

INTERNATIONAL ABSTRACTS

ANAESTHESIOLOGY PROCEDURE IN BALNEOTHERAPY

This paper from Brazil is concerned with anaesthesiology procedures in patients receiving balneotherapy. The correct techniques for safe and effective safe analgesia are described: the rooms for balneotherapy must have appropriate tables, space, furniture display, oxygen sources, ventilatory units (reservoir bag, valve and face mask), laryngoscope, tracheal and oropharyngeal cannulas, a cardiopulmonary recovery unit, and a mechanical ventilator. Detailed instructions are provided and it is stressed that for balneotherapy to be efficient it is essential to have the integrated skills of all the professionals involved, i.e. surgeons, physicians, anaesthesiologists, and nurses.

Alves dos Santos R., de Freitas Cantinho F.A., Santos F.G.
Revista Brasileira de Queimaduras, 3: 46-8, 2003

USE OF JEJUNAL FEEDING FRICTION TUBE IN SEVERELY BURNED PATIENTS

It is well established that severely burned patients have increased energy requirements, and enteral nutrition using a nasogastric tube is a traditional technique. This paper (in French) reports on early enteral nutrition using the nasojejunal Tiger Tube® Cook. The advantages and disadvantages are commented on. Nasojejunal feeding was successfully attempted in ten patients in a burns treatment centre in France, and was well tolerated. Further research would be useful to assess the incidence of intestinal bleeding associated with this kind of tube.

Bargues L., Gnaho A., Carsin H.
Brûlures, 6: 67-9, 2006.

THE RELATION BETWEEN EMERGENCY AND BURN MEDICINE

The subject of this paper is emergency medicine (EM), which has evolved since 1950s - in the Czech Republic where this paper comes from as well as abroad - from anaesthesiology and resuscitation in parallel with the burns medicine, which has split off from plastic surgery. EM constitutes a link between first aid provided by non-professionals and specialized hospital aid provided by the emergency medical service (EMS). EMS action for seriously burned patients means the early professional pre-hospital medical care: establishing free airways and breathing, creating intravenous/intraosseous access into the blood circulation, early shock therapy, early pharmacotherapy and analgesia, aseptic covering of damaged body surfaces, releasing escharotomies in circumferential burns of the chest and neck, and optimal transport of patients to burn centres. The co-operation of anaesthesiology, resuscitation, and emergency medicine with burns medicine has developed beneficially for severe burn injuries.

Pokorný J.
Acta Chirurgiae Plasticae, 46: 56-8, 2004

HISTORY OF THE BURNS CENTRE OF THE FNŠP HOSPITAL IN OSTRAVA

The burns centre in Ostrava (Czech Republic) opened in October 1954, with 30 beds allocated from the surgical department of the Regional Health Office in Ostrava, Zábřeh. The opening of the department is associated with the initiative of Věra Reiblová and Václav Karfík. After the latter left for Bmo, Jiří Kalina was appointed, also becoming Head of Department after it was established as an independent centre in 1967. After his departure in 1972, Miroslav Ježek took over. On his retirement in 1982, Monika Adámková continued until 1991, to be followed by the current chief, J. Tymonová, the author of this article. The scientific development of the work performed is described, as well as the latest progress achieved.

Tymonová J.
Acta Chirurgiae Plasticae, 47: 3-4, 2005

OUR FIRST EXPERIENCE WITH INTEGRA®

The advantages offered by Integra® have led to an increase in its use after extensive burn injuries. At the Burns Centre, FNŠP Hospital in Ostrava (Czech Republic), Integra was first used in March 2003, since when seven patients have undergone operations involving the use of Integra®, in 14 body areas. In four patients, post-burn scars were corrected (neck, axilla, trunk, popliteal area, and between the toes). In three patients, the artificial skin was applied after necrectomy. In a 7-month-old baby and a 2-yr-old child with burn injuries in over 25% of the body surface, it was applied twice on the trunk, once on the upper extremity, and once on the lower extremity. In an adult female, Integra® was applied on the neck and axilla after burns of a lesser extent. When the scars were assessed one year post-surgery in two patients, the cosmetic appearance was found to be good in both of them. There were good functional results after reconstruction of the axilla. In cases of reconstruction in the neck area and reconstruction of the necrectomy in the neck area and axilla, the functional results were average. The average functional results in both patients are probably due to poor compliance with the immobilization and the subsequent rehabilitation programme.

Tymonová J., Adámková M., Klosová H., Kadlčík M., Zámečnicková I.
Acta Chirurgiae Plasticae, 47: 5-9, 2005

SURGICAL TREATMENT OF ELECTRICAL BURNS BY LOCAL FLAP PLASTIC SURGERY

Electrical burns, though relatively uncommon, constitute a serious problem in burns medicine. The burn may be small but the wound is often deep, and frequently the patient also presents systemic complications. Most such patients require immediate surgical intervention, i.e. escharotomy, fasciotomy, and debridement of devitalized tissues, necrectomy of the burn area, and closure of the defect by a direct suture, dermoepidermal graft, or local flap. This report from the Czech Republic regards three case studies in which the patients underwent local flap plastic surgery after a full-thickness soft tissue loss. The three patients healed primarily and required no further correction of the flaps. It is concluded that final functional and aesthetic results are very good if local flaps are used appropriately.

Crkvenjaš Z., Tymonová J., Adámková M., Kadlčík M., Klosová H., Zámečnicková I.
Acta Chirurgiae Plasticae, 47: 10-12, 2005