

Improvement in the Acute Treatment and Rehabilitation of Electrical Hand Burns

Dhaka, Bangladesh 11-17th January 2019

In January 2019 British Federation for International Reconstructive Surgery and Training (BFIRST) and the International Project from the Royal College of Surgeons (RCS) funded a trip to Dhaka Medical College Hospital (DMCH). The team was led by Consultant Plastic Surgeon Barbara Jemec and included Major Rob Strauch (Burns & Plastic Surgery Trainee) and Julie Jones (Hand therapist).

Background

Barbara Jemec has been working in Dhaka since 2015 and observed that although the current patients receive appropriate soft tissue cover there is often delayed nerve grafting and no tendon reconstruction or post-operative hand therapy. The aim of this visit was to improve the acute management and rehabilitation of the electrically burnt hand.

Approximately one third of the burns admissions to hospital in Dhaka are due to electrical burns and during the high 'burns season' from March -December approximately 26 patients per day are admitted to the DMCH.

Therapy

As there are only four physiotherapists (with no specialist hand therapy training) to manage a 100-bed hospital (which often accommodates 600 patients) the current therapy provision is poor.

Daily routine for the DCMH includes a morning ward round which proved useful in identifying patients who may benefit from treatment, and a better understanding of the rationale behind treatment provision. Although this was a daunting introduction to an overcrowded ward situation it was important to see conditions that patients experienced and the use of an accurate translator during this time could not be under rated. Previously Zoe Cliff (hand therapist) had helped staff to understand the importance of positioning, and this was reinforced on this visit.

Educational sessions included lectures to the Medics and therapists (although all were invited to attend these only one therapist did). These sessions provided a good opportunity to highlight to the medical staff the importance of safe immobilisation and selective movement.





Practical sessions of splinting with medical and therapy staff occurred – repeated on three consecutive days and templates/written instructions were left for the department. Splinting material was donated by the BFIRST /RCS project and a splint bath had previously been left by another NGO.

From a therapist point of view this was an incredibly interesting trip. I returned feeling lucky to have worked with such inspiring medical colleagues and lucky for the current systems I work with at home. Practically the best advice I was given prior to departure was to take basic information /

splints / anatomy cards- ensure it is laminated! And not to rely too heavily on technology, be flexible in what people might need to learn. Be grateful for the great kindnesses that local staff, patients offer.

Future

This project, currently, does not plan a repeat visit to DCMH as the imminent movement of this hospital (May 2019) to a new site creates several practical and strategic difficulties to planning improvements in patient pathways or reassessing the provision for burns patients within the unit. However medical staff now have a greater understanding of the importance of positioning and 'safe immobilisation' with the potential use of splinting to support this.