Bowel care for the paediatric patient with buttock/perineal burns

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Burn injuries to the buttock and/or perineum present many challenges for the team caring for these patients. It is difficult and painful to apply and maintain dressings. This can delay healing and successful grafting may be difficult to achieve. Dressings contaminated by faeces can lead to infection, increased pain from frequent dressing changes, slow healing, graft loss and increased length of stay. Commercial bowel management systems are available but are for adult use only. They are not recommended for paediatric patients and if used can lead to extensive anorectal injuries.

A survey of paediatric burn units in Australia and New Zealand was undertaken to identify current practices. Results of this survey reveal that there are many different methods to care for these children and no formal protocols.

In 2013 a new treatment option for bowel management was developed and trialled on a patient with 30% Total Body Surface Area burns involving the buttock/perineum and both legs. Daily/twice daily bowel washouts using soft disposable rectal tubes were used to maintain continence. A schedule was developed and the child, parents and nursing staff reported decreased pain and distress, minimal faecal contamination and dressing changes. The child required grafting to his legs and buttocks and successful graft take was achieved through the prevention of faecal contamination post operatively.

This treatment option is being developed into a formal policy to be used for these patients in the future.

Key Words

Burns Wound Care Bowels

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