



# Living with your Burns

The Burn Unit,  
Hamilton General Hospital



# About this booklet

This booklet is for patients and families at the Burn Unit, Hamilton General Hospital. It will help you learn what happens after a burn injury and what to expect while you are in the hospital.

We recommend that you read the sections that concern you at the moment. Refer to the booklet as needed. We hope it will also be helpful for you when you return home.

The staff at the Burn Unit are here to help you heal and recover. They will be pleased to answer questions at any time - no question is too simple to ask.

Please speak to anyone on the team if your family member has a special or cultural need.

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# The Burn Unit

## What is the Burn Unit?

The Burn Unit cares for adult burn patients with all types of burns.

The Burn Unit is located on the 3<sup>rd</sup> floor of the Hamilton General Hospital, 237 Barton Street East, Hamilton.

You can reach us by calling 905-527-4322, ext. 46350.

## Who is the Burn Team?

The Burn Team is a team of people who work together to provide care. Here are some of the team members you may meet:

Team member	How they help
<b>Plastic Surgeon</b>	<ul style="list-style-type: none"><li>organizes your care in the Burn Unit</li><li>does surgery if needed</li><li>calls in other medical specialists if necessary</li></ul>
<b>Nurse</b>	<ul style="list-style-type: none"><li>provides your daily care</li><li>will be with you for a long period of time and will get to know you and your family</li><li>helps you prepare to go home</li><li>answer your questions and concerns</li></ul>
<b>Dietitian</b>	<ul style="list-style-type: none"><li>makes sure you meet your nutrition needs</li><li>designs a high-calorie, high-protein diet to help you heal</li><li>provides vitamin and mineral supplements to help you heal</li></ul>

Team member	How they help
<b>Physiotherapist</b>	<ul style="list-style-type: none"><li>• plans and helps you do stretching exercises</li><li>• helps you walk, move from the bed to a chair and build your strength and endurance</li><li>• prescribes aids such as a cane, crutches or walker</li><li>• teaches you how to take care of your scars</li><li>• helps you plan to go home</li></ul>
<b>Occupational Therapist</b>	<ul style="list-style-type: none"><li>• helps you to be more independent in your daily activities</li><li>• teaches you stretching exercises</li><li>• may recommend devices such as special handles for your forks or spoons which allow you to do more for yourself</li><li>• may make splints to hold your arms, hands or feet to prevent skin contractures</li><li>• teaches you how to take care of your scars</li><li>• helps you plan to go home</li></ul>
<b>Respiratory Therapist</b>	<ul style="list-style-type: none"><li>• may be involved in your care if you have breathing problems. You may need a ventilator to help you breath if you have had smoke or heat damage to your lungs or a swollen burned neck</li><li>• follows your progress on the ventilator and adjusts the machine settings as necessary</li></ul>
<b>Social Worker</b>	<ul style="list-style-type: none"><li>• helps you and your family learn ways of coping with the changes associated with your injury</li><li>• helps you arrange financial assistance, support services in the community, hospital insurance</li><li>• helps your family find a place to stay while you are in the hospital</li><li>• helps you plan to go home</li></ul>



## Residents and other learners

Hamilton Health Sciences is a teaching hospital linked with McMaster University. Learners (students) at all levels may become involved in your care with your permission. If you would prefer not to have students involved in your care, please advise a staff member.

Students in our hospital may be part of medical, nursing or other health care programs. They work with the health care team to provide patient care.

You may be asked if a student can attend during your discussions with hospital staff. This will not be done without your agreement. Your choice will not affect the care you receive in the hospital.

## What personal items will you need on the Burn Unit?

Please bring these items to the unit:

- Personal care items such as a hairbrush, comb, toothbrush and toothpaste. We encourage patients to brush their teeth after meals and at bedtime, and take care of their personal hygiene when possible.
- Slippers with a back and non-slip sole or running shoes.



Photos and cards can be brought in to comfort the patient.

Please arrange these items so they do not crowd patient areas or increase a patient's risk of falling.

We encourage families to help their loved ones with personal care, grooming and feeding if needed. Ask your nurse about how you can help.

**Do not leave valuables in the hospital.**

**Patients and families are responsible for personal items left at the bedside.**

## **When can I visit the Burn Unit?**

Hospital visiting hours are between 11:00 am and 8:00 pm daily.

Talk to a member of your health care team if you need to come in at a different time. We ask that you do not visit the Burn Unit between 2:00 pm and 4:00 pm as this will give the patient time to rest and heal.



If the patient is in one of our critical care rooms, we ask that you do not visit between 7:00 pm and 8:00 pm. This will allow the nurse to fully assess the patient's conditions and needs.

## **Who can visit the Burn Unit?**


Patients and families decide who may visit. **We ask that only 2 visitors at a time visit the Burn Unit.** Please talk to a member of the health care team if you need to have more than 2 visitors at one time.

Children may visit with an adult. The Burn Unit can be a frightening experience for a child. Please talk to the health care team so we may help you plan your visit.

## Use of electronic devices

- No cellphones or wireless communication devices, such as Blackberries, can be used in patient care areas. They can be used in the lobby, cafeteria, public hallways and business offices, but must be kept at least 1 metre away from any medical device such as a patient's infusion (IV) pump. 
- Families may bring in music or movie players such as MP3 players, iPods or iPads to comfort and support the patient. 
- An automated rental service allows patients to activate their television and telephone at their bedside at any time. For more information, please pick up an instruction card at the nurses' station.

## Services available at the Hamilton General Hospital

- a number of vending machines throughout the hospital
- Marketplace on Victoria (cafeteria) on Level 1 of the hospital is open Monday to Friday, from 7:00 am until 6:30 pm 
- Barton Bean Coffee Shop on the main level of the hospital is open 24 hours, 7 days a week (excluding Christmas and New Year's Day)
- a gift shop on the main level
- a pharmacy on the main level
- a chapel on the main level

## Family spokesperson

We ask that each patient have one member of his or her family or support group act as a spokesperson. Your designated spokesperson will be the only person allowed to receive information about your condition. He or she can then pass this information on to others you wish to share it with.

Having only one person receive information about your care will:

- limit the phone calls to the unit and the number of times the nurse has to leave your bedside to answer phone calls
- protect the privacy of your personal health information

For information about the Personal Health Information Protection Act, please go to [www.health.gov.on.ca](http://www.health.gov.on.ca) and search “Personal Health Information Protection Act”.

Please do not call between 6:30 to 7:30, morning and evening, as the nurses are receiving shift change report during those times.

## How can the family be involved on the Burn Unit?

Family involvement in a patient's care is very important. Members of your health care team will encourage and support your involvement. Please ask how you can help. The health care team will work with you to develop a plan of care for the patient.



## A note to families and visitors

We understand that families feel a lot of stress when a loved one is in the Burn Unit. We will do our best to help you cope.

To help us focus on patient care, we trust that families, visitors and staff treat each other with respect.

Respect is important when challenges are experienced. Our staff follow a Code of Conduct based on values such as caring and respect. If you would like to obtain a copy of this booklet, please ask a staff member. Reading this booklet will help you know how you and your family can help.



If you have a concern please feel free to talk with a staff member.

The following supports are available to patients and families:

- the charge nurse is always available to speak with you on the unit
- the social worker is available Monday to Friday, 8:00 am to 4:00 pm

## Prevent the spread of infections

- **Do not visit if you do not feel well.**
- Wash your hands before and after visiting. Hand cleanser is located outside each room and by the elevator.
- Do not use the patient's washroom. Public washrooms are located on each floor.
- Follow the directions about infection control if posted on the patient's room door. You may be asked to wear a gown, gloves or mask when visiting.



## When it is time for you to leave the hospital

The health care team will begin planning discharge with you and your family early in your stay. They will meet with you and your family to discuss care after your hospital stay to ensure all your needs are met.

## What if I have questions or concerns?

We welcome your comments and want to hear about any concerns you have. Please feel free to speak privately with any staff member.



Hamilton General Hospital  
Burn Unit  
Clinical Manager, Burn Unit  
Patient Relations

### Phone numbers

905-527-4322  
Ext. 46350  
Ext. 46657  
Ext. 75240

## We are a fragrance restricted hospital

Please do not wear or bring perfume, cologne, aftershave, scented hair spray or other scented products.



# Burn injuries

## What does the skin do?

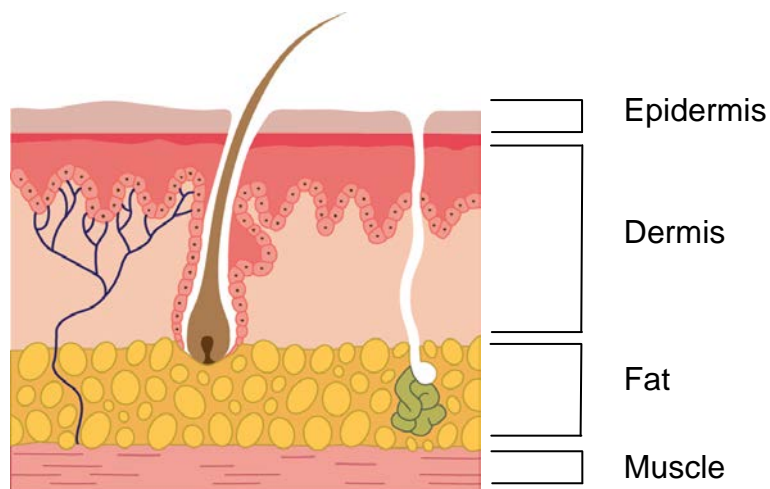
You need to know how the skin functions in order to understand the changes a burn makes to the skin surface. The skin is the largest organ in the body and it has many important functions.

The skin:

- protects against infection by keeping out bacteria
- helps control body temperature
- protects sensitive nerve endings
- prevents loss of body fluids

The skin is made up to 2 layers:

- the epidermis
- the dermis



## **What does each layer of skin do?**

### **Epidermis**

The epidermis is the outer layer of the skin. It is a tough protective barrier that keeps bacteria out of the body. It also prevents loss of body fluids.

### **Dermis**

The dermis is below the epidermis. It contains blood vessels, nerves, sweat glands, oil glands and hair follicles. The dermis keeps heat and moisture in the body.

## **What happens to the skin after it is burned?**

Once the skin is injured by a burn, many or all of the skin's normal functions are changed. The changes depend on how deep the burn is.

### **Burn depth**

The degree of damage depends on which layers of the skin are damaged or destroyed. Many burns involve more than one degree of burn and are usually referred to as:

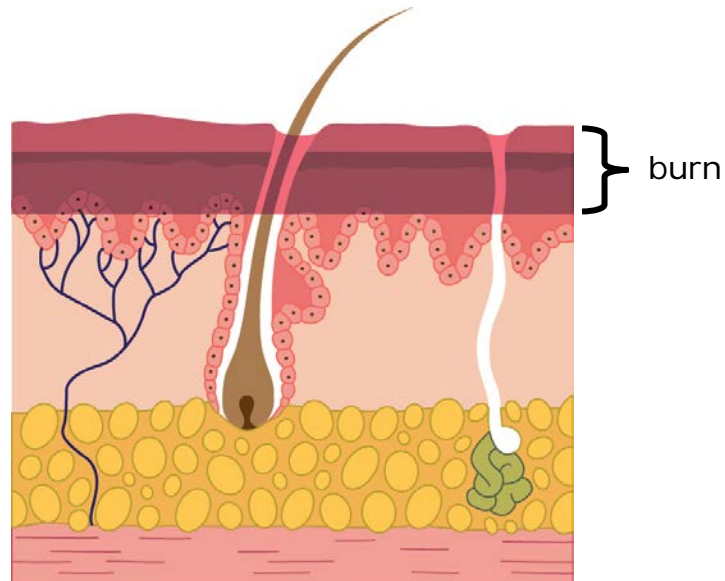
- superficial
- partial-thickness
- deep partial-thickness
- full-thickness



### **Superficial and partial-thickness**

(Also known as first degree burns and second degree burns)

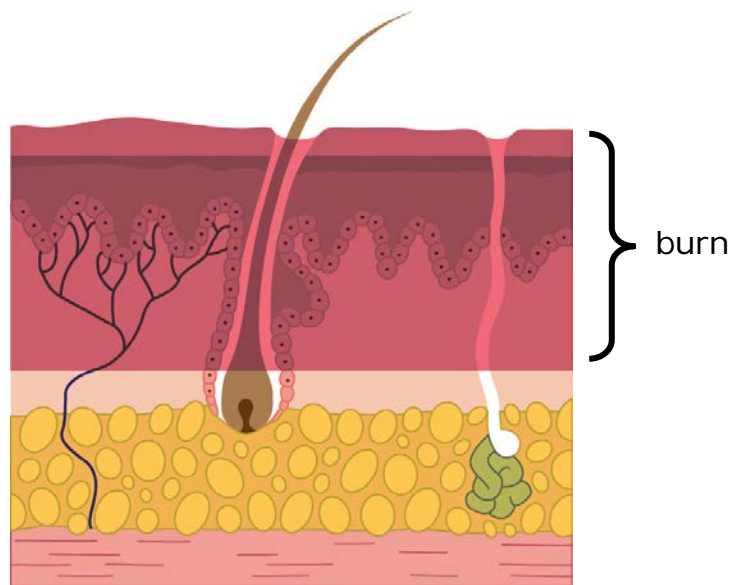
In a superficial or partial-thickness burn, the first layer of the skin is injured. It resembles a deep sunburn and is very painful. The skin is pink to red in colour. First degree burns can be described as uncomfortable to mildly painful. It will usually heal on its own within 10 days without scarring.



### **Deep partial-thickness**

(also known as a deep second degree burn)

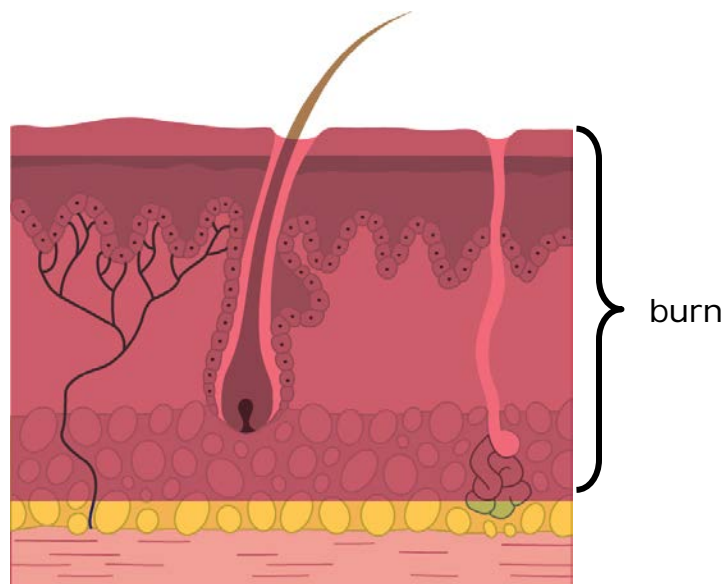
In a deep partial-thickness burn, the first and second layer of the skin is injured and may or may not be broken. The skin may blister and be moist. A deep partial-thickness burn can be described as moderately to severely painful. It may take at least 3 weeks to heal. It may heal with or without scarring.



### **Full thickness**

(Also known as a third degree burn)

A full-thickness burn involves damage to all the layers of the skin. The skin appears charred, dry and pale white in color. Full-thickness burns may be described as painless because the nerve endings are destroyed. This burn will need skin grafting in order to heal.



## **Will I need a skin graft?**

It is not always possible to tell the depth of the burn injury when a patient is admitted. It will often take several days to tell whether the burn injury will heal on its own or if it will need surgery for skin grafting.

## **How long will it take for my burn to heal?**

The severity of a burn injury depends on the depth and size of the burn wound, the patient's age, the patient's past medical problems and the part of the body which has been burned.

It is difficult to predict how long it will take for a patient's injury to heal as everyone heals at different rates.

# Surgery

## Why do I need to have surgery?

You will need surgery if your burn injury is severe and full-thickness.

There are 2 reasons for surgery:

- To remove dead tissue from the burn wound before the new skin can be applied. The removal of dead tissue is called debridement or excision.
- To do skin grafting. After the dead tissue is removed, the healthy skin is put on the debrided wound. This may need more than one trip to the operating room.

## How is skin grafting done?

Debridement and skin grafting are done in the operating room. Skin taken from other parts of your body is called harvested or donor skin. Where the skin is taken is called the donor site.

Most donor skin is meshed by making slits in the skin. This is done so the skin can be expanded to cover a larger area. It also allows for drainage of fluid. The grafted skin will look "checkered" but this will fade partly over time.

The donor skin is placed on the wound. It is now called a skin graft. The skin graft is usually kept in place with staples and a protective gauze dressing.

## **What happens after skin grafting?**

The skin graft begins to grow or stick within 48 hours. It is completely stuck to the wound in about 5 days. Newly grafted areas are very fragile and movement can easily damage them. Bleeding, poor nutrition, smoking or infection can also damage skin grafts. You may be put in a cast or splint to keep still if you have skin grafts to arms and legs.

The amount of time to heal varies with each person. Your progress is checked daily. Sometimes there may be areas which will need re-grafting.

The outer gauze is removed from the grafted area 3 to 5 days after surgery. Your dressings will be changed once a day or once every 3 days.

## **What does the skin graft look like?**

Grafted skin looks different from normal skin. Healed skin grafts are often redder or darker than surrounding skin and have raised areas. These areas are called scars. Special bandages and clothes, called pressure garments, are worn to soften and flatten the scars. Some scars can be corrected with surgery. Some of the redness will lessen with time.

## **How does the skin heal at the donor site?**

After surgery, the donor site will have a dressing on it. The dressing will keep the skin soft and supple. As the donor site heals, the dressing will be slowly removed. It takes approximately 10 days for this to occur.

The donor site can be more painful than the burn. This pain will decrease as the donor area continues to heal. You will be given pain medication. Ask your nurse for pain medication when you need it. A tensor bandage may also be applied to the donor site, such as your leg, to relieve pain.

The donor site will be a deep purple and red colour. The colour darkens when you are up walking because the blood flow to this area increases. The colour will lighten when you lie down. The colour of the donor site will lighten over time.

# Caring for your skin

## **What is hypertrophic burn scarring?**

After a deep burn, the skin can heal in a bumpy, raised and uneven pattern. This is called hypertrophic scarring. After several months, the skin becomes more red, raised, firm, uneven or bumpy. This can result in uncomfortable scars and decreased movement of your joints.

## **How can scarring be controlled?**

Scarring can be improved by putting pressure over the area. This is done with pressure garments that are made specifically for you. These garments are worn to flatten the scars. We can treat the height of scars but not the colour.

Other things that can be used to keep scars flat include:

- plastic inserts
- massage
- gel sheets

Your physiotherapist or occupational therapist will talk to you about what type of scar control will be best for you.



## **When can scar control be started?**

Scar control can be started as soon as a burn wound heals. To prepare your skin for the pressure garment, tensor bandages or wraps may be started while you are in the hospital.

Your skin will not be ready for the pressure garment until it is well healed. When your skin is ready, a physiotherapist or occupational therapist will measure you for a custom-made garment if needed.

Pressure garments need to be worn 23 hours a day. There are other products that can also be used to help keep scars flat. A therapist will talk to you about which product is right for you.

## **Who pays for the pressure garment?**

Pressure garments and other scar control products are not covered by OHIP. You may be eligible to apply for funding. If you have concerns about how to pay for the pressure garment, talk to your physiotherapist or occupational therapist.

## **How long do I have to wear the pressure garment?**

The raising, redness and firmness of scars can last from 6 months to 2 years. You will need to wear garments until the scars are no longer red. You can stop wearing the garments once your scars have become pale. Your therapist will help you determine when you no longer need to wear the pressure garment.

## **How do I keep my skin healthy after I leave the hospital?**

Your new skin and scars are tender and will injure easily. Hitting or rubbing the skin can cause blisters or breaks in the skin. You need to protect your skin as much as possible.

Follow these guidelines:

- Wash the healed skin at least once a day with mild soap and warm water. Rinse well and pat the area dry. Do not rub.
- Do not use perfume, aftershave or scented soap on the healed skin.
- Put water-based creams or lotions on the healed skin. This will prevent the skin from becoming too dry.
- Do not use scented creams and lotions.
- Use water based creams when you use your pressure garment.

# Nutrition for healing

A burn increases your body's nutrition needs. To help your burn injury heal, you need:

- protein
- calories or energy
- vitamins and minerals
- water

The registered dietitian will talk to you about what you need to eat and drink to help your burn heal.

## **What will I eat in the hospital?**

You will have a high-energy, high-protein diet. This includes foods and fluids that will help you to meet your increased nutrition needs. We will keep track of what you eat and drink to make sure you are taking in enough to help your burns heal and to prevent muscle loss.

When your appetite is poor, eating every few hours instead of 3 large meals may help to increase your nutrition intake. Snacks are available mid-morning, mid-afternoon and in the evening.

To help increase the variety of your diet, your family can bring in your favourite foods and snacks.

## **Make every bite count**

You need to eat foods that are good sources of calories and protein.

### **High protein foods include:**

- meat
- chicken and turkey
- fish
- eggs
- cheese
- peanut butter
- nuts
- milk
- legumes and beans

### **High calorie foods include:**

- cream
- milkshakes
- chocolate milk
- juices
- desserts
- margarine and butter
- sauces
- gravies
- salad dressings and dips
- dried fruits
- puddings
- ice cream

## **Nutrition supplements**

Nutrition drinks such as Ensure<sup>®</sup> or Carnation Breakfast Anytime<sup>®</sup> will be served to you. Drinking these supplements will help you to meet your nutrition needs.

Additional vitamin and mineral supplements will be given to you depending on the extent of your burns. Vitamin C, zinc, selenium and a multivitamin are commonly prescribed.

## **Other methods of nutrition**

### **Tube feeding**

A tube feeding is used when you are unable to eat enough. A small feeding tube is placed from your nose to your stomach or small intestine. Liquid feedings are fed through the tube. The dietitian will determine what type of feeding schedule you will need depending on how much you are eating.

## **What can I eat when I go home?**

If your burns are not completely healed when you go home or if you have lost weight while in the hospital you will still need a high-energy, high-protein diet. The registered dietitian will help you with this before you are discharged home.

If you are overweight this is not the time to try to lose weight. Your wound healing is more important.

# Exercise

## Why is exercise important?

As your burns heal, the new skin is tight and not as stretchy as normal skin. If you do not exercise regularly, your movement may become restricted over time.

Exercise is very important if your burns are over joints such as an ankle, elbow, knee, shoulder, hand, neck or face. Exercise will prevent skin tightness and contractures. Contractures are thick bands of scar tissue which form over joints and restrict movement.

Staying in bed for a long period of time decreases your muscle tone and will decrease your stamina. You need to exercise regularly to regain or maintain your strength.

Exercise helps:

- prevent skin tightness and reduce scarring
- prevent stiffness of your joints
- get you back to your regular lifestyle more quickly

## **What exercises do I need to do?**

The exercises you need to do will depend on where your burns are. Your physiotherapist and occupational therapist will plan an exercise program for you.

There are 3 types of exercise your physiotherapist will plan for you:

- stretching
- strengthening
- cardiovascular or endurance

### **Stretching**

Stretching exercises are the most important type of exercise. You may need help from a physiotherapist or occupational therapist to do the stretching exercises if your skin is tight and painful.

### **Strengthening**

Strengthening exercises will help maintain your muscle tone.

### **Cardiovascular or endurance**

Walking every day is important. It is an exercise that will help you maintain your movement, strength and endurance.

If your burns involve your legs, your physiotherapist will help you walk again. You may be taught to use a walker, cane or crutches to make walking easier. A tensor bandage may be wrapped around your legs to help decrease pain.



## **When do I need to exercise?**

You need to exercise as soon as possible - the sooner the better.

Your physiotherapist and occupational therapist will tell you how many times a day you need to do your exercises.

Usually stretching exercises must be done every hour to be most effective. Stretching exercises with the therapist may be done when you are in the tub bathing. This is a good time to see how the burns are healing and if the skin is getting tight. The warm water may also help decrease the pain.

You will need to exercise as much as you can, even while wearing the dressings. Use your arms and legs as much as possible when you walk, eat, dress and do other activities.

Family members may be shown how to help you with your stretches.

## **When do I exercise at home?**

Your physiotherapist will give you an exercise program to do at home. You will need to do these exercises to keep your arms and legs working as well as possible and to prevent your skin from getting tight.

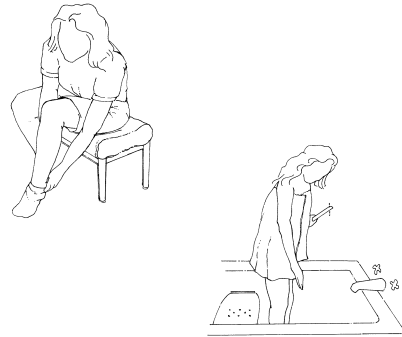
If your movement is still limited and you are having trouble doing your daily activities, your doctor and physiotherapist will arrange for you to come to an Outpatient Physiotherapy Clinic.



# Daily activities

## Can I do some of my own care?

An important part of your recovery is learning new ways of doing daily activities such as eating, dressing and bathing. These are called activities of daily living, or ADL. You may need to use assistive devices, such as for you to hold. This will allow you to eat by yourself.



Learning to do activities that you did before the burn can be frustrating. It will take you longer to do daily activities. However, doing activities by yourself will exercise your joints and help you to get your strength and endurance back.

To help you do your own activities:

- plan more time for each activity
- start slowly and do as much of your own care as you can
- rest between tasks

## **What if I still need help with my activities when I go home?**

In the hospital you will need to practice your own care. This will allow you to see what you can do and what you still need help with. Your occupational therapist, will help you get ready to go home. The occupational therapist will suggest equipment you need and teach you and your family how to use it safely.

## **Why do I need to wear splints?**

Splints are made of hard plastic that does not bend. They are worn over a joint to stop the joint from losing movement while the skin heals. Splints can be worn over joints in the arms, legs or neck. Some of them are custom made for each patient.

## **How will I know when to wear the splints?**

The occupational therapist or physiotherapist will give you a schedule of when to wear your splints. You will need to follow the schedule to give you a balance between moving and not moving.

The occupational therapist will make sure your splint fits well and protects your joints. After surgery, you may need to wear your splints all of the time for a while. If you have problems with your splint, let the team know right away.

## **What about my activity at home?**

It is important to do activities for yourself at home. This will prevent your joints from becoming tight. You may still need to wear your splints at home. Your occupational therapist will talk to you about how often to wear your splints.

# Coping and recovery

## How will I cope?

When you recover from a burn, you may need to make some changes to your lifestyle. You and your family may need help to do this. Social workers are trained to help you and your family cope with the impact the burn will have on your lives. They are a member of your health care team.

## What are some of the normal feelings or concerns after a burn?

Being in the hospital with a burn is very traumatic and painful. The stress you feel is not just physical but also emotional.

Some concerns you may have include:

- fear of scarring and what the scars will look like
- anxiety about medical procedures
- worry about a long hospital stay
- fear of becoming dependent on others
- change in daily activities and roles
- change in your sense of identity and self-esteem
- fear of rejection from family or others
- financial and employment concerns
- sexual anxiety

Some feelings you may have include:

- anger
- guilt
- depression
- anxiety from nightmares or daydreams about the burn experience
- feeling confused or overwhelmed

These concerns and feelings are a normal part of your recovery.

## **How can the social worker help me and my family?**

During this stressful time, it may be helpful to talk with someone about your concerns and feelings and help you deal with your responsibilities.

The social worker will:

- discuss concerns you and your family have including your hospital experience and how to adjust to the burns or pain.
- provide education to support you and your family on matters such as how to deal with your feelings as you recover.
- help you arrange to pay bills and call schools or employers.
- arrange family meetings with the health care team so that you can voice your own needs.
- help you deal with financial and employment issues and connect you with the right community resources.
- help with accommodations.

## **Why does the social worker become involved in my care?**

The social worker is part of the health care team and will meet with you and your family when you need their help. If you wish to meet with the social worker, please ask any member of the health care team.

## **How can the social worker help me when it is time to leave the hospital?**

When it is time to leave the hospital, you may have mixed feelings. You will probably look forward to leaving the hospital. However, you may also feel anxious and fearful about adjusting to the changes you are facing such as caring for your wounds, your level of care and returning to the community.

Your social worker can help you cope with these concerns by providing you with community resources and discussing your options with you.

## **Outpatient clinics at the Burn Unit**

Before you leave the Burn Unit, you may be booked for a follow-up appointment at the Outpatient Burn Clinic or the Scar Control Clinic. These clinics see both children and adults.

### **Outpatient Burn Clinic**

The Outpatient Burn Clinic provides follow-up treatments for all types of burns. Doctors and nurses will assess your burn and give you the treatment you need to promote healing of your burn.

You may also be seen by a physiotherapist or occupational therapist to teach you exercises that will help you heal and how to manage your scar.

A dietitian and social worker are also available to see if needed.

Phone: 905-527-4322, ext. 46350 or 46363.

### **Scar Control Clinic**

The Scar Control Clinic provides follow-up treatments to help you manage your scar.

An occupational therapist or physiotherapist will assess your scar and discuss different treatment options to help you manage your scar.

Phone: 905-527-4332, ext. 46350.

# Getting ready to go home

## How do I take care of my skin at home?

As you continue to recover at home, your healed skin will need special care.

### Bathing

To keep your skin clean and avoid further drying:

- Use lukewarm water and test the water temperature before getting into the bath or shower - your new skin is very sensitive to temperature. Never use hot water.
- Use a mild soap to clean. The soap should be scent and dye free. Avoid rubbing hard on your skin as this can hurt or open your new skin.
- Dry your skin by gently patting yourself with a clean towel.

### Care of dry skin

Your newly healed skin or grafts may not have hair follicles and sweat glands. Your skin is not able to produce the same amount of lubricating oil as before. It may become dry and scaly. It may also feel tight. Until your skin is able to produce enough of its own oil, you should moisturize dry skin frequently to prevent chapping and cracking.

- Keep your healed burn skin clean and well moisturized.
- Use a non-perfumed, non-irritating, water-based lotion such as Nivea™ 2 to 3 times a day.



- Avoid oil-based lotions. They block the pores of your skin and do not get absorbed into the deeper layers of the skin.
- Use a light-stroking motion to gently massage the lotion into your skin. Gentle massage will increase the skin's flexibility and make the healed skin and scar tissue less sensitive.
- Reapply the lotion as often as you need. Make sure you apply enough to get absorbed into the skin without making your skin feel greasy.
- Massage more firmly when your skin heals and is less fragile.
- Avoid perfumes, cologne and other scented creams and lotions.

### **Itchy skin**

Your new skin may feel itchy and dry. The burn injury may have destroyed the natural oil-producing glands.

To help ease itching:

- Clean skin with lukewarm water daily.
- Keep skin lightly lubricated at all times. Remember to use a water-based lotion.
- Avoid the sun.
- Avoid dryness in your home. You may need to adjust the humidity and temperature levels.
- Wear pressure garments if needed.
- Wear loose, 100% cotton clothes next to your skin.
- Avoid scratching – you may injure your newly healed skin.
- Your doctor or pharmacist may recommend an anti-itch medication.



## **Sun protection**

Your healing skin needs special protection from the sun. Your skin will be very sensitive to direct sunlight and you will burn very quickly. A sun burn can also cause a healed burn area to turn a permanent dark brown. The sun also makes your skin dry.

It is a good idea to:

- Stay out of direct sunlight for at least 6 months.
- Protect all burned areas with light-coloured cotton clothes if you must be in the sun.
- Wear a large brimmed hat and sunglasses if your face and neck have been burned.
- Wear a water-based sunblock with SPF 30 or higher, even when outside for short periods or in a car.

## **Blisters**

It is common for blisters to occur on healed or grafted areas. Your newly healed skin is thinner and more delicate than skin that has not been burned. It can bruise and blister more easily. Blisters occur when pressure or friction is against the skin.

If you get blisters:

- Do not break a blister.
- If they break, keep them clean and exposed to air to promote healing.
- If blisters occur on the skin under your pressure garments, cover them with a small bandage. Keep wearing your pressure garment. If the blister does not heal within a week, stop wearing your pressure garments and call your family doctor.
- As your skin thickens and heals, blisters will occur less often. This may take up to one year after your burn.



