

Burns Unit has Dramatically Lowered Mortality Rate

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Nearly half of the country's burn victims are suicide cases with many involving kerosene stoves, says Dr Wu, Burn Specialist at the Georgetown Public Hospital (GPH).

Close to 100 cases of domestic burns were treated at the Burn Care Unit since the facility was opened in November 2002 with the large majority being young women. A total of 129 thermal (heat) burn cases, 20 chemical burn cases, 20 acid burn cases and a few electrical burn cases were treated within the GPH during the 16-month period. Sixty-six of those were cared for in the unit while the others were treated in the open ward.

As it relates to burn victims, the mortality rate at GPHC is 16 per cent, a marked reduction from the previous rate of 44 per cent. Some 24 patients, inclusive of those in the wards, have succumbed over the last 16 months. Dr Wu, who is part of a visiting Chinese team of medical doctors and the present head of the Burn Care Unit, said that patients with 60% or more of their surface area burnt normally die as a result of complications. He explained that extensive burns lead to infections, multi-organ failure and respiratory problems that often result in death.

The criteria for admission to the unit stands at 20 per cent or more of the surface area burnt for adults and 30 per cent surface area burnt for children. On average patients spend 18 to 32 days in the unit. The maximum and minimum days a patient was ever treated at the unit were 99 and five days respectively. Since the unit commenced operations 37 patients had a total of 67 surgeries in the operating theatre. According to Dr Wu, several of the 37 patients had two surgeries. He said that in surgery, skin grafting and skin flaps are applied in addition to cleaning the wounds. The grafting process entails removing skin from one part of the body to cover other areas affected by burns.

Before the unit was instituted patients nursing severe burns were treated in the open ward under poor conditions, according to Wu, and the major concern then was controlling infection. Protocols similar to those in the operating theatre were put in place at the unit and patients were placed in separate rooms. Specific methods were followed in sanitation and the unit started running with strict standards. Traffic was also controlled in the area that prohibited persons from entering the unit without consent. In addition to Dr Wu, who is also a plastic surgeon, the unit is staffed with Medical Officers, Dr Nega and Dr Rajendra Singh and a complement of nursing staff. Dr Wu noted that back in his native China burn victims rarely die.

Crediting this to an innovative technique, Wu said that plastic surgeons in China perform grafting surgeries using animal skin, adding that pigskin has been most effective in treating burns. He explained that the animal skin is a temporary cover that prevents infection. The new technique has advanced care for burn patients and now allows for early surgery. Dr Wu said that the majority of patients he has treated at GPHC who have severe burns seldom have early surgeries. According to him, this is a major challenge that he often faces. He expressed concern over the number of domestic burn cases and called for an awareness campaign in the country.

Medical Director, GPHC, Dr Madan Rambarran noted that the hospital spends a substantial sum on burn care treatment but no exact figure is allocated to the unit. There are no plans to expand the unit, said Rambarran, but the hospital is working towards consolidating the area with the addition of an operating room where surgeries can be performed. He added that the demand continues to grow for a permanent burn specialist. He said a ten-year agreement with the government of China has paved the way for temporary plastic surgeons within the unit. Rambarran said there are plans to further early surgery at GPH, however, the technique of using animal skin in grafting is yet to be considered as there might be cultural resistance to such a method.