Letter to the Editor

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Burns; A Scar Means I Survived!

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Burns, a word known to all but the pain known only by a few. Is it really a few? Fire disasters, damage, and injuries due to burns are important problems in all developing and underdeveloped countries, causing an increase in mortality and morbidity all over the world. According to the WHO millions of injuries due to burns are reported annually from all over the world. Many of which are fatal.[1] Burns leave the patients traumatized. If not properly taken care of, scarring, contracture formation, and muscle wasting become the fate of the patient. As Chris Cleave says, "A scar does not form on the dying. A scar means I survived." But is it that simple? If the burnt skin is not properly taken care of, it does not just turn into scars but, in most cases forms contractures. A contracture is defined as an inability to perform the full range of motion (ROM) of a joint. Management of these contractures and scars begins upon admission of the patient to the hospital. According to a Health-Related Quality of Life (HRQoL) survey, out of 727 participants, 201 (27.6%) underwent $\geq$ 1 scar/contracture operation within 24 months of injury.[2] This shows the inevitability of the formation of contracture in burn patients.

In the Burns Care Centre, Pakistan Institute of Medical Sciences (PIMS), Islamabad, around 47 contracture patients were presented to the OPD in the last two months. The rate is quite high owing to multiple reasons. Burn care specialists encounter enormous challenges on a daily basis attributed to the limited knowledge possessed by the patients and their attendants, being a hindrance in their rehabilitation. Rehabilitation is the most significant part of burns treatment. It is not the mere healing of skin grafts or being discharged from the burns centre, instead, it is a time taking process requiring massive care and cooperation between the doctor and his patient. The patients neither take due care of the affected area nor mobilize it which replaces normal elastic connective tissue with inelastic fibrous tissue. The non-stretchy inelastic tissue hinders movement, leading to a higher rate of contracture formation, and limiting the functional abilities of the patient. The patients do not pay any heed to the doctor’s advice and perform no movements or massage therapies. This often leads to contracture reformation in already discharged patients as well and thus increases the patient load.

Education of the people, proper counselling and giving them awareness of the consequences of not following the guidelines given by the doctor is a solution, but one cannot completely depend on it. The term "burns rehabilitation" calls for a multidisciplinary team effort as this incorporates the physical and physiological well-being of the patient. It cannot be completed by a single individual and should be a team approach. Different professionals can contribute according to their own insight and experience. The aim of this rehabilitation should be minimising contractures and to restore the functional abilities of the patients. Without regular advice and proper guidance about positioning, the patients will continue taking the position that forms contractures and will rapidly lose ROM in several joints. Guiding the patient properly from the day of admission to the hospital can play a vital role in avoiding contracture formation, and for this purpose one physiotherapist in the whole burns care department is not sufficient. Their exact number should be decided according to the number of beds and patient influx in the OPD of the burns care centre. The availability of physiotherapists should also be ensured in remote areas, as most of the rehabilitation occurs after discharge from the hospital. This availability

should be made keeping in mind the 4R's of burns, which are: Resuscitation, Recovery, Rehabilitation and Reintegration. The last two depend on the patient and how he/she takes care of himself/herself. Completion of the required number of sessions with the physiotherapist should be a prerequisite before further medical evaluation in the outpatient department. The patients should have detailed counselling sessions once a month where the troublesome complications resulting from the patient's lack of awareness should be clearly explained to them. This issue should also be addressed in short, comprehensible, eye-catching clips highlighting the precautions, do's and do not's and measures that can be taken to avoid contracture formation. This should be displayed on operating televisions in the waiting areas so that the patients learn more about their condition and how to avoid further damage while waiting for their turn. Moreover, campaigns about burns, their prevention and basic first aid treatment should be broadcast on a national scale to educate the masses.

The above-mentioned measures will help restrict the hazards in the long run but to witness spontaneous reduction, the government should contemplate recruiting more physiotherapists, especially at DHQ and THQ levels. Burns is a very serious issue, and so the government, health professionals, and general public need to work hand in hand to limit its deleterious effects. All this will need an overarching strategy to be implemented in the form of a National Burns Control Programme[3] providing organized burn care at the grass-root level.

Reference

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