

Caring for your burn at home

Adult Patient Information

This leaflet answers some of the most commonly asked questions about looking after your burns at home.

If you have any questions or would like to talk about anything related to your treatment, please speak to a member of the burns team.

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RH19 3DZ

Burn Centre 01342 414440
Emergency Burn Assessment Centre (EBAC) 01342 414010

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Introduction

Whatever the size or severity of your burn, you may have questions once you leave the Burns Service. Life back at home may seem daunting at first, especially if you've been with the Burns Service for a while and have become used to support from the team. You may have reduced energy, flexibility and dexterity that might make life more difficult until you learn how to adapt.

This booklet goes through some of the most common questions people have. We hope it will be a good reference guide for you. If you have any questions regarding any of the issues raised in this booklet or your care after leaving the hospital, please call the Burns Service (telephone numbers below).

Please use the blank pages provided at the end of the booklet to write down any questions and concerns you would like to discuss.

Important phone numbers

The Burns Service is made up of several parts. If you are calling for advice, please tell us this when you call as this will help us find the right person to answer your query.

Burns Service

Please bear in mind that we are a busy ward and there may be times when you need to call back if the lines are busy or if there's no answer. Do keep trying.

Adults 01342 414440

Children 01342 414469

Burns Dressing Clinic

Emergency Burns Assessment Centre (EBAC)

Open Mon–Fri 8:30 – 16:00

Tel: 01342 414010

Burns Critical Care Unit

01342 414176

Burns Therapy - Physiotherapy, Occupational Therapy and Scar Management

Burn Therapists

Mon–Fri 8:30 – 16:00

01342 414255

Burns Psychology/Psychological Therapies Team

Psychological Therapy

Mon–Fri 9:00 – 16:00

01342 414478

Burns Dietitians

Mon–Fri 9:00 – 16:00

01342 414445

Medicines Helpline

Mon–Fri 10:00 – 16:00

01342 414215

Going home checklist

Name	
Date of discharge	
Name of burns consultant	
Discharge nurse's name for your reference (please print)	
Burns Service phone number	

Are you ready to go home? Please work with your nurse to ensure you have the following things when you leave:

Discharge summary	
Fit for work certificate	
Medications and/or nutritional supplements	
Appointment card	
DVT (blood clot prevention) leaflet	
Letter for community/mental health nurse	
Dressing supplies/slings/splints	
Physiotherapy exercises	
Property returned	
Other information	

On leaving the hospital

Burns Outpatient Clinic

On leaving the hospital, you may be given a follow-up appointment in the Emergency Burn Assessment Clinic (EBAC), where you will be seen by the burns team for wound care, pain management, scar management and psychological care.

You have an outpatient appointment on:

Date: _____

Time: _____

Place: _____

For issues concerning your care, if you're running late or to change/cancel your appointment, please call the Burns Service and ask to speak to the ward clerk (Mon–Fri 08:00 – 16:00). These appointments are very important in the continuing care of your burns.

Medication

The pharmacists will explain your medications and any changes before you leave the hospital. Bring your medications, pressure garments or splints to your follow-up appointments as these may be reviewed. You may be given instructions to take pain medicine before your dressing changes (see page 14).

For any issues concerning your medication, call the Pharmacy Medicines Information on 01342 414215. Please have your medication details to hand.

Driving

It is an offence to drive if your ability to drive is impaired by drugs, including prescribed medicines. Driving whilst impaired is a danger to both yourself and the general public and can lead to a prosecution.

- It is against the law to drive if your driving ability is impaired by any medicine.
- If you are taking your medicine as directed and your driving is not impaired, then you are not breaking the law.
- Check the leaflet that comes with your medicine for information about how it might affect your driving
- Do not drive whilst taking this medicine until you know how it affects you.
- Do not drive if you feel sleepy, dizzy, unable to concentrate or make decisions, or have blurred or double vision.

The following medicines are included in the legislation. The limits that have been set for these drugs exceed normal prescribed doses. Meaning the vast majority of patients who take them as directed can drive normally.

1. Clonazepam
2. Diazepam
3. Lorazepam
4. Methadone
5. Morphine
6. Oxazepam
7. Temazepam

A member of the burns team will discuss this with you and provide advice.

However, you will need to contact DVLA and your insurance company directly to seek advice on driving following a burn. Your driving is likely to be significantly impaired if you have dressings or splints to your face, hands, legs or feet, are undergoing active physiotherapy or have restricted range of movement following a burn.

DVLA www.gov.uk/contact-the-dvla

Follow-up clinic

On leaving the hospital, you may be given a follow-up appointment in the Adult Burn Clinic or therapy Scar Clinic. This is usually scheduled three to four months following discharge.

Please note down your follow-up appointment (once known):

Date: _____

Time: _____

Place: _____

If you are concerned that you have not received an appointment letter, please call the Burns Service and ask to speak to the ward clerk (Mon–Fri 08:00 – 16:00).

Burns outreach

In exceptional circumstances, ongoing wound care may be provided by a visiting specialist nurse in your home or by your local practice or district nurse. This will be arranged by the burns team before you leave the hospital.

How to find us

See map (next page) for directions:

Adult Burns Ward 16

Peanut Ward (Children) 15

Critical Care Unit 16

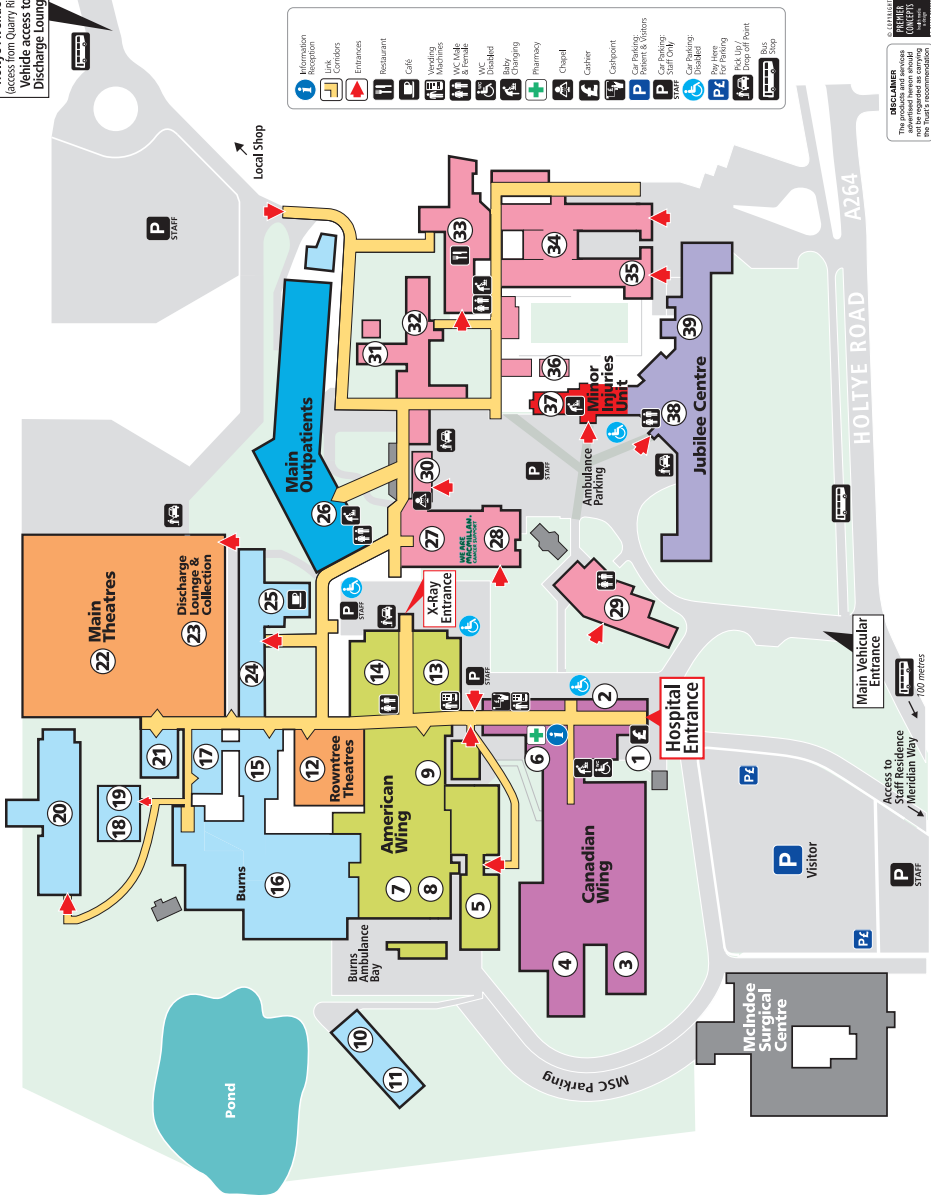
Peanut Assessment Unit (PAU) 17

Emergency Burns Assessment
Centre (EBAC) 16



Welcome

Holye Avenue
(access from Quarry Rise)
Vehicle access to
Discharge Lounge



DECLARATION
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Wounds

Non-surgical (conservative) treatment of the burn wound

Most burn wounds do not require surgery—they will heal up on their own using specialised burn dressings and/or creams.

Healing time can vary from a few days, to weeks, and sometimes months. This depends on many factors such as the type and depth of burn, the patient's age, lifestyle and general health.

As soon as your burn wound is dry, it will no longer require dressings and is considered to be healed. Once healed, the area will usually look very red, purple or pink initially. This is partly due to the fact that the healed area has a very rich blood supply. It is also due to lack of skin pigment in the affected area, which is what gives skin its colour.

Over the next few weeks and months, the redness will slowly fade and the area will gradually become a more normal skin colour. This process can take up to 2 years.

Your healed burn wound still needs care and attention. Once your burn wound has healed, a burns therapist may be involved to recommend a number of different treatments for you to use at home to ensure that you are giving your healed skin all the care and attention it needs (see page 15).

If you have any concerns regarding the progress of your healing burn wound, please call the Burns Service.

Surgical treatment of the burn wound

If your burn wound is very deep it is likely to take many months for it to heal up on its own, with increased risk of complications like infection and problematic scarring.

To speed up the healing process the burn surgeon will usually recommend that you have a skin graft.

The area from which the skin is taken is called the donor site. The donor site should heal up within approximately 2 weeks, but can sometimes take longer.

Once healed, the donor site will look red, purple or pink initially as it has a rich blood supply and it lacks skin pigment. It can take up to 2 years for the donor site to fade and return to a more normal colour.

The skin graft itself can take a variable time to heal—some grafts heal within 2 weeks, whereas others can take longer. After surgery, skin graft and scars can take up to 18 months to 2 years to settle down.

The skin graft looks very purple or red in the first few months. This is due to the rich blood supply, which will usually return to a more normal colour within approximately 6 months to 2 years.

Some skin grafts can also become raised and lumpy, particularly if you scar easily (see page 17).

As soon as your skin graft has healed, a burns therapist may be involved to recommend a number of different treatments for you to use at home to ensure that you are giving your skin graft and donor site all the care and attention it needs (see page 18).

Dressings

The nurses will explain any instructions for the care of your dressings before you leave the hospital. You will normally be instructed to leave your dressings in place (as the nurses left them) until your next appointment. Please contact the Burns Service earlier if you notice any ooze coming through the dressing, the dressing gets wet or starts unravelling, or you experience worsening pain and discomfort. It can be normal for some types of dressings to smell, but just call the Burns Service if you are worried.

Infection

The aim of dressing changes is to promote healing and to prevent infection. Signs of wound infection are:

- Increased pain
- Localised swelling
- Increased redness
- Excessive ooze or smell
- Increased temperature

If you are concerned about your wound, please contact the Burns Service earlier than your scheduled follow-up appointment.

If you require urgent medical assistance, call your GP, NHS 111 or attend your closest hospital emergency department. In an emergency dial 999.

Toxic Shock Syndrome

Toxic shock syndrome (TSS) is a rare but life-threatening condition caused by bacteria getting into the body and releasing harmful toxins. Patients with burns are at risk of developing TSS, which is most commonly seen in children with small burns.

Please contact your local specialist burns service or Emergency Department immediately, if you experience any of the following:

- You feel ill/develop a temperature (fever above 38°C)
- Diarrhoea
- Vomiting
- Not passing as much urine as normal
- Not well/"Not yourself"
- Rash

Blistering

Once your wound has healed, you may develop small blisters or white-heads in the area. This is not unusual and may be caused by using too much moisturising cream or not fully removing cream residue in between moisturising. Try not to burst or pick them — they will usually resolve themselves. Generally, blisters, cysts and pustules heal without the need for treatment within 3-5 days.

If a blister bursts leaving a small open area then you can place a plaster over the area until it is healed.

If you knock or catch your healed wound it should heal up just like any other area of your body. Place a small plaster over the area until it is healed.

Do not massage over areas of broken skin until they have fully healed again.

It is advisable to stop using any other treatments you may have been given for scarring (such as support bandages, pressure garments, silicone products or splints) until any breakdown or blisters have resolved. Contact your Burns Service therapist if you are unsure what to do.

Pain

Burnt skin and scar tissue can cause pain, so it is not uncommon to experience pain for a considerable time whilst burn wounds and scars are healing. The aim of long-term pain management is not to let this pain stop you from getting on with normal life. Pain messages can serve different purposes. Some pain warns us to stop doing something to avoid damage. Other pain tells us that a part of the body is already damaged, sore or tight. Your nurses or therapists may tell you to keep moving or to exercise parts of your body even if it gives you the second type of pain message. This is extremely important as it will improve your healing and recovery in the long term.

Once you leave the hospital, pain medication should only be taken as prescribed by the Burns Service doctor.

Most people only need over-the-counter painkillers like paracetamol and ibuprofen. Always check the packaging to make sure that you take the correct dosage at indicated intervals before adding in anything stronger. Extra pain medication may be taken for times when your pain increases, such as during physical activity or for dressing changes. You should have been discharged with adequate painkillers from the ward, but if your pain gets worse once you have left the hospital or you feel the need to continue pain medication beyond what we've given you, please contact your Burns Service team or pharmacist, or your GP.

The amount of medication you need to take will reduce as your pain and burn injury improves.

Desensitisation

Healing skin grafts and recovering burns can be particularly sensitive, known as hypersensitivity. This means normal sensations such as touch, the feeling of clothes on the skin and even air on the skin can cause extreme discomfort and altered feeling.

Doing a program of desensitisation can help normalise the way the body responds to touch and other normal sensations, such as the feeling of movement or clothes on the skin. This may involve practising stroking, brushing, tapping and massaging the area affected. Your therapist will be able to guide you on what exercises to do.

Applying 'normal' sensations to the affected area, such as touch and massage, will gradually normalize nerve impulses and improve the hypersensitivity. It is important you persist with the exercises as it may take several months to improve.

However, if the affected area is not touched, massaged or desensitised with these exercises the unpleasant sensations are likely to continue and may worsen.

Itching

One of the most common problems for people healing from burns is dealing with itching. It is usually caused by regrowth of the damaged nerve endings, which is a good sign. Frequently, oil glands in newly healed skin are not working as they were before the burn, which makes the skin dry and itchy. However, itching can also be a side effect of some medications, such as morphine. Itching may become worse in the heat and at night and can cause problems with sleep and reduced appetite.

Over-the-counter or prescribed antihistamine (anti-itch) medications can lessen itching, but unfortunately there is no cure.

Some ways you can manage problem itching:

- Good skin care—rinse off moisturising cream residue before you re-apply new moisturiser
- Try different moisturisers to see which suit you best

- Keep your moisturiser in the fridge to help cool the skin
- Cool baths or using a cold flannel on the area
- Fans and portable air-conditioning units can be helpful on healed skin if the itching becomes worse in the heat
- Careful washing of clothes, pressure garments and bed sheets, making sure any detergent used is thoroughly rinsed out
- Using soft cotton clothes and bed sheets
- Do not scratch—this might damage your skin. Instead, try patting the area firmly.

If you find itching is a severe problem, please speak to your Burns Service team.

Distraction

Distracting yourself can be a powerful way of temporarily relieving even the most intense pain or itching. However, you may have to try several things before you find the distraction technique that is right for you, such as:

- Watching TV
- Exercising/being active
- Reading
- Drawing, knitting or model-making
- Doing a word puzzle
- Listening to music
- Deep breathing or meditation
- Playing a computer game/iPad/computer based working
- Social activities/seeing friends and family

While distraction techniques may not take your pain or itching away, they may make your symptoms easier to manage.

Pigmentation

Skin colour is determined by the amount of brown pigment in the outer layer of the skin. When skin is burned, this pigment is temporarily destroyed and the newly healed burn wound will therefore tend to look red, purple or pink initially as it has a rich blood supply.

Over the next few weeks and months the pigment will slowly return and the area will become a more normal skin colour. However, it is a long, slow process and can take up to 2 years.

Some areas may become darker in colour than before and some areas may stay lighter.

Scars

Your burn injury may leave you with changes in your skin which could be temporary or permanent. The severity and permanence of scars is not easy to predict, and will depend on the depth of the burn, size of the burn, location on the body, length of time it took to heal and your genetics, such as your skin type and colour.

A scar is a normal and an essential part of the healing process following an injury to the skin. After the wound has healed, the scar continues to change in colour (red/purple/pink/brown), texture and flexibility.

Scar tissue continues to mature for up to two years, although it will be tightest at around six months. Within this time, scarred skin can change in appearance, and may become:

- thick and lumpy – due to overproduction of collagen
- dry and itchy – as the skin is not able to produce its own oil
- painful or ‘hyper-sensitive’ – as nerve endings in the skin heal
- contracted – where the skin becomes tight as scar tissue is formed. This is of particular importance if the scar crosses a joint, as it can limit movement, compromise function, or cause deformity. Sweating may also be altered in that area.

Moisturising

Healed burns and donor sites may become dry, flaky and itchy and require moisturising. This will become a very important part of your after-care as scars and newly healed skin may be much drier than your non-burnt skin. This is because oil and sweat glands are often damaged by burns. Moisturising and massaging can help soften scars and minimise itching.

Massage

Why do I need to massage?

- to soften and increase the flexibility of scar tissue
- to moisturise dry scar tissue, where the skin is unable to produce its own natural oils
- to help (along with stretching exercises) to break up a band of scar tissue that may cause tightness or restricted movement
- to help to flatten hypertrophic scars (along with pressure garments)
- to reduce pain, sensitivity and itching

Scar massage technique

- Massage may be started once your wounds are healed and no longer require dressings on that area.
- It should be performed 3-5 times a day for 5-10 minutes at a time or longer for larger healed areas.
- First, select a non-perfumed lotion or cream and apply liberally over the scarred area. Do not use paraffin and lanolin/mineral oil-based products as these tend to clog the pores and do not absorb into the deeper layers of the skin, where dryness begins.
- Using a firm pressure, massage the scar in small, circular motions, hard enough so that your skin turns white or lightens (blanches). Your Burns Service therapist will demonstrate the correct technique.

- You should pay particular attention to areas where the scar is raised, or crosses a joint. You may need to stretch at the same time as doing the scar massage, if advised by your Burns Service therapist.

If your skin breaks, or the wound re-opens, avoid massaging that area until it heals. Continue to massage all other healed areas.

If your scar continues to remain raised, your Burns Service therapist may discuss pressure garments, which help flatten your scar.

Pressure Garments

Pressure garments are individually made to measure and are used in the management of scars. The garment provides a compression therapy on areas of raised (hypertrophic) scarring. Your pressure garment will help to flatten your scars and help to reduce the redness (excess blood supply) of your scar. This pressure therapy will aid the natural scar maturation process. It must only be used on scar tissue and not on open wounds. A small number of people have problems with the pressure garment. If your garment does not fit correctly you may feel it is too uncomfortable to wear. You may also have areas of skin rubbing or wound break down. If this occurs stop use and contact your Burns Service therapist.

To achieve the best results from the garment, you should wear the garment 23 out of 24 hours. It should only be removed for washing, creaming and massing the affected area(s).

You will be given two pressure garments: one to wash and one to wear. Wash the garment in washing up liquid – do not use any solution that contains bleach e.g. washing powders. Do not dry on radiators, tumble dryers or any direct heat as this destroys the Lycra in the garment. Dry them by having on a hanger, to dry naturally. You will be given washing instructions with every garment given to you.

Silicone Therapy

Silicone is sometimes used in the management of scars to help soften and flatten the scar. It must only be used once the wound has healed, to the scar tissue and never on open wounds. There are many different silicone products available to treat scars. Your Burns Service therapist will be able to advise on how to use the products safely and effectively.

Splints

The occupational therapist may use splinting to help maintain movement or reduce scarring. The reasons for using splints can vary and may include managing swelling, preventing contracture/ skin tightening, maintaining or improving the movement of the joints affected and helping to apply pressure or silicone products.

Splints can either be static, holding your joints in a fixed position, or dynamic, allowing some movement. You will be advised by your therapist when and for how long you should wear your splints. It is important that you follow the wearing schedule given to you for maximum benefit. The splints will be reviewed by your therapist on a regular basis and can be adjusted as necessary. Splints may be required for up to 18 months or until you have achieved the maximum benefit from them.

Swelling

Burns can affect the way that fluids circulate through your body. Oedema (swelling) is a normal response to an injury and is caused by build-up of fluid under the skin. This may be a problem for some time after you leave the hospital. To help control swelling you should:

- Exercise regularly
- Minimise swelling by elevating the affected part of the body when sitting or lying
- Wear pressure garments or oedema gloves if your Burns Service therapist has provided them

Skin care

Washing

While you still have dressings on, make sure to keep that area dry—this usually means washing at the sink with a clean cloth or flannel, or asking someone to help you shower, avoiding your dressings.

Once your wounds are fully healed you can bath and shower as normal using your regular washing products. Use simple products without any fragrances or harsh chemicals at first on newly healed skin so as not to irritate it—those developed for babies are ideal. As your skin becomes less sensitive you can start introducing your old products and using your normal shampoo.

Remember to moisturise your skin after every wash.

Shaving

If the parts of your body that you normally shave have been burnt, hairs may be growing back in the wounds and they can irritate your skin or delay healing. If this is a problem please talk to your Burns Service team. Once healed, you can resume shaving as before your injury.

Sun safety

It is a well-known fact that the sun's rays are harmful to everyone's skin and can cause sunburn and skin cancer. Your newly healed skin will be especially sensitive to direct sunlight, so you can sunburn very quickly.

In addition, sun exposure can cause permanent discolouration of your healed wound. We recommend that you take the precautions listed below for at least two years after the burn has fully healed.

- Keep your healed burn out of direct sunlight for at least 12 months.
- Cover up with clothing, but remember that most clothing is not 'sun-proof'. Sun suits are available for children.
- Wear a sun hat or cap if you have had burns to the face, head or neck.

- Always use total sunblock—designed for sensitive skin—on areas you are unable to protect with clothing, even on a cloudy day. Choose sun creams which provide protection for UVA (represented by star ratings) and UVB (represented by a factor rating, eg 20, 30) exposure. UVB causes burns, but UVA is believed to play a greater role in skin cancer. Ask your pharmacist for sunblock containing high levels of paraaminobenzoic acid (PABA 15-31). Ensure that you re-apply the cream regularly throughout the day as per manufacturer’s instructions, especially if you have been swimming or are outside for several hours. Do not use tanning oils.
- Try to stay inside when the sun is at its strongest, between 11:00 – 15:00. Remember that you can still get burnt through parasols, sun umbrellas, pressure garments, and even on cloudy days.

Camouflage

Skin camouflage is best described as products (usually a combination of crème and powder) that are high in pigment and are designed to mimic skin colour. It is waterproof once set and will allow you to take part in social activities including swimming and water sports. It will also stay in place in the bath, shower and in rainy weather. Skin camouflage can only be applied to fully healed skin. Please be aware that the skin camouflage products will not change the skin texture i.e. the feel or surface of the area to be covered. If you are interested in finding out more about this, please ask a member of your Burns Service team for more information.

Self-care

Returning to work, exercise and usual daily activities

Return to work will depend on the severity of the burn, any problems you are having and the type of work that you do. You may be able to return to work on restricted duties before coming back to full duties. You may feel more tired than usual for some time following your burn injury and may have to plan a gradual return to work.

We want you to return to get back to being as close to your old self as possible. Therefore, it is important to continue with your usual level of

exercise and activities as far as your healed injury allows. If you have been given exercises by the physiotherapist or occupational therapist, it is important to do these as instructed, to get the best results. The newly healed skin may be fragile, so be mindful of this when resuming any sporting activity. Your Burns Service therapist will be able to advise you. Once you are fully healed you may gradually return to sports and activities.

With swimming, the chlorine can cause the skin to become very dry and it is advisable to apply moisturising cream before and after you go swimming.

Exercise and fatigue

Following a burn injury or a stay in hospital it is common to feel more tired than usual and lack in energy. This may be due to a number of reasons, including disturbed sleep, medication, altered diet, anxiety and pain.

Following a burn injury or surgery you may stay in bed more than usual meaning you are moving less. Without moving, muscles decondition and overall fitness can reduce. Also, after a major burn injury the basal metabolic rate (the rate at which the body uses energy at rest) is higher than before, as the body is using energy to heal. This means that even simple activities can be exhausting. However, it is still very important to try and do some exercises. Over time, gradually your energy and fitness will return.

Being active during the day will help restore normal sleep and activity patterns, which improves all the systems of the body. For example, if you are active, you take deeper breaths which help the lungs, the heart beats a little faster improving circulation and with movement, the digestive system also works more effectively.

It is very important to have periods of exercise and periods of rest throughout the day. It is much better to take a 'little and often' approach than to do just one session of movement or exercise in the day. Pace your activities throughout the day so you are not overwhelmed with fatigue or pain and you keep gently moving regularly. Even if you are unable to get out of bed there will still be some exercises you can do. Your Burns Service therapist will give you individualised advice on what exercise you should do.

This may include:

- Active exercises and movements
- Stretches
- Exercise to increase your fitness level (cardiovascular exercise)
- Strengthening exercises
- Breathing/lung exercises
- Practising normal movements such as walking, stairs, standing up/sitting down
- Practise of certain movements to help with day to day activities

Specific exercises will help you to regain movements in the joints that have been affected by the burn. These exercises may be quite difficult or painful, so it is important you use the pain medications you are prescribed and that you understand how to do the exercises correctly. If you are unsure of this, please speak to your Burns Service therapist.

Body temperature

It is not unusual for your body to have more difficulty regulating its temperature after a burn injury. This may be because burns can damage hair follicles, sweat glands and pores, all of which help to control the temperature of your body. Your metabolic rate may also change to help you heal and this can affect how you experience temperature. You may feel hot or cold when you would not expect to do so. You may also find that you sweat more or less, or from different parts of your body, than you did before.

Nutrition

Whilst your body is recovering from a burn injury it is important that you eat and drink well. Large burn injuries require lots of energy and protein to heal. As such, you may have been advised to have high energy, protein rich meals and regular snacks whilst you were in hospital. You will need to continue this for as long as you are healing, especially if you have lost weight in hospital. Tips and examples below:

- Between meals nourishing drinks e.g. milk, smoothies, milkshakes, drinking chocolate
- High protein options e.g. all meat, fish, quorn, nuts or nut spreads, cheeses, seeds, pulses or dhal, milky (or dairy alternative) puddings or yoghurts.
- If your appetite is very poor and you can only eat very small portions then try eating little and often, i.e. something small every 2-3 hours. You can also add extra energy to what you are eating by mixing in extra cream, butter, ghee, or cheese to cooking where you can.
- Please tell a member of staff before you are discharged if you think you will have difficulty accessing food once you are home.
- Use the contact details provided to let us know if you are finding it difficult to eat enough or are losing weight once you are discharged. Let us know if constipation, feeling sick, pain, or feeling drowsy is a problem.
- You may have been discharged with a supply of nutritional supplement drinks. Please ask your dietitian how often and how long you should be taking these for. You should not continue to take these for more than a couple of weeks without being under the supervision of a dietitian or your GP.

Once your wounds are fully healed, it is advised that you return to regular well balance diet just like the general population. Continuing to follow a high-energy diet may result in unwanted weight gain. Checking your weight weekly on the scales or keeping an eye on how your clothes fit may help you keep track of this. The image below can be used as a guide to what types and amounts of foods should make up a balanced diet:

Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

Each serving (150g) contains

Energy	Fat	Saturated fat	Sugars	Salt
1046kJ 250kcal	3.0g	1.3g	34g	0.9g
13%	LOW	LOW	HIGH	MED.
	4%	7%	39%	15%

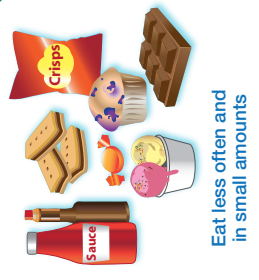
of an adult's reference intake

Typical values (as sold) per 100g: 697kJ / 167kcal

Choose foods lower in fat, salt and sugars



Water, lower fat milk, sugar-free drinks including tea and coffee all count.
Limit fruit juice and/or smoothies to a total of 150ml a day.



Eat less often and in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Finances

If you have concerns regarding your financial situation during your convalescence, please speak to the Burns Service social worker. Burns Service doctor may issue a Statement of Fitness for Work to provide evidence of the advice they have given about your fitness for work.

For further information on available benefits, please consult the Citizens Advice Bureau website at:

<https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/benefits-for-people-who-are-sick-or-disabled/>

For further guidance on financial needs in later life, please consult the Society of Later Life Advisers (SOLLA) at:

<https://societyoflaterlifeadvisers.co.uk/>

Emotional Recovery

After a hospital stay some patients may look forward to going home; however, it is not unusual to experience some anxiety about returning to family and friends and being away from the safety and care provided by the hospital.

It is important to remember that you will require time to rest and recover. A burn injury is physically draining and you may find yourself lacking the usual amount of energy and mobility to perform routine tasks. Give yourself and the people around you some time to adjust and allow for extra time when planning your activities. Spending time in hospital and recovering from a burn injury may require some adjustments to everyday routines.

After your hospital stay, arrangements will be made to ensure that you continue to receive appropriate care and follow-up. This booklet provides information about common questions asked by patients at the time of leaving hospital. If you have any queries or concerns, please discuss them with the nursing team as although most people look forward to leaving hospital, returning home can present unforeseen challenges. This may be a time of uncertainty as you adjust to living with a burn injury.

Adjustment and change

With support and reassurance most people who have sustained any degree of burn injury will eventually return to their previous level of wellbeing. While most people recover well from a burn injury, it can be helpful to talk about the different thoughts and feelings as they occur. These are some of the most common difficulties that people may experience:

- dealing with trauma responses including memories of the burn injury
- anxiety and mood
- sleep problems
- concerns about appearance and scars
- changes in relationships and sex
- disturbance to family life

Dealing with trauma responses including memories of the burn injury

Nightmares and or flash backs of the injury are quite common and are often our brain's way of trying to make sense of what happened. This is healthy processing, even though it can be distressing when it happens. This re-experiencing should lessen in time but it is important to not avoid it and not to use drugs or alcohol to manage the feelings that come up. It can help to talk through any bad dreams at a calm time the next day and to remind yourself where you are now, and that you are safe. If the nightmares continue after about a month our burns psychological service at the hospital would be happy to help you and would encourage you to tell them that this is still happening. Please contact them using the details at the end of the booklet.

Anxiety and mood

People tell us that they can experience periods of feeling low and restless. Sometimes people describe the experience as an "emotional rollercoaster". There may be new worries over finances, other people's reactions to the injury, retelling the story so many times, how and when the burn will heal

and what it will eventually look like. These concerns are quite natural and common. On some days people feel they have returned to normal and on others they feel overwhelmed by what has happened and feel unable to cope.

Remember that these emotions and feelings are normal and will usually pass with time, just as the physical injuries will heal with time – though not always at the same pace as each other. Our bodies tend to prioritise physical over emotional healing. If you find that you are feeling low for several days, you may find it helpful to talk to someone you trust or to your GP. If the feelings persist for longer and do not seem to be getting better, please contact the burns psychological service.

Make sure you make time for yourself, getting back to things that you find relaxing and enjoyable, which may help to lift your spirits and make you feel more like yourself again.

Sleep problems

As people adjust to new routines and altered levels of activity, they may experience some difficulty sleeping. The following suggestions may help:

- Avoid long naps in the day
- Try to get outside for a breath of fresh air and some light exercise once a day
- Follow skin care suggestions before going to bed
- Try relaxing activities before going to bed

If you continue to have difficulty sleeping, please speak with your doctor or another burn team member as they may be able to help.

Concerns about appearance and scars

Some people experience concerns regarding physical appearance of burn wounds and the length of time required to make a full recovery. The burns team cannot always say exactly how things will look but we know that the appearance is likely to undergo a period of change. It is helpful to discuss

these concerns with people around you who may wish to help during this period of adjustment and change. Don't be afraid to ask for and receive help, especially if you become distressed when looking at or thinking about the burned area or donor site (for skin grafts) and find this is getting in the way of self-management of the wound.

Explain, Reassure, Distract

If a burn injury is visible, the reaction other people have to your appearance can be difficult to manage. This can range from people asking questions to people staring. These responses can be upsetting but it is often helpful to remember that the other person may just be feeling concerned and curious rather than trying to be hurtful.

It can be helpful to have something ready prepared to say to people who ask questions or stare. A strategy that some people have found helpful is called EXPLAIN – REASSURE – DISTRACT. It can help to practice this strategy first with someone you trust:

EXPLAIN - Explain to the other person to help them understand e.g. "It's a scar from a burn injury"

REASSURE - Reassure the other person e.g. "I am fine and recovering well."

DISTRACT - Change the conversation to one you feel comfortable talking about e.g. "Do you think the rain will clear up this afternoon?" or "How are you finding your new job?" This lets the other person know that you no longer want to discuss your appearance or your injury.

Relationships and sex

After a burn injury, you may find your relationships change with people around you. Many people feel concerned and have questions about their sex life. This may be because of physical discomfort, pain, skin sensitivity or tiredness. It might also be due to anxiety, depression or worries about how your body looks or feels to touch. It is important to be honest with your partner, or prospective partner, about how you feel.

With time and understanding, difficulties around intimacy can resolve. It can take time to adjust, so don't put pressure on yourself to resume sexual activity before you are ready. If problems with intimacy persist, please get in touch with one of the burns psychologists.

Further Support

The psychosocial team is available to all burn-injured patients and anyone else affected by the injury, both on the wards and as outpatients. We know that patients and others affected may have a range of feelings and difficulties following a burn injury, regardless of the size or severity of the burn or how long ago it happened.

Sometimes the impact of what has happened may not be obvious until people try and get back to normal activities such as returning to school or work. Talking about fears and worries to friends and family can help to support you. However, sometimes this is not possible or you may feel you want professional help and advice.

There may be particular worries such as flashbacks and nightmares, concerns about appearance and scarring, loss of confidence and changes in behaviour that persist and interfere with everyday activities and situations. For most people, some difficulties are to be expected and are quite normal following a traumatic event and/or injury but usually improve with time. The psychological team is available to talk with you if you do need more help with these.

Support groups

For helpful resources and information on the aftercare help and support available to burn-injured adults in the UK, please consult www.adultburnsupportuk.org

McIndoe Burns Support Group

It is hard to understand the impact a burn has on a person regardless of the injury. Previous patients tell us that it can be really valuable to meet others with similar experiences of burns and relatives can benefit from the contact too.

The group meet 3 times a year. The meetings usually consist of an activity (previous activities have been chocolate making, jewellery making to name a few) with lunch and drinks. The meetings are informal with options of gaining information on scar management, diet, psychological help or just a chat and a sharing of experiences.

The group is open to any adult over the age of 16 who have experienced a burn, or is a relative of someone who has experienced a burn of any type and any size at any age and have been treated at any hospital. If bringing your family and friends means that you would feel more comfortable coming along then they are very welcome.

This group offers a unique opportunity to not only get support from but also to give support to other burns survivors.

If you would be interested in coming along to one of our events or further information, please contact the Burns Service by calling 01342 414440 or by email to tania.gibson@nhs.net

Charities

Following a burns injury, you may need practical support, advice, information or someone to talk to. The charities listed below are charities in the UK offering help to adult burn survivors.

Changing Faces

Supports those who have any condition or injury affecting their appearance across the UK. Offer a skin camouflage service and are available for support and advice.

www.changingfaces.org.uk

Dan's Fund for Burns

Provides practical support for adult burn survivors across the UK.

www.dansfundforburns.org

Katie Piper Foundation

The Katie Piper Foundation supports adults living with burns and scars through their residential rehabilitation service which will be open in the second half of 2018. They also give free access to a legal support service. Existing clients receive hair restoration, skin camouflage and medical

tattooing.

www.katiepiperfoundation.org.uk

Important websites

The information in this booklet is part of a series of information about burns available at www.lsebn.nhs.uk

Adult Burn Support UK Website

www.adultburnsupportuk.org

Praise, advice and complaints

Patient Advice & Liaison Service

PALS is a free, independent and confidential service for anyone who would like help, advice, information or support or who may have a concern about their care.

T: 01342 414355

E: qvh.pals@nhs.net

Complaints

We strive to do our best for all the patients in our care, but sometimes patients may be unhappy about some aspects of their experience. We take all concerns raised very seriously. If you are not happy with your care or experience, please tell the person in charge of the ward or department as soon as possible. They will be happy to help if they can but if you still have concerns you can also contact PALS.

If your query or problem is not resolved and you wish to make a formal complaint, please call our Complaints Manager on 01342 414355 or email qvh.pals@nhs.net

Alternatively, you may write directly to the Chief Executive at Queen Victoria Hospital NHS Foundation Trust, Holtye Road, East Grinstead, West Sussex RH19 3DZ.

Your notes/questions

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www.lsebn.nhs.uk

April 2018