



## Burns: Challenges beyond Survival and the Way Forward

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#### Editorial

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### Editorial

One of the most serious afflictions that one can experience is a burn injury. In both industrialized and developing nations, burns are the second leading cause of all trauma-related fatalities. The effects of the burn injury are negative in practically every aspect of the victim's life, from the bodily to the psyche. Chronic impairment is more frequently caused by the enduring, obvious corporeal stigmata of injury to the hidden psychological cicatrix. It affects people of all ages, including neonates and the elderly.

Burns are a major public health problem that is estimated to cause 180 thousand mortalities per year. Being most prevalent in low- and middle-income nations, more than 67% of cases take place in the WHO areas of Africa and South-East Asia. As a result, the poorest people in the world bear the brunt of the burden of burn injuries (95% of fatalities occur in low- and middle-income nations). According to estimates, fire-related injuries cause a yearly loss of 10 million DALYs (disability-adjusted life years).

Burn injuries are a serious public health issue in developing nations due to their high incidence. The main demographic factors associated with an elevated risk of burn injuries are low-income status, high population density, overcrowding, inadequate housing and sanitation, and illiteracy. Additionally, many of these components are entirely impervious to alteration. The exact total of burns is difficult to determine, but according to strategic extrapolation, in India, over 1 million people are moderately or severely burned annually with 140 thousand burn-related deaths (equating to one death every 4 minutes), and 240 thousand people who are disabled. So, burns are classified as an endemic health

problem due to such high prevalence. Practically every factor that affects burn management and prevention interacts with one another, including socio-economic, and cultural factors.

The treatment of burns necessitates a collaborative effort. A team effort with comprehensive and regular follow-up is needed due to the complex nature of the trauma and the chronic nature of burn sequelae. The optimum outcome for burn patients can only come from such management. The survival of burn patients has changed dramatically as a result of this multidisciplinary approach. As a result, during the past few years, burn-related mortality and morbidity have significantly squeezed to such a point that the simple survival of the victim of a severe burn is no longer seen as a medical marvel.

Since 90% of burn injuries are easily avoidable by some very simple measures, numerous efforts are underway to reduce their frequency, especially in underdeveloped countries. The prevention of burn injuries may be a national program, depending on the size of the population. Through a combination of prevention measures and advancements in burn care, high-income countries have achieved significant progress in reducing the rate of burn deaths. In low- and middle-income nations, the majority of these advancements in prevention and care have only been partially implemented. Increased efforts in this direction would probably result in considerable drops in the number of burn-related fatalities and disabilities. Well-documented epidemiological data that reveals the precise etiological elements of burns and at-risk groups, both of which can be targeted, form the cornerstone of all prevention measures. To develop preventive strategies,

it is necessary to report all burn admissions to a central register (nation-wise) on an obligatory basis.

The most effective prevention strategies focus on particular burn etiologies, susceptible groups, and first aid education for local groups. A comprehensive approach to burn prevention should be used, including awareness, creating and enforcing effective policies, explaining the burden and identifying risk factors, advanced burn care, and so on. As a result, regional and tertiary care facilities should be properly coordinated and should have access to rich funding from the government. The World Health Organization (WHO) advocates for effective burn injury prevention measures. It also encourages the creation and implementation of a worldwide burn registry for the collection of harmonized data on burns on a global scale, as well as improved cooperation between international and national networks to increase the number of successful burn prevention programs. The form, function, and the “feeling” of restoration are the primary goals of burn management and rehabilitation.

The level of “return to society” and restoration to the pre-burn level is the actual goal. Burn victims frequently have impairment and disfigurement that affects their future quality of life. For burn survivors, rehabilitative methods including physical therapy and addressing psychological problems can guarantee a better quality of life. Rehabilitation is in the real sense a continuum; so no “acute stage” or “rehabilitation stage” should be distinguished; rather, it should begin on the day of the accident and last for years after the patient leaves the facility. The goal is to get patients’ physical, emotional, and psychological well-being back to where it was interrupted before their injuries, if at all feasible. Every member of this corroborative burn team must begin their job as soon as they sustain an injury. Patients must be inspired to perform to the best of their abilities, and ought to own their care. Education is crucial for motivating patients to take charge of their recovery and reintegration into society. Continuous education and rehabilitation are made easier by the team members taking a consistent stance.

Nowadays, a greater emphasis has been laid on the psychological difficulties and recuperation that severe burn

victims must go through as a result of the higher survival of such patients. The interdisciplinary burn team in most burn centres includes social workers, career counselors, and psychologists. At each stage of physical healing, people with burn injuries have different psychological demands. After being released from the hospital, when patients start to reintegrate into society, the long-term stage of recovery often starts. During this time, patients gradually regain their sense of competence while also becoming accustomed to the practical restrictions imposed by their injuries. During this stage, patients deal with a range of daily challenges, including compensating for their inability to use their hands, having limited stamina, and having extremely itchy skin. To add to that, patients may experience both physical and mental effects from severe burns that necessitate amputations and leave scars.

Patients must also manage social stressors such as marital conflicts/ difficulties, returning to the workplace, infidelity, changing body image, and disruptions in everyday living. An essential barrier against the emergence of psychological problems is social support. Peer counseling by burn survivors and other ancillary resources like support groups can be a valuable service for burn survivors. Long-lasting adjustment problems frequently involve feelings of decreasing quality of life, decreased self-esteem, and social withdrawal. Before being allowed to go back to work, many patients must undergo a protracted outpatient recuperation period. Patients who experience more severe burns need longer to get back to work, as is to be expected. About half of the patients also need to change their employment.

A “burn survivor” is a “burnt patient” for life, which is a harsh truth. The therapy for a burn injury is perhaps among the most excruciating things a person may go through.

Burn patients’ emotional needs have long been neglected in favour of focusing on survival. Patients experience emotional difficulties that mirror the stages of physical healing as they go through various stages of adjustment. The nature of the damage and the subsequent medical care appear to interact intricately with the patient’s pre-injury features, moderating environmental factors, and the adjustment to the burn injury.

