BOOK REVIEW

A Practical Guide To Paediatric Burns

This 225-page, A5-size soft-cover book comprehensively covers how the burns team at the Red Cross Children's Hospital in Cape Town approaches and manages the thermally injured child. The hospital’s burn facility is internationally and locally recognised as a centre of excellence in the management of these distressing injuries. Its head is South Africa’s expert on paediatric burns, Professor Heinz Rode.

The book is edited and authored by Dr Jenny Thomas and Professor Rode, with co-authors (mostly also from this high-profile unit) contributing chapters on their areas of expertise. The 22 chapters take the reader through the expected route of the injury, its pathophysiology, the emergent management of the case, wound care, nursing, and occupational and physiotherapy. Dr Thomas is an anaesthetist whose expertise in burn care is shown in that more than a quarter of the book concerns itself with anaesthesia and pain management. These sections are exceptional, emphasising and telling what to do regarding these often neglected and difficult to implement aspects of care. Her contribution reflects on the magnitude of the anaesthetic staff’s involvement in case care; there is also an aggressive in-theatre surgical approach to wound cleaning, dressing, debridement, and wound excision with immediate auto- or allograft cover, and advice on the liberal use of diverting colostomies.

However, this does down-relegate sections on the ward care of wounds and donor sites – where, what to use, how to use, when to change, and on what type of wound could have received more attention. Something more than just grounding principles in the role of microbiology (germs) in the care of cases at all stages is also neglected, as is the ward management of nosocomial infections. These comments all circle around the cosmetic imperative applicable in paediatric burn patients when the injuries may not be life-threatening in nature and every effort should be made to heal the wound without the need to skin graft. This highlights the importance of wound care, a field in which knowledge and understanding have grown and continue to grow considerably, with coaxed epithelial resurfacing as its aim in superficial skin injuries. The absence of a significant section on plastic (cosmetic) surgical input is an oversight. The text is not indexed, but the chapters are colour coded and easy to refer to.

It is difficult to criticise excellence. This book should be read by South Africa’s surgeons in training. Its title, which includes the words ‘practical’ and ‘guide’, could be misleading as the text reads as an educational tool for the already partially informed. The sections on sedation and analgesia outside the operating theatre and during change of dressings, transportation, and prevention – the watch words in burns injury – as well as personal input from survivors, parents, therapists, and surgeons on reconstruction and rehabilitation, support this impression. The book ends with information on useful drugs and drug doses.

If you are asked to treat these injuries, buy this book, read it, implement what you learn and keep it at hand as an information source.

M R Q Davies
Emeritus Professor
Paediatric Surgery
University of the Witwatersrand
Convinced that there is a need for a book in paediatrics that is neither a classical text nor a handbook, but a guide in the management of paediatric problems, the authors have compiled this book for the use of general practitioners, interns, and students. eISBN: 978-1-4875-7838-1. Subjects: Health Sciences. When well, a child always presents the challenge of normal variations of mental and physical growth and development in an ever-changing personality. Normality is neither a point nor a line but a broad band, the outside limits of which take a lifetime of experience, reading, and projection to discover. When ill, a child is a diagnostic challenge and the satisfaction of seeing the sick infant restored to health is a reward in itself. Like all traumas paediatric burn assessments require a primary and secondary survey with the initial aim of identifying and managing immediate life threats: do not get distracted by the burn injury. Airway. Signs of airway burn/inhalation injury: stridor, hoarseness, black sputum, respiratory distress, singed nasal hairs or facial swelling. Topical chloramphenicol to prevent secondary infection Urgent paediatric ophthalmology review. Limb burns. Elevate the limb Monitor perfusion distal to burn. Suspicion of associated Carbon monoxide (CO) poisoning, Cyanide poisoning. Liaise early with Paediatric Burn Unit, Intensive Care and Poisons Information (Tel: 131126). Electrical injuries. A practical guide to paediatric burns. Cape Town: SAMA Health and Publishing Group. Jan 2006. Jm Thomas. H Rode. Paediatric burn surgery may be associated with significant blood loss and postoperative pain. To investigate methods of reducing these symptoms, we studied a prospective series of 29 children with small to medium sized burns. Presurgically both the burn wound and split skin graft donor sites were injected with a 1:500,000 adrenaline solution, to which bupivacaine had been added. No patient required blood transfusion and no patient developed systemic side effects from the injected solution. Four patients required parenteral analgesia, two in the immediate postoperative period and two at first d