Burn injury remains one of the neglected epidemics in South Africa. Funding to specialised units, which are hopelessly small in number, is shamefully inadequate, as resources are channeled to the more politically sensitive HIV and TB crises. The labour intensive and very unglamorous nature of burns management does not attract health care practitioners, nurses and therapists to the field. High morbidity and mortality rates, difficult and extensive wounds, distraught relatives, all contribute to the emotional strain on dedicated Burn Unit care givers, who are already greatly under-resourced and in desperately short supply.

Treating the burn patient relies heavily on the multidisciplinary team for a successful outcome: surgical skills, anaesthetic skills, intensive care, nursing, physiotherapy and occupational therapy, dietetic input, social work and psychology. There is however little training and education in this specialised field and often there is inadequate exposure in both the basic and specialised training years.

Gross unemployment and extensive informal housing contribute to an above international average incidence of burn injuries. Published local data shows that people from lower socioeconomic circumstances suffer higher burn injury rates, particularly those homes with low literacy of the mother, low-income rates, and household overcrowding. Domestic accidents are the leading cause of burn injury.

Confounding the problem is the inability to truly define the extent. It is estimated that 3.2% of South Africa’s population is burnt annually but in reality there is limited real clinical and epidemiological data.

For these patients survival is determined by the nature and severity of the injury, the rapidity of transport to specialised units and therapeutic measures including resuscitation, infection control, early wound excision and closure, management of inhalation injury, adequate nutrition, pain control and rehabilitation. Moderate and major burn injuries are expensive to treat due to the prolonged nature of recovery and the specialised therapies needed. Burns affects predominantly children and young adults and if poorly managed the repercussions go further than the pain of the acute injury to cause significant physical dysfunction and scarring with long-term limitations. Major burns have good survival chances in the first world but in South Africa few patients with burns more that 40% total body surface area survive.

There are a number of management schemes that could significantly impact outcomes of burn injury across South Africa:

1. Cadaveric skin or allografts are the gold standard for temporary wound closure. This is a feasible and economically viable option that can be lifesaving for major burn injuries. It functions as a temporary biological dressing either because there are insufficient donor sites available or to test the wound bed before definitive grafting. Cadaver skin retains some immunologic function and suppresses infection, prevents tissue desiccation, prepares the wound bed for definitive closure and provides a dermal template for epithelial grafts. There is an urgent need for the establishment of a South African skin bank that would be available to all patients requiring the service.

2. Description of the spectrum of injury and treatment modalities in various units define the extent of the problem for resource allocation as well as document outcomes that we can measure against interventions and therapies. Such quality improvement is an essential part of health care. A national registry for accurate surveillance and direction of appropriate prevention strategies needs to be developed for our local context.

3. Development of an accreditation system for hospitals treating burns to ensure standard of care and establish a national referral system to appropriate levels of care.

4. Introduction of formal training programs for both nurses and doctors in order to attract staff as well as equip them with the necessary specialised skills is an essential component of building better burn care.

We need to be a cohesive unit of burn caregivers fighting for better management of burn injury in South Africa, working together to build momentum towards effecting change in the system with development of big projects that can have a significant impact on our patients.

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