Introduction

This booklet has been designed to give you advice and information on your child’s care after leaving hospital.

It gives general guidelines of your child’s treatment following a burn or scald, and you will be advised which treatment is relevant to your child.

The aim of the aftercare is to reduce the amount of scarring your child will have, and to make them more comfortable.

Initial care

Washing and creaming

When your child was burned or scalded, the glands that produce the skin’s natural oils have been damaged, so we need to replace these oils, to keep the skin soft and supple.

The affected area(s) should be washed with baby soap 2-3 times daily and then the area massaged with Diprobase cream.

It is very important to ensure that the old cream is washed off before applying more as a build up of cream and oil can cause blackheads and pimples.

By massaging the cream into the affected area, using light pressure helps improve the texture of the scar and helps to prevent lumpy scar tissue, known as hypertrophic scarring. Initially your child may not enjoy this procedure, but with patience and perseverance your child will grow to enjoy it.
Pressure garments

Your child may be required to wear a garment. These are made out of strong lycra material, which provide firm even pressure over the affected area.

Each child is measured for their own individual garment, and remeasured when the garment becomes too small.

These garments are worn for 23½ hours out of 24 hours and only removed for washing and creaming and massaging.

How does the pressure garment help the scars?

After your child’s injury, the healed tissue changes especially within the first six months, after the accident. It can look even worse rather than better, but then it will steadily improve over the next two years.

You will find that when your child is exposed to very warm or cold temperatures the scarring will become a dark purple colour, this is normal and occurs due to an increase in blood supply. These changes will also occur on the legs and feet when the child stands for a long time.

In burns and scalds you may also find that the scar tissue becomes red and raised. This is called hypertrophic scarring, but regular creaming, massaging and the wearing of a pressure garment will control the scarring, and through time the scar will become softer, paler and more supple.

Difficulties in putting on pressure garments

Putting on the pressure garment may be difficult initially but with practice this will very soon become much easier. Staff at the clinic will show you how to apply the garment properly, as it is important that it fits correctly.

When applying garments over hands and feet – it helps to put plastic bags over the hand/foot and then apply the garment, and remove bag when garment is on.
Care of the pressure garments
You will be given two pressure garments. One to wash and one to wear. There are a few simple instructions you must follow to care for your garment.

Wash the garment in washing-up liquid, for example Fairy liquid or Stergene – do not use any solution that contains bleach, such as washing powders as these cause the garment to lose elasticity.

Dry the garment by hanging on a hanger, to dry naturally. You will be given washing instructions with every garment given to you. Do not dry on radiators, tumble dryers or any direct heat as this destroys the lycra in the garment.

How long will my child have to wear a garment?
To achieve the best results from the garment, your child will wear the garment 23½ hours out of 24 hours.

It should only be removed for washing and creaming the affected area(s).

The pressure garment will become part of your child’s life for the next 18 months to two years, and they will become accustomed to wearing it just like a pair of glasses or dental braces.

Most children dislike wearing the garment, but with perseverance the results will be rewarding, and well worth the effort that you have put in.

If your child objects to the garment, then as it is a medical treatment, you should try and persuade your child back into the garment, and reward them when the garment is worn correctly.

Similarly your child should not be punished when the garment is not worn.
Silicone therapy
Silicone therapy can be introduced as a form of treatment either in gel or sheet form.

The gel form is called Silgel, and is used 1–2 times daily. The affected area should be washed with baby soap and water, a pin head size of gel is then massaged onto the affected area for 10–15 minutes.

The plaster form is called Mepiform. The plaster is only removed once daily for washing of the affected area with soap and water, massaging with Diprobase, then rewashed to remove all cream as this can react with Mepiform, and then Mepiform replaced.

Mepiform is not single use only and can be reused until the plaster becomes non-adherent.

Face masks
If your child has sustained a deep scald or burns to their face they may be required to wear a face mask. This is made from a clear plastic material, specially made for your child. To make sure the face mask fits properly we need to make a mould of your child’s face. This is done in theatre before you leave hospital, or as an out-patient. The mask will then be fitted in the clinic and worn 23½ hours out of 24 hours.
Physical problems that may happen

Areas that have not healed on leaving hospital
The Burns and Plastics After Care Clinic will see to these dressings, but it is extremely important that these dressings do not get wet. If this happens you must return to the hospital and get new dressings applied as this increases the risk of infection, if this happens the wound will take longer to heal.

Itching
Itching is a very common problem in burned or scalded children, affecting both the burned area and donor areas. Unfortunately, there is no ‘magic’ cure, but some comfort can be given if the instructions below are followed:

a) Bathing your child in cool not cold water.

b) Wearing cotton/polyester clothing and cotton sheets to sleep in, try to avoid pure wool or nylon as they cause your child to become hot and therefore start itching.

c) Wearing of the pressure garment will reduce the itching.

If you find that none of these work, you can ask your Doctor to prescribe some medicine that will reduce the itching your child is experiencing but this can also make them sleepy.

Blistering
Small water blisters may occur, that is if your child knocks themself or they are sometimes caused by rubbing of pressure garments. This is quite common, and usually stops after six months.

Treatment – Pop the blister with a cotton bud, and apply a small dry dressing. If you are at all concerned please contact the Burns and Plastics After Care Clinic.
Skin breakdown
Small areas of breakdown can occur from knocks, leaving raw areas that may need dressing at the Burns and Plastics After Care Clinic until healed. This problem occurs in children who have thermal injuries, but will heal through time.

Blackheads
These are a very common problem, caused by soap or dirt collecting in the uneven surface of the grafted area.

Treatment
Simply squeeze the blackheads out! Not more than once a day and preferably after bathing when the skin is soft and supple.

Other problems you may encounter when at home
Any child who has spent a period of time in hospital may experience problems with their behaviour. This is common in any age group, they can revert back to being ‘babyish’ and very clingy towards parents, and may start to bedwet or have a disturbed nights sleep.

This behaviour is normal, and a reaction to the injuries they have sustained, but with reassurance and understanding from parents and friends your child will return back to their usual ways.

Nightmares
These can be a common problem, especially in young babies and children, but parents can also suffer from the above, for example recalling the accident or fear of hot fluids and/or burning. Again these will lessen through time with a supportive attitude from family members.
Altered body image
This is usually not a problem in the toddler age group as they are too young to be aware that their appearance has changed.

In an older child, it is wise to approach this subject in a truthful and honest manner, to allow your child to accept their injuries.

Adolescent children, can become very upset about their altered body image, but with great sensitivity from parents and family they can work through their fears and anxiety and manage to overcome their problems.

With firm support and reassurance most children who have sustained any degree of burn injury, eventually settle down and lead happy ‘well adjusted lives’.

However, if you are experiencing major problems then professional help could be beneficial to you and your child. Please ask the staff in the Burns and Plastics After Care Clinic.

Diet and exercise
Swimming – is very much encouraged when all areas are healed, as it allows the child to exercise all limbs fully. The pressure garment is taken off during swimming. Your child must shower after swimming to ensure all the chlorine is washed off their body, you should then thoroughly cream the affected area. You may find putting on the pressure garment hard after swimming, and need to wait until your child is completely dry.
Sunshine

During the first 12 months after injury, children who have been burnt or scalded, whether they have received a graft or not, will not be able to tolerate the sunrays on their damaged skin as this delicate skin may blister under the sunrays. This can also happen to the donor area.

Keep child covered with cotton clothing, and if they have had a facial burn or scald a peaked cap should be worn when exposed to normal sunshine.

Total sun block, for example ROC which is available on prescription, should be used on all affected areas, including donor areas.

After the third year following your child’s injury, they can be exposed to normal sunshine, with application of suitable suncream, for example factor 25.

Parents feeling guilty

This is a very common feeling for parents, who will often feel they could have done something which could have prevented the accident. They feel they will never forget it as long as they live, and indeed parents are constantly reminded of the accident by their child’s scarring and the nature of the aftercare treatment.

Some parents become ashamed of their child, and others feel themselves as worthless, or feel very ‘nervy’ even about things unrelated to the accident.

To deal with this it is important that you are supportive to your child and that you do not blame one another for the accident, as this can be very destructive. It will help to talk to somebody about your feelings. Please discuss this with the staff in the Burns and Plastics After Care Clinic.
Do not display your child’s injuries to relatives or friends as this will only increase any guilty feelings you may have and will cause distress to your child.

It is also important to treat your child normally and not to spoil them as there is a natural tendency for parents to do this, as well as other members of your family, for example grandparents.

Spoiling your child will make them insecure as they will wonder why you are now treating them differently and so will be difficult to handle.

Your child may soon learn to get their own way by ‘playing on’ the injury if allowed to do so. In addition, spoiling your child will make their siblings jealous and this can lead to problems, as they may feel jealous about the extra care you have to give your injured child, and they may therefore become resentful.

Feelings of guilt do wear away gradually with time as your child’s condition improves and the injury can be put in the past as an accident which unfortunately happened but is over. A positive attitude helps to build the future.

**Support group**

We run a support group which meets every second Wednesday of the month run by staff and other members of the Burns team. Here you will hopefully meet other parents to share views and suggestions regarding your child’s injuries.

**Contacts details**

If you have any queries, about your child’s care on leaving the hospital, please do not hesitate to contact:

Burns and Plastics After Care Clinic on 0161 701 9250 from 8.00 am – 4.00 pm Monday to Friday.

Outside these hours contact the Burns Unit on 0161 701 8100.
Useful contacts

Changing Faces
1+2 Junction Mews
London
W2 1PN
Tel: (020) 7706 4232

Disfigurement Guidance Centre
P.O. Box 7
Cupar
Fife
Scotland
KY15 4PP
Tel: (01337) 870 281

British Association of Skin Camouflage
P.O. Box 202
Macclesfield
Cheshire
SK11 6FP
Tel: (01625) 267880

Red Cross
9 Grosvenor Crescent
London
SW1X 7EJ
Tel: (020) 7235 5454

Royal Manchester Children’s Hospital
Oxford Road
Manchester
M13 9WL
Burns and Plastic After Care Clinic – Tel: 0161 701 9250
Burns Unit – Tel: 0161 701 8100
Translation and Interpretation Service

Do you have difficulty speaking or understanding English?

आपनी कि इंग्लिश में सुनने या समझने में कठिनाई है?

क्या आपको अंग्रेजी कहते या समझते में कठिनाई है?

तमे भाषा कराके वातावरण कराह में सुस्कन आवे है?

वि डेग्ग अंग्रेजी चेलट न भाषा भिंड डिब्भड है?

Miyey ku adagtahay inaad ku hadasho Ingirisida aad sahamto

هل لديك مشاكل في فهم أو التكلم باللغة الإنجليزية؟

 هل لديك مشاكل في فهم أو التكلم باللغة الإنجليزية؟

你有困難講英語或明白英語嗎？

کی یا کبھی امریکی عالم یا پاکستانی نے بدھ دی؟

0161 276 6202/6342

Burns Unit
Royal Manchester Children’s Hospital
Oxford Road
Manchester
M13 9WL

Tel: 0161 701 8100

www.cmft.nhs.uk