

# Burns to the Hand

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Dear Colleague

## RE: Your patient with burns to the right hand

Thank you, for the referral of me S J S a right-handed eighteen year old matric girl, who burned her right hand whilst boiling fudge at home.

She sustained first and second degree burns to the palmar and dorsal aspect of her right hand. The burns are of varying degrees of severity. None however, seem to be of a third degree.

On **examination** apart from the obvious scalding of the skin and blister formation of some parts and redness in the less affective parts, her neurovascular status of the hand was within normal limits. Most of these burns were on the palmar area, as well as the dorsum over the metacarpals. Since the injury is superficial, no **special investigations** were necessary. The **management** consisted of washing the hand carefully with water and soap, and applying an anti-septic ointment "Flamazine" (if "Flamazine" is not available, any soft anti-septic cream or ointment would also suffice), to the burnt surfaces to prevent secondary infections. Instead of applying a bandage, which is especially painful on removal and restricts the movements of the fingers, we prefer to insert the hand inside a plastic disposable glove. An elastic is put around the wrist area to prevent the ointment from escaping. The hand in the plastic glove allows full mobilization of the fingers. This is essential to prevent

stiffness from forming. It is less restrictive than a bandage and is certainly much more comfortable, especially when the glove is removed for wound inspection and further application of the ointment. The patient has to remove the glove twice a day, wash the hand carefully under running water with an anti-septic soap, re-apply the ointment and insert it into a plastic glove. During these "glove changes" the wounds are inspected. We prefer not to remove the loose skin, since the delicate skin underneath the superficial loose layers are protected and are less sensitive to pressure. Only once the pain has settled, careful debridement of the loose dead skin may be done even without anaesthetic.

## Discussion

We have found this simple method of managing burns of all kinds, whether thermal chemical or electric to be far better than applying dressings. The mobility of the fingers are maintained and the wounds can be inspected much easier. The "glove changes" are less painful than dressing changes.

In cases where the burning has damaged underlying tissue i.e. third degree burns, we have found that this method is ideal to show clear demarcation of the severely affected areas.

In many cases even these areas would spontaneously close by secondary wound healing and epithelialization. We can strongly recommend this simple method of managing burns to the hand in the majority of cases.

## Legend: Burns to the Hand



**Figures 1 and 2**



The burned hand is covered with an anti-septic ointment such as "Flamazine" and inserted into a disposable plastic glove. This allows full mobilization of the fingers and makes the "glove-changes" a less painful experience. Note non-restricting elastic proximal to the wrist to prevent the ointment from leaking.



**Figure 3**

Note the loose skin protecting the delicate "maturing" skin underneath. The dark discolouration is due to the silver in the ointment. ✎