

Hand and Plastic surgery Injury clinic

Minor Burn Injuries

Information for patients



Your burn has been assessed in the Emergency Department and you have been referred to the Hand and Plastic surgery Injury clinic (HAPI) for review in around two days. This leaflet should help you understand more about your burn injury and how to look after it, both before and after you come to your appointment.

Dressing changes

Your burn may have been covered with a dressing, which will need to be kept clean and dry. You will usually have a dressing change and review of your wound two times a week in the plastic dressing clinic, followed by a final assessment of the burn injury in the HAPI clinic around two weeks after your burn. If your burn heals quickly you may be discharged sooner.

The dressing should be changed in the HAPI clinic if it accidentally becomes wet, begins to fall off or if fluid seeps through from your burn. If this happens, please contact the HAPI clinic for advice.

You will need to wear the dressing until your wound has healed well enough for you to leave it uncovered.

Your burn has been dressed with:

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Your last tetanus vaccination was: / /

Your next appointment is at the:

..... Date: / / Time: :

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The Hand and Plastic surgery Injury (HAPI) clinic is on the Specialist Surgery Inpatient (SSIP) Ward, on Level 0 of the West Wing at the John Radcliffe Hospital.

The plastic dressing clinic is on LG1, in the West Wing at the John Radcliffe Hospital.

Types of burns

Burns are often categorised into different types, depending on the severity of the burn. The management and treatments will vary from one type of burn to another.

We will let you know the type of burn that you have.

Superficial burns:

These affect just the surface of the skin, causing redness and pain.

Partial-thickness burns:

These are deeper than the superficial burns and can cause the skin to become blotchy and red or pale pink. This burn is also likely to cause blistering and pain.

Full thickness burns:

This type of burn causes damage to all layers of the skin, resulting in a brown or white leathery appearance. These usually need treatment at a specialist burns unit.

Blisters

These can develop soon after the original injury, but can also take some time to fully form.

Blisters are collections of fluid which cover the skin that has died as a result of the burn. Blisters that are smaller than your little fingernail can be left alone, but larger blisters which may burst are sometimes treated by having the top layer removed. This also allows us to see how severe the burn is under the blister.

The process of removing blisters is known as 'de-roofing'. It can be done by a trained nurse or doctor. If you have a blister that needs to be de-roofed this will either be done in the Emergency Department or by the specialist nurse practitioner in the HAPI clinic.

If you still have blisters, or the skin from the blisters has not been fully removed, it is important you mention this, so that they can be treated at your follow-up appointment.

Pain and itching after a burn

Many burn injuries will be quite painful to start with. Whilst this can be a good sign, as it shows that the nerves supplying sensation are intact, it can still be frustrating and can affect everyday tasks.

Itching is also common after a burn, especially as the wound starts to heal and becomes dry. To help with this you can take antihistamine tablets or liquid, while the wound is raw, and can use moisturiser once the wound is healed.

Over-the-counter pain relief, such as paracetamol, can help reduce any pain you may have. It may help to take some painkillers half an hour before a dressing change, to help with any discomfort. Remember not to exceed the dose shown on the packet or instruction leaflet.

If the pain continues despite taking regular painkillers it is important you mention this to your doctor. They may be able to provide you with stronger pain-relief medication.

Infection risk

The skin acts as a natural barrier against bacteria. After a burn, this protective barrier is damaged. Clean dressings will help protect the vulnerable skin, but it is important to look out for signs of infection. These include:

- worsening pain
- a smelly discharge from the wound
- spreading redness surrounding the burn
- swelling or warmth around the wound.

Sometimes the symptoms of infection are feeling ill or developing a high temperature. If you develop any of these symptoms you should seek help immediately, either from your GP or NHS 111 (Freephone from landlines and mobiles).

Physical and psychological impact

Burns can be traumatic and can affect how you feel, as well as how you move the area that was burned. If you would like help to deal with anxiety or other problems, please let someone in the clinic know.

Healing and recovery

- If you have a burn on your arm or leg, keep the affected limb elevated (raised up) whenever possible. This will help reduce swelling and discomfort.
- Try not to knock or scratch your burn, as the skin will be delicate and sensitive even after it has healed.
- Stopping smoking can help your skin to recover, as smoking reduces blood flow to the skin, delaying healing. It is also important to follow a good diet, as this helps to reduce the chance of developing an infection and can help with the healing of your burn.
- Do not apply any creams, oils or ointments to your burn. These can irritate or stain your skin and make you more likely to develop an infection. They are also unlikely to speed up the healing of your burn.
- Please do not apply a plaster or sticky or fluffy dressings, as these may damage your skin.
- Have regular dressing changes at the plastics dressing clinic or HAPI clinic, to keep the wound clean and dry.
- Once your burn wound is healed, the skin may become dry, itchy or uncomfortable. After the wound has healed, you can help relieve this by applying a water-based moisturiser, such as aqueous cream.

Things to avoid:

- oil based or perfumed moisturisers
- sun exposure.

For the first eighteen months to two years after a burn, the area of skin may be very sensitive, particularly to sunburn. You should always make sure you use a high factor sunblock or cover the area when you are out in the sun, even if it is not warm, as the UV rays can still damage your skin.

Useful information

NHS Choices

www.nhs.uk/Conditions/Burns-and-scalds/Pages/Introduction.aspx

Changing Faces

www.changingfaces.org.uk

Dan's Fund for Burns

www.dansfundforburns.org

How to contact us

HAPI clinic

Tel: 01865 234 746

(Available Monday to Sunday, 9.00am to 3.30pm)

Team responsible consultant:

Burns specialist nurse practitioner:

For out-of-hours urgent advice, please contact **NHS 111**
(dial 111 freephone from landlines and mobiles).

If you have a specific requirement, need an interpreter,
a document in Easy Read, another language, large print,
Braille or audio version, please call **01865 221 473**
or email **PALSJR@ouh.nhs.uk**

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