



# Providing a Burns Service in Northern Tanzania



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Around 90% of burn injuries globally occur in the low and middle income countries. In Africa it is estimated that 17,000-30,000 children under 5 die each year due to burn injuries. Most of these injuries occur within the home due to primitive cooking and lighting methods.



A typical street scene in Moshi, cooking food on an open fire often using hot oil.

In Tanzania there are no specialized Burn Centres and most patients are managed on general surgical wards. Patients often have prolonged hospital admissions and frequently suffer wound complications. This is very much compounded by limited hospital resources.

In November 2014 a burns centred multi-disciplinary team went on a two week visit to Kilimanjaro Christian Medical Centre (KCMC) in the Moshi area of Northern Tanzania. The team travelled from various locations around the world. The aim of the trip was to promote first aid and provide training and education in all aspects of burn care. This included education in schools, district hospitals and the community as well as formal education within KCMC.



Wound care was a big challenge to the team as due to a poor knowledge base of burn wound care patients are often left with contractures and disfigurements.

During the time spent within the hospital it became clear that resources were extremely limited. Whilst the team had been given a charitable donation of Activon® and Algivon® Medical Grade Manuka honey dressings by Advancis Medical for use during their time in Tanzania, it emerged that once these products were used wound care would again be compromised. Wounds improved with the Manuka honey products used during the visit by the team.

After discussion with the hospital matron about lack of resources, it emerged that local honey was used regularly on dermatology patients within the hospital.

Whilst Medical Grade Manuka honey is widely used and accepted as a topical agent for use in problematic burn wounds it is not available for use in many third world countries. However local honey is available in abundance and is relatively cheap. Honey has been used for centuries as a treatment for wounds. It is a highly osmotic substance which provides an environment in which wounds are cleaned, debrided and oedema reduced.



For this reason the team decided to implement the use of local honey in necrotic and sloughy burn wounds.



The team addressed the problem of a high rate of burn related accidents within the home by providing training and first aid to local schools and the community, this training was received very well. Training and education in the use of honey in burn wounds was provided and the nursing staff responded well to this. Topical treatments used on a daily basis in the western world are simply not available in Tanzania. The availability of local resources was used by the team to improve the outcome of burn wounds and so reduce the incidence of contractures due to badly managed burns.

A number of patients with badly healed burns due to lack of or poor wound care were operated on by the team transforming the lives of these individuals.



A 3 year old girl with an 8 week old scald to arm. The child had been hospitalized but no wound care given and therefore arm had fused into a flexed position.



The same child following surgery to release and graft injury. The intervention of the burns team prevented this child from having a badly contracted arm.

The Burns team have made three trips to KCMC to date and hope to return later this year.