CHALLENGES OF BURN SERVICES IN AFRICAN FRANCOPHONE COUNTRIES

Brigitte VILASCO
Centre des Grands Brûlés d'Abidjan
SAMU- Côte d’Ivoire

7th Congress of the PABS
Addis Ababa, 6 - 9 June 2017
INTRODUCTION

• **Incidence of burn injuries** +++
  (> 1000-1500 / year in Cote d'Ivoire)
  ← Young children +++ (domestic accidents)
  ← Young adults ++ (work accident)
  ← Elderly + (domestic accidents / care)

• **Deprived communities;** large families ∈
  limited revenus (promiscuity ++++, hygiene ±, ignorance ++++)
INTRODUCTION

• **Survival is often threatened** (± long term)
  → Hypovolemic shock (resuscitation ± / 0)
  → Metabolic disorders (malnutrition-anemia)
  → Septic shocks (infections)

= **Mortality +++**

• **Functional & aesthetic prognosis** (long term)
  → dropout schooling (children + teenagers)
  → loss of employment (adults)

= **reinsertion issue +++ / marginalization**

• **Surgical** (Anglo-Saxon countries) / **Medical** (Francophone countries) **management**
CHALLENGE 1: CARE

Introduce management protocols

→ **Burns** = standardized local care

← **available topicals** (cost +++)

- **Old**: « dyes » (eosin, permanganate), Biogaze®, Peruvian balm, Tulle gras® / Jelonet® ± Polyvidone iodine / Bétadine tulle® ± Antibiotics ± Corticosteroids, Silver sulfadiazine+++ (Flammazine® / Silverex® ++++, etc.)

- **New dressings**: Hydrofibers, Alginates, Hydrocells, Interface, Hydrocolloids, Hydrogels, etc. ± **inaccessible** (expensive +++)

← ± **surgical procedures**
(except escarrotomies !!!!)

← ± **other techniques** (hydro-surgery, ozonotherapy, etc.)
CHALLENGE 1: CARE

Introduce management protocols

→ Burn patient = standardized general treatment according to severity criterias = triage +++

← Resuscitation (rehydration, ventilation, monitoring ++++, etc.)

← Manage pain, anxiety

← Manage hypercatabolism

← Manage infection
CHALLENGE 2: EMPOWERMENT

Staff exclusively dedicated to burns

→ working in surgery ward or intensive care Department but always

→ called to emergency services +++

↔ «on-job training» = acquisition of practical knowledge +++ reinforced by theoretical training.
CHALLENGE 3: EMPOWERMENT

Physical isolation of patients

• within the ward (reserved beds / boxes)
• in a specially reserved room
• in a specially «well-equipped» facility
  ← hot area (intensive care room)
  ← cold area (ward)
  ← dressings room
  ← ± bathing room
  ← ± operating room

# Burn Treatment Center
CHALLENGE 4: EMPOWERMENT

Functioning of a Burn Treatment Center

• **Connection ∈ an existing facility** (operational difficulties related to the costs of care)

• Ideally: **autonomous** but **essential funding** +++ (equipment, supplies, medications, consumables, etc.) often unavailable & expensive +++

⇒ **financial participation of patients**

± collection of donations / funds for **indigents**
CHALLENGE 5: PRAGMATISM

Missions of Burn Center in African Francophone Countries

• To care for burns at the best ∈ the limited means availables +++
  → adapted treatment of minor burns
    ← overload of work = To avoid complications and evolution sometimes catastrophic # neglected burns!
  → To avoid complications of moderate burns = survival
  → Saving major burns = utopia +++ (do not dream !)
CHALLENGE 6: TRAINING

Missions of Burn Center in African Francophone Countries

• To manage burns at the best ∈ limited means availables +++

→ training of health workers in contact with burns = basic concepts (calculation of extent, depth, factors of severity, local & general treatments, etc.)

← Training days (capitals & major cities )

← Workshops (towns & villages within countries)
CHALLENGE 6: TRAINING

Missions of Burn Center in African Francophone Countries

→ Continuous training of burn staff
   ← training courses, congresses, meetings, continuous education on spot, etc.)

→ Collaborate closely ∈ colleagues in other specialities & learn from them because burns = multidisciplinary ++

→ Training of « brulologists » = TOT
   ← diploma of brulology (post graduate / doctoral)
CHALLENGE 7: PREVENTION

Missions of Burn Center in African Francophone Countries

- Propagate the impact of burns
  - to authorities (burns = national scourge)
    - compromised children’s future
    - uncertain future for adults
    - difficult family & socio-professional reintegration
      (Occupational medicine, professional training, psychiatry, etc.)
  - to target populations
    ⇒ Prevention/awareness campaigns +++
    « best to prevent than to treat !!! »
CHALLENGE 8: RESEARCH

Missions of Burn Center in African Francophone Countries

• Develop research projects
  → traditional African pharmacopeia
  → local production of medications
  → alternative therapies
  → impact of melanoderma on wound healing
  → biological techniques possible locally (cell cultures, etc.)

• « Change » the mentality (organ donations, transplants, religious obstacles, etc.)
CONCLUSION

• The challenges for optimal management of burns in Francophone Africa are huge and numerous +++

• Attempting to open a Burns Center conforming to the standards of the industrialized countries is utopian in our developing countries, nevertheless saving patients with very few means is possible and can be improved gradually while remaining realistic and pragmatic !!!
CONCLUSION

• The challenges for optimal management of burns in African Francophone countries are huge and numerous +++

• Among these challenges, establishing protocols for care, empowerment (care, personel, locals, functioning, etc.) training staff and collaborating with other specialities, prevention and research are the most important means +++
CONCLUSION

• The major challenge remains the change of mentalities, the awareness of the burnt people’s problems and finding the solutions at all levels.

• The very high cost of care impose the support of NGOs beside the State funds so that, each burnt patient in African Francophone Countries could, one day, reborn from its ashes, just like the PHŒNIX!

• That seems to be a dream but it might become true one day ....
THANK YOU FOR YOUR KIND ATTENTION !