The Traumatic Injury to the Face
Sharing the team experience in the approach to the patient’s journey

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What do we want to present?

- Who we are
- What we do
- Background to our case presentation
- How we as advanced level nurses operate and the challenges we faced with this case study
- And finally – meet Linda a remarkable lady who wanted us to share her story with you
Barts Health NHS Trust

➢ The Royal London is one of two designated major trauma centres in London

➢ It is home to the helicopter ambulance service

➢ It accommodates all major specialities in one area

➢ It is the largest National Health Service Trust in the United Kingdom serving the population of the East London area serving a population of 2.5 million people
The Multi-Disciplinary Team

- Trauma Team; Vascular and Orthopaedic Surgeons
- Plastic Surgeons
- Maxillo-Facial Surgeons
- Neurology Surgeons
- Ophthalmologist
- Orthoptist
- Ear Nose and Throat Surgeons
- Nurse Specialist in Burns and Plastic Surgery
- Physiotherapists
- Occupational Therapists
- Psychologist
Our Service Model

All teams are involved in initial assessment of:

- Trauma and wound coverage how – when - where?
- Regular MDT meetings to monitor progress in clinical areas
- Involve patient/family in decision making processes
- Having to break bad or uncomfortable news
- Involving outside agencies/services as the care pathway progresses
Our Case Presentation

- This presentation focuses on Linda, a 70 year old lady who lives outside London who unfortunately because of her depression attempted suicide on the British Rail network in 2008.

- British Rail electrical current on suburban main lines in London carry 750 V DC.

- She was found laid across the railway line.

- Was brought via air ambulance to the Royal London Hospital’s Accident and Emergency Department with complex multiple injuries to right side of head, scalp, face and right arm.
Initial findings in Emergency Department
Face and right arm injuries
Facial and scalp injury
Assessment

- Priority is save life whilst assessment of extent of injuries is dealt with by the trauma team

- Severity of wound and soft tissue damage
- Depth of tissue damage

- Size of wound

- Location over the right side of face and scalp right arm below the elbow

- Management regime treated as a complex burn injury with associated bone involvement to the skull and the radial and ulnar bones of the right arm

- Radiological scans were done such as MRI, CT and X-rays
Problems

- Burn depth severity and extent to underlying tissue meant the right lower arm could not be saved
- Linda also lost her right eye as a result of her injuries
- Facial injury showed full thickness tissue loss above the right eye and right side of skull
- Family were initially unaware of the life threatening injuries Lin sustained
Follow on care

- Scans CT and MRI showing level of destruction to soft tissue and bone
- Sent to Intensive Care to stabilise her condition and her preparation for further on going wound and surgical management
- Pictures of pre op wound taken for medical records
- Wound care problem – needs immediate debridement
- Needs temporary coverage with a dermal template
- Right arm could not be salvaged below the elbow due to severity of electrical damage to tissues
First stage of reconstruction

Debridement of devitalised tissue over the face and scalp and temporary coverage with a dermal template

Immediate reconstruction was not considered appropriate at the time due to the complexities involved and her general physical condition
Dermal template attached to wound

Aims:
- Stabilise wound cover
- Add depth and contour for future skin coverage
- Restoration function and appearance

Consider:
- Risk of infection
- Dermal template failure
- Poor take
- Poor circulatory perfusion
Coverage with a Dermal Template
Challenges During Patient’s recovery

- Patient’s expectation and understanding of the injury and how plastic surgery reconstruction takes place in stages over a period of several months and even years.

- Family Support should be in place from time of admission to ongoing reconstruction episodes and this will need to be continued when patients are discharged home.

- Multiple Surgical events pose risks of failure and infection and poor outcomes.

- Length of treatment can vary depending on the severity of the injury and the psychological capability of the patient and family.
Our advanced nursing roles

- Advanced practitioner in wound care and reconstructive and microvascular plastic surgery
- One point of call for patients and family giving continuity of care
- On-going support to other disciplines whilst in hospital
- Give advice and act as advocate to other surgical disciplines and other interested parties
- Follow evidenced based information from the National Institute for Health and Clinical Excellence and NHS England
Role of Plastic Clinical Nurse Specialists

NHS patients are presented with evidence-based choices regarding their treatment. The role of the Clinical Nurse Specialist in the UK is to:

- provide care
- act as the patients advocate
- be a role model and educator

Plastic Nurse Specialists in the United Kingdom act as autonomous practitioners in both inpatient and outpatient environment - having extended roles in our specialist fields such as:

- Wound care specialist in burns and plastic surgery centres
- Tissue expansion, drainage of seromas, to sharp debridement of wounds
- Application of skin grafts and harvesting of skin donor sites
Challenges in acute wound care

- Difficulty in healing in a defined area
- Devitalised tissue debridement
- Potential wound infection
- Manage exudate from the facial areas
- Wound protection

- Dressing manufacturers are not always tailored to design products for specific anatomical sites
- Wound care knowledge can vary enormously in health care practitioners

Finally

- What do health care professionals see?
- What does the patient see?
- What does the family see?
Scar management following traumatic Injuries

Scarring is an inevitable result of the natural healing process that occurs after the skin repairs itself after being wounded.

- Scars appear hyperpigmented and hypertrophic.
- Unfortunately as the scar matures it can be highly visible and even develop into abnormal scarring.
- Timely and appropriate care can minimise its appearance and the stigma that often is associated with scarring.
- It is an integral part of our role to offer support and advice patients.
Pathway Management Approach

- Referral from Consultant clinic/Plastic dressing clinic
- Scar assessment
- Determine what type of scar then monitor and advice
- Offer camouflage treatment
- Refer back to consultant clinic, other speciality, institution and or discharge back to GP
Scar Management Specialist’s Responsibility

- Offer seamless coordinated care and support
- To offer support in reducing the impact of scarring on the patients psychological aspect
- Support the patient to improving function and aesthetic outcome
- Offering patient appropriate advice and reassurance
- Make time to listen to patients’ and family concerns
- Referral to support network if applicable
Advantages of scar management in the initial stages

- To balance the management of the scar to that of the patients perspective and expectation
- To reduce the impact of scarring on the patients psychological aspect
- Good patient compliance can only be achieved honest and realistic advice
- Establish good rapport to meet these goals in the treatment process
- Reduction in delay in patient care in on going treatment plans
- Preventing of abnormal scarring
Common Treatment Options

The Conservative route:

- Massage and moisturise
- Sunscreen
- Pressure garments/dressing
- Silicon sheets/Gels
- Camouflage Treatment
Other Methods of Treatment

- Prosthetics
- Multi trepann nic Collagen Actuation (MCA)
- Fillers
- Laser Treatment
- Peels
- Other skin care products
- Pressurised water jet

These are available if other forms of treatment are not sufficient
Invasive Treatment of Scar management

- Intraleisional Steroid injection
- Scar Revision
- Intraleisional excision and Steroid injection
- Extralesional excision and Radiotherapy
- Cryotherapy
Meet Linda………………
The subject of this presentation
Pre Hair Prosthesis – tissue expansion to move the hair line had previously failed
Post hair prosthesis in Central London
This is Linda today...........
Complete Camouflage treatment
What Linda Thinks of the Service

- Very satisfied with the delivery of care she has received
- She felt reassured throughout her treatment journey
- She is updated with current treatment options available for her needs
- Lastly, she is more than happy to promote and support everyone who would benefit from her experience
Conclusion

- The aesthetics of scars takes second place to:
  - a. Deformity
  - b. Functionality
  - c. Psychosocial issues

- It is cost effective to prevent and treat a problematic scar than to allow it to “take over a patients’ life”

- Size does not matter

- Not because it is hidden means its ok

- Treat the patient not the scar
Thank you

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