

Patient advice sheet

What to expect after burn injury

This leaflet gives you advice on how to manage your scar at home and how to contact the burns and scar service if you need help.

At your last dressing change appointment the burns nurse or doctor will tell you if your injury indicates that you need a scar clinic follow-up appointment.

Scar treatment process and timescales

If your burn heals within 2 weeks without needing surgery, it's unlikely you'll develop abnormal scarring.

Your new skin will initially look red/pink but will gradually lighten over time. Your skin may be dry and will need regular moisturising. You should be able to return to normal activities very quickly with no long term difficulties.

If your burn takes longer than 2 weeks to heal and you had surgery, your risk of scarring is higher. In this case, we'll refer you to our multidisciplinary team (MDT) scar clinic.

Types of scarring

These include.

Normal

This may:

- initially look red/pink
- mature to a flat pale appearance over a period of a few months to 2 years.

Hypertrophic

These types of scars:

- are raised, red, thickened and may be itchy
- take longer to mature than normal scars.

There are treatment options to help these scars to settle which your doctor/nurse will discuss with you.

Keloid

You may be at more risk of these scars if you have darker skin. They:

- are red, raised, thickened and become bigger than the original wound
- can be genetically influenced, for example, if your parents have had these types of scar.

These are difficult to manage but there are treatment options which you can discuss with the burns team.

Contracture

These types of scars have tightened and shortened over a joint causing a deformity or reducing function.

Our therapy team can support with exercises to keep the scar stretched. You may need to wear a splint.

You may need further surgery to release the contracture.

Skin colour (pigmentation)

Skin pigmentation is determined by the amount melanin (brown pigment) in the top layer of the skin. When skin is burned, the pigment is temporarily destroyed. Your new skin will therefore look pink, red or purple.

Over the following few months, the pigment will slowly return and begin to look similar to your surrounding skin.

This is a long and slow process that can take up to 2 years. Some pigment may never return and the skin will stay lighter. Some areas may return to a darker colour than before.

The types of skin pigmentation complications after a burn related injury are:

- **hypopigmentation** – the skin is lighter than your normal skin colour. This may improve but may always remain lighter.

- **hyperpigmentation** – the skin is darker than your normal skin. This may fade or you may need to have treatment to help lighten the skin. Your skin may always have darker patches.

Sun care advice

Exposure to sunlight (UVA/UVB rays) is harmful to skin. After a burn injury, the affected skin is even more vulnerable to the harmful effects of the sun.

Sun exposure can cause discolouration (hyperpigmentation) to your scars. You must take extra care whilst out in the sun for at least 2 years whilst your scars mature.

We recommend that you:

- don't sunbathe
- avoid directly exposing the affected area to the sun
- cover up with clothing and remember that most clothing isn't sun-proof. SPF sun suits are available for children
- wear a sun hat or cap if you have burns to the face, head or neck
- use SPF 30 to 50 cream/ lotion/ spray.

Treating your scar in hospital

We do this with surgery or laser treatment.

Surgery

If your scars need surgery, we'll assess and list you for this during your appointment. Scars that may need surgery are usually tight (contracting) and can cause restriction of movement in joints and limbs.

You'll usually have surgery under general anaesthetic. You can normally go home the same day but sometimes you may need to stay overnight if the surgery was complicated and so that our therapy team can review you for follow-up treatment.

Laser treatment

There are 3 different types of laser treatment.

Carbon Dioxide (CO₂)

It's effective for thick, lumpy, itchy and tight scars.

You'll usually have a local anaesthetic in our outpatient clinic. For children, they'll have a general anaesthetic.

ND-Yag and IPL

We use ND-Yag laser for scars that are red/vascular, or to lighten hyperpigmented (dark) scars.

IPL is usually for scars in hair-bearing areas which can become irritated as hair grows.

For ND-Yag laser and IPL you'll usually have a local anaesthetic in our outpatient clinic. We usually wait until children are over 16 years old for this treatment.

Treating and looking after your scar at home

Scar moisturising and massage

Your skin after your injury will be very sensitive and it's important to look after your new skin and scars.

We recommend you moisturise your scar daily for a year after injury. Use 'non' perfumed moisturisers and choose a moisturiser that is oil enriched (Cetraben, cocoa butter, Aveeno). This will help lock-in moisture and keep your scar hydrated and supple.

For itchy scars try keeping your creams in the fridge so they're cool on application.

Massage your scar with deep pressure in a circular motion.

There are many benefits for daily scar massaging. These include:

- preventing abnormal scarring by promoting tissue collagen reorganisation
- addressing hypersensitivity through regular touch.

Medicines

Ibuprofen/paracetamol can give simple pain relief for healing wounds.

Chlorphenamine can help with any itch.

For painful scars, we may prescribe Codeine or Tramadol.

For painful, itchy, neuropathic scars we may prescribe Gabapentin, Pregabalin and Amitriptyline

If you need further prescribed medicines to help with symptoms, we'll discuss this at your scar clinic appointment.

Other forms of medication include:

- **steroid injections** – given in clinic or in theatre (for children), injected into the scars to improve itchy, raised scars.
- **steroid tape** – placed on top of raised itchy scars to improve symptoms.

To use steroid tape, you'll need to:

- cut the tape to fit the raised scar
- make sure the tape stays in contact with the skin for 12 hours
- remove the tape after 12 hours for a 12 hour break
- repeat the process. We usually trial this treatment for 3 months to see if there's an improvement.

Silicone

We may use silicone if you have a raised, thick, itchy and dry scar.

As your new skin can lack moisture, silicone seals in moisture and hydrates the scar. Use your usual moisturising cream before applying the silicone to your scars.

Silicone gel (Kelo-Cote, Dermatix)

To use silicone gel, you must:

- moisturise your scar before gel application
- apply twice a day (morning/night)
- use a thin layer for effective treatment
- allow it to dry before putting on your clothes/compression garment.

Silicone sheets

To use silicone sheets, you must:

- moisturise your scar before sheet application
- cut your sheet to cover your scar
- wear the sheet for a minimum of 12 hours, but where possible for 23 hours a day
- wear your silicone sheet under your compression garment if you have one
- wash your silicone sheet daily in mild non-oily soap. Allow it to dry before re-application.

You can use your silicone sheet can be used for up to a month before disposing of it.

What help and support can I get?

This includes.

Burns Therapy Service

A team of occupational therapists and physiotherapists who are experienced in treating

patients following a burn injury. They help with mobility and functionality as well as scar management.

They offer treatment to adults, adolescents and children. They may see you as an inpatient, in burns outpatients, scar clinic or within our own therapy department. They tailor advice to your needs and ongoing process as your burn heals.

01296 315097.

Burns Psychology Service

Offers psychological support to adults, adolescents and children who have sustained a burn injury. They also provide support for parents, carers, partners and relatives of patients with a burn injury.

The team can support you and your family through any difficult thoughts and emotions as a result of a burn injury at any stage of your recovery. Common concerns might include:

- feeling sad, worried, shocked, guilty, numb, angry
- distressing thoughts about the circumstances of the injury
- nightmares or distressing memories
- appearance-related concerns as a result of the burn
- anxieties about hospital procedures, for example, dressing changes, surgery.

These are common experiences following a burn injury. We understand that you may want to manage this yourself or with the support of family/friends. But the service is available for those who need additional support.

The Burns Psychology Service offers psychological support to adults, adolescents and children who have sustained a burn injury. We also provide support for parents, carers, partners and relatives of patients with a burn injury.

For a confidential chat, call **01296 315040** and ask for psychology. Or email bht.burnspsychosocialteam@nhs.net.

Specialist Scar Team

After a burn related injury, it's likely you'll develop a scar. We can help improve scars but they're lifelong and we're here to support you through the process.

Not everyone needs a scar clinic follow-up appointment so don't worry if we don't make an appointment for you. We'll assess your injury and scar risk score at the point of discharge and provide you with our scar MDT advice booklet.

If you do need a scar clinic appointment, we'll organise this at least 3 months after discharge from the burns service.

The multidisciplinary (MDT) scar clinic includes:

- a burns consultant
- advanced clinical practitioner
- clinical psychology
- occupational therapy/physiotherapy

The scar MDT clinic will:

- assess whether you need any further support or treatment during your scar maturation process
- assess and treat any abnormal scarring
- refer you to supporting services if necessary.

Contact details

Ward 11

01296 315040/41

Ward 3

01296 314145

Psychology

bht.burnspsychosocialteam@nhs.net

Scar team

bht.scarmdt@nhs.net

Follow up appointments

01296 315117

About our patient information

This patient advice is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it's subject to change.

Always check specific advice on any concerns you may have with your doctor.

How can I help reduce healthcare associated infections?

Infection prevention and control is important to the wellbeing of our patients so we have procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections.

You, and anyone visiting you, must use the hand sanitiser available at the entrance to every ward before coming in and after you leave. You may need to wash your hands at the sink using soap and water. Hand sanitisers are not suitable for dealing with patients who have symptoms of diarrhoea.

More help or advice

Contact our patient advice and liaison service (PALS) on 01296 316042 or bht.pals@nhs.net