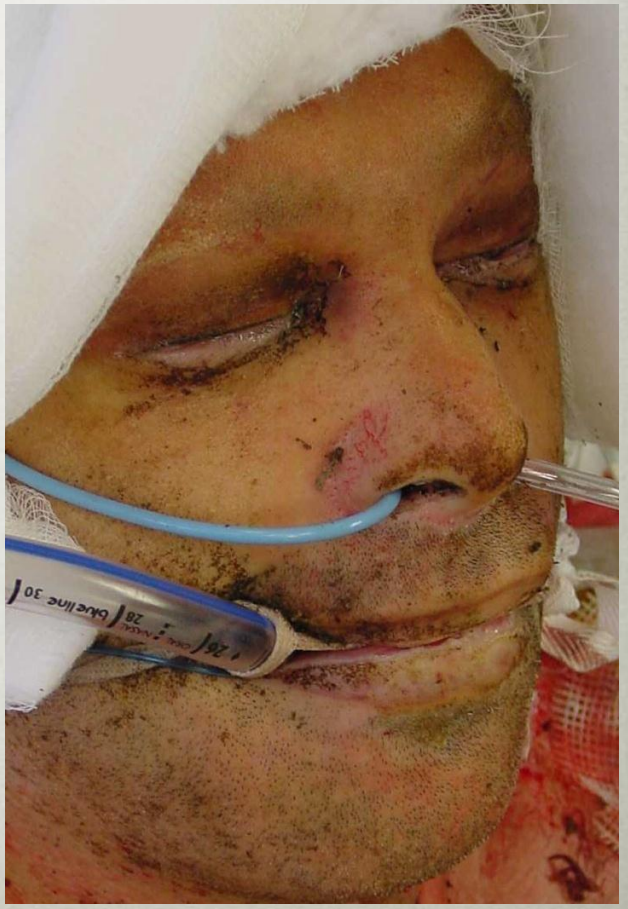
Full thickness

- no potential to heal itself.
- needs to be replaced with skin graft or other temporary dressing.



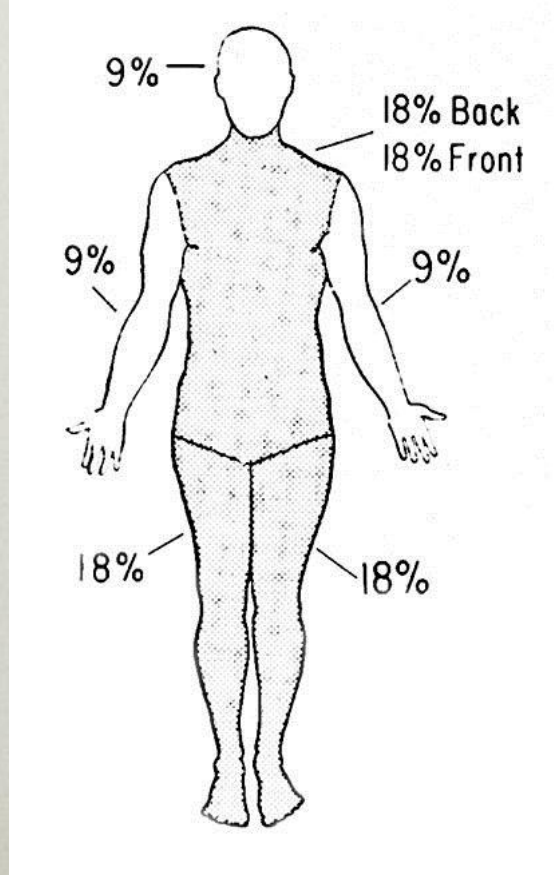
Inhalation burns

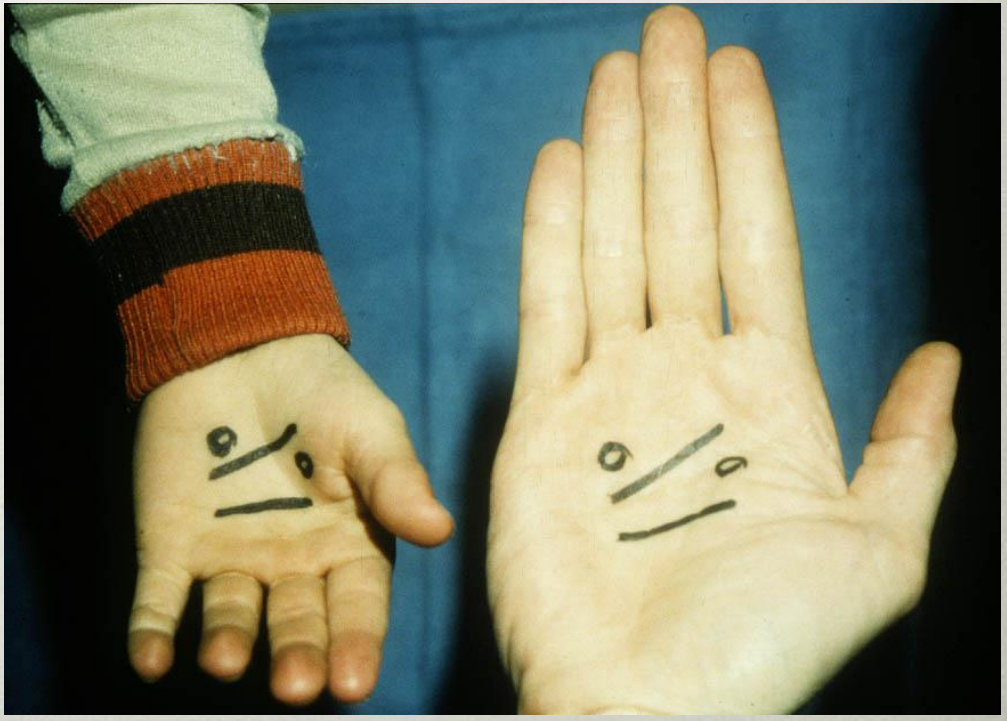
- Char around lips and nostrils
- Singed nasal hairs
- Carbonaceous sputum
- Oral edema
- Hoarse voice / wheezing
- Call an ambulance STAT!



Burns

Estimate surface area





Burns

When to refer

- Inhalation injury - AMBULANCE!
- Superficial if >10%
- partial -
  - Discuss Burn size > 5 % in any patient
  - (<5% can try Flamazine for 5 days & then Jelonet for 5/7 & see
  - refer > 10% in any patient
- Full thickness burn - discuss any FT burn with the burns specialist service
  - may need admission or will be seen in clinic
- Discuss any burn involving the face, hands, feet, genitalia

Burns

When to refer or discuss...

- Associated trauma
- Chemical or electrical burns
  - invariably far more extensive than is evident on initial inspection.
- Co-morbid states; <2yr old and >60yr old
  - Significantly higher death rate

- If you can't debride / clean properly (even if very small) and if the patient requires proper analgesics - refer to A&E

Burns

Burn Wound Management

- Debride collapsed blisters
- Dead tissue is bug food and may get infected.
- The fluid inside intact blisters is detrimental to the healing.

Burns

Superficial *Burn wound management*

- Option 1
  - Hypafix / mefix on all superficial burns (superficial and superficial partial)
    - ALWAYS thoroughly clean burn wound first
    - ALWAYS with antibiotics for as long as the dressing is on.
    - take off in 7-10/7 with oil.
    - NEVER on deep dermal or full thickness burns – it will hide dead tissue.
- Option 2
  - Daily open dressings with Flamazine.
  - Antibiotic only if infected.

- Very superficial burns like sunburn can be treated with moisturizers.

Burns

Deeper *Burn wound management*

- Open dressing:
  - Flamazine – can use on
    - all deep partial burns not being referred to the hospital
      - i.e. <5% - more than this will prob need morphine etc.
    - or on full thickness burns awaiting plastics assessment or

- Clean and redress with Flamazine every day for 5/7, with Jelonet, gauze and a loose bandage.

- After the first 5/7, dress every second day with Jelonet and gauze.

- Discuss with plastics service if the burn is not significantly healing by the end of the 2nd week.

- Oral abx only if infected.