BURN WOUND DRESSING

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KEY WORDS:
Time saver, Neat

ABSTRACT:
An alternative technique of wound dressing as compared to conventionally used dressing technique is described.

INTRODUCTION

Whenever possible, thermal burn wounds are treated by occlusive method. This largely depends upon work load/manpower ratio of any burns unit. Dressings are changed on alternate days and takes in a patient of 30% TBS burns up to 3 hours. This is then repeated 15 times or so during patient’s hospital stay.

Paraffin gauge, cotton gauge gamgee pads, rollar bandages and ointment tubes for surface application on burn wounds are the normally used materials. It is observed that application of ointment manually to affected parts is time consuming and. Within few hours dressings looks wet in patches & gives out bad odour. And on the following day dressings look in disarray.
MATERIAL AND METHODS

A total of 11 patients of 30% to 40% burns were treated by conventional & alternative technique of dressing as shown below:

Conventional technique: Materials used (5 patients)

* Paraffin impregnated gauze
  Ten cms size squares.
* Cotton-gauze (Gamgee) Pads.
* Cotton Rollar Bandages.
* Ointment/Cream/Tubes/Jars

Alternative Technique: Materials used (6 Patients)

* Cotton tubular stokynet of various diameters.
* SofRoll Cast Padding.
* Manually operated Insecticide spray gun with solution of Povidon Iodine in water base.
* Autoclaved mosquito net cloth impregnated with petroleum Jelly and Paraffin in half meter lengths and ten cms width.

this to be achieved different materials needed to be searched & tried. For reducing heat loss, particularly in winters from burn surfaces, a substitute for rollar bandages was also needed. Material that keeps looking neat, encourages patients mobility & handling of body parts while nursing & is less time consuming to apply was to be found! A market search with this aim has r esulted in identifying the same. The advantages of using alternative material & disadvantages of using conventionally used materials is summarised.

DISCUSSION

Improvement in normally carried out practise was felt desirable. The reason being to improve aesthetics & to reduce time taken for each dressing. Application of ointment has had to be done differently & a method had to be found to make it painless & quick. It was felt dressings should look neat & tidy between the dressings changes and for

ADVANTAGES

i) Substantial reduction in time

ii) Looks neat & tidy between dressing changes

iii) Heat loss is less through sofrole material

iv) Spraying of povidon iodine is easy

V) Joints move freely and Nursing is easier
VI) Compression prevents hypertrophy and graft settles well

**DISADVANTAGES**

1. Manual ointment application at times-painful
2. Within hours dressing is in disarray & wet
3. Dressing restricts mobility of joints
4. When soaked dressing gives out strong odour
5. Bed nursing and handling of body parts during changing of sheets. is difficult

Time taken for dressings by new materials is substantially reduced and so is anaesthesia time. Against the conventionally used anaesthetic technique of endotracheal intubation & intermittent positive pressure ventilation with muscle relaxant in new technique intramuscular ketamine, atropine, diazepam and ketorolac were used along with spontaneous mask ventilation of oxygen. It admirably eliminated the haemodynamic stress response and metabolic alterations seen in endotracheal intubation and general anaesthesia.

Subsequently, analgesia requirement in between dressings changes was less, nursing was easy with better mobility of patients and body parts.

**CONCLUSION :**

A preferred alternative method of dressing which results in improved aesthetics causes least interference in terms of haemodynamic and metabolic changes with ease of its application and which is cost effective is described.

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ABOUT THE AUTHOR - The book has been a labour of love for Dr. Ashok Govila, Additional Professor, Dept. of Plastic Surgery, GGI, Chandigarh. He is a noted plastic surgeon who brings to bear his decades of teaching and practical experience to make the book most comprehensive, practical and simple to follow. All line drawings have been done by Dr. Govila himself. Dr. Govila is currently Senior Consultant, Dept. of Plastic & Reconstructive Surgery, Mafraq Hospital, Abu Dhabi currently Senior Consultant, Dept. of Plastic & Reconstructive Surgery, Mafraq Hospital, Abu Dhabi (U.A.E.)

INTERPRINT, MEDICAL PUBLICATIONS DIV.
MEHTA HOUSE, A-16, NARAINA II,
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YEAR BOOK OF PLASTIC, RECONSTRUCTIVE
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EDITOR : STEPHEN H. MILLER M.D. MOSBY YEARBOOK Inc 200 NORTH LA SEELE st. CHICAGO. IL 60601 PAGES 325. ISSN. NO 1040- 175X BOOK NO 0-8151-6088-0

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Author has made an honest & sincere attempt to highlight the pitfalls in surgical procedures & in care and has explained how such can be avoided & quality of care of a surgical patient improved.

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