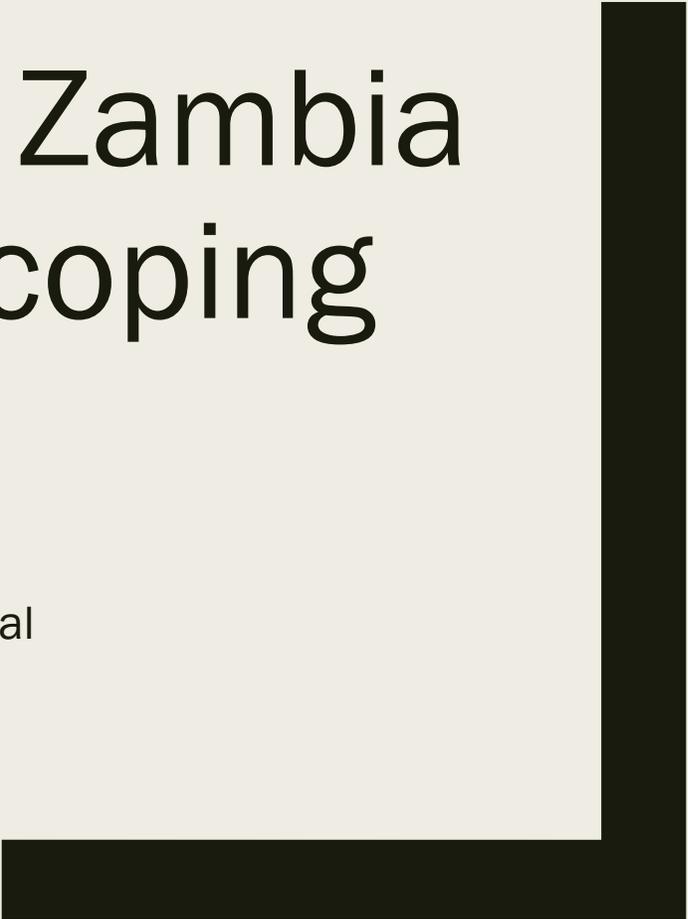




State of Burn Care In Zambia Southern Africa-a Scoping Review

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Lusaka
Zambia Medical Association Conference
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Burn Care in Zambia

- In Zambia burn care- delivered within General surgical units
- Specialist care (physiotherapy/Nutrition)- provided as requested
- Burn care is a subspeciality
- Ideally delivered in independent multidisciplinary teams – addressing patient needs[1-2]
- Advantage of burn teams-better coordination of services and costs [1]

The aim of this study was to provide a comprehensive analysis of the state of burn care in Zambia, looking for advancements in key components of burn care;

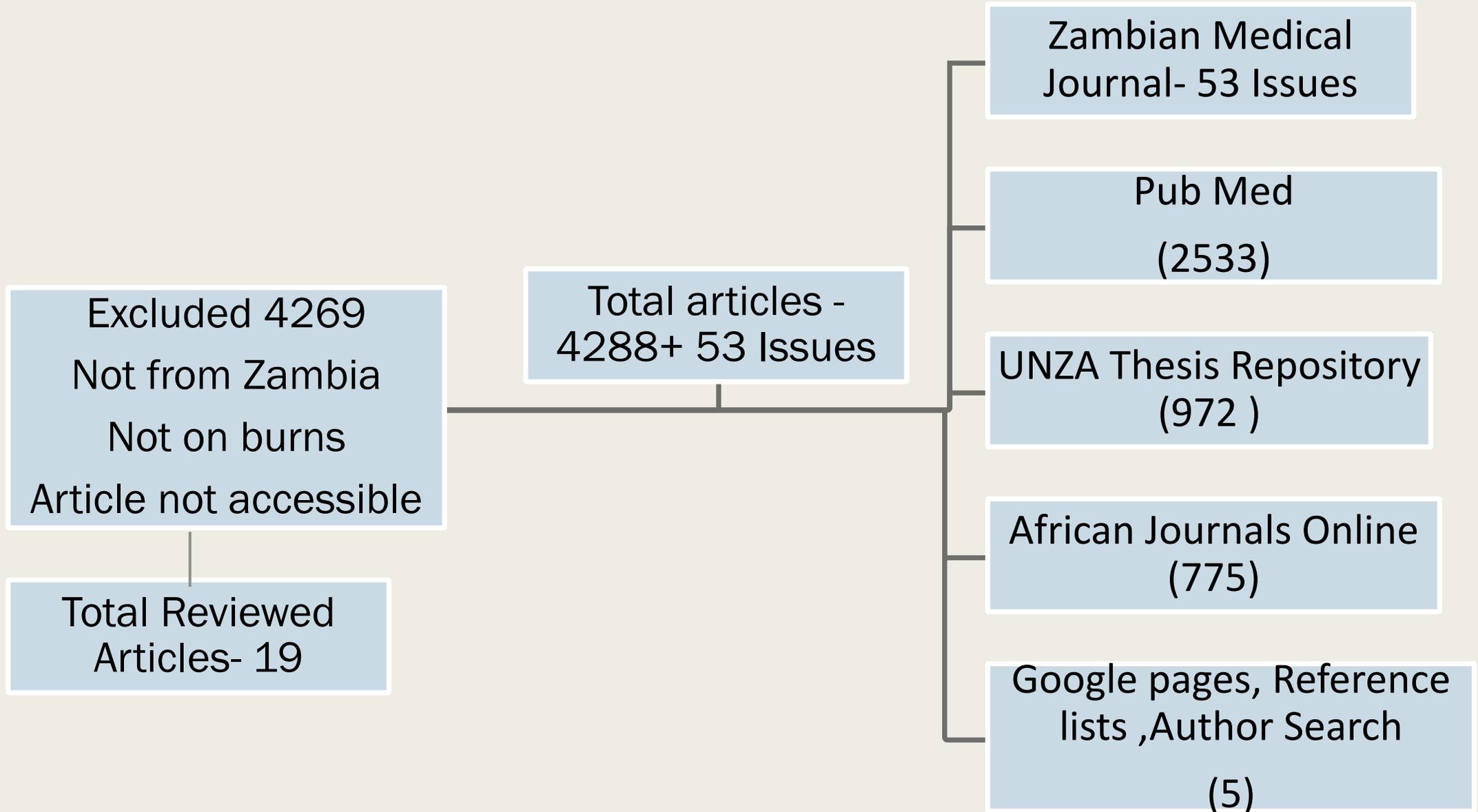
- Surgery
- Nutrition
- Pain management
- Rehabilitation
- Health worker training
- Community prevention programs

Methods

- Scoping review undertaken using the African Journals online, Zambia Medical Journal, Pub-med, the University of Zambia Thesis Repository
- Article reference lists
- Specific author searches.
- Google search
- Data was extracted on study characteristics, patient demographics, clinical course, burn prevention, surgery, analgesia, physiotherapy and health worker training.

Results

Article Search Flow Chart



Results

- 19 papers were reviewed.
- Published from 1979-2023.
- Study type-six interventional studies, retrospective studies and cross-sectional studies respectively.
- Sixty-one percent of the studies were conducted in Lusaka at the University Teaching Hospital
- Two-thirds published by senior physicians or foreign researchers.

Article Summary

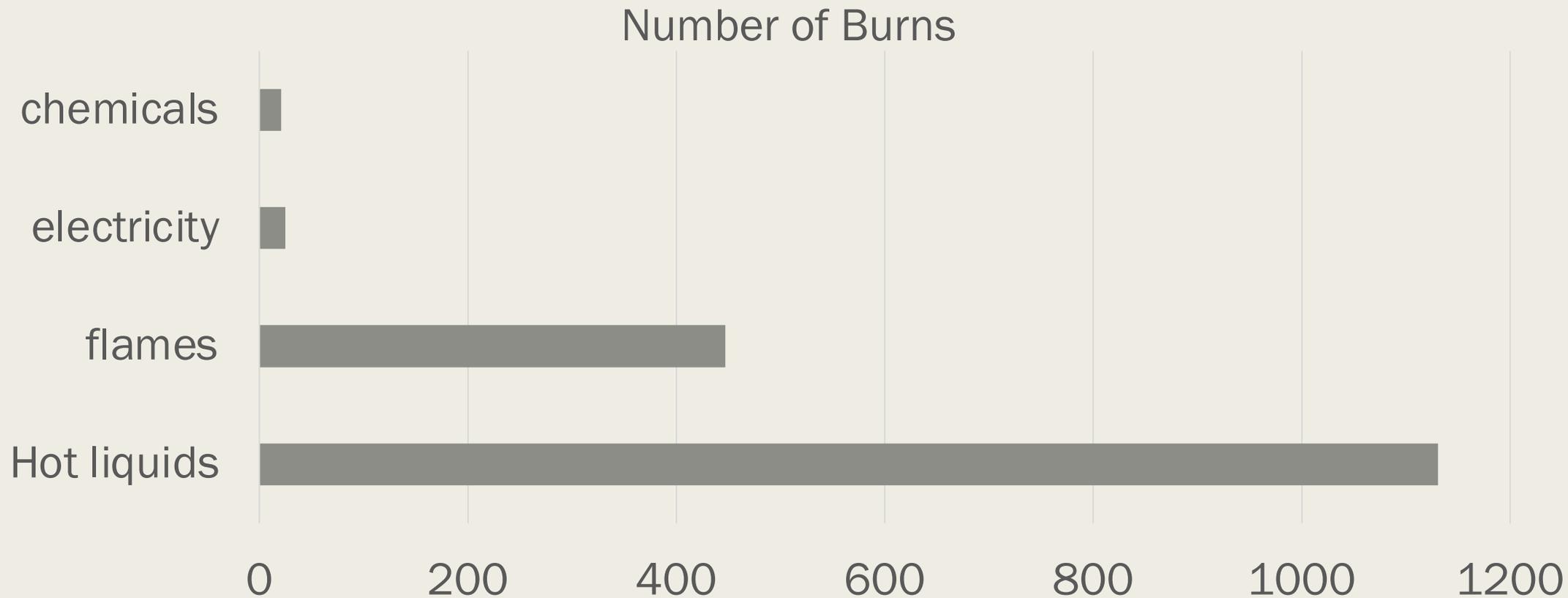
Author	Year	published in journal (yes/No)	Study Design	Setting	Location
Sharma	1979	yes	Interventional	Hospital	Lusaka-UTH
Nath	1996	yes	Retrospective	Hospital	Lusaka-UTH
Zimba	1999	no	Prospective Cross-sectional	Hospital	Lusaka-UTH
Mugala	2006	Yes	Retrospective Cohort	Hospital	Chingola
Chanda	2007	yes	Retrospective	Hospital	Lusaka-UTH
Mtonga	2010	yes	Retrospective	Hospital	Lusaka-UTH
Edwards	2011	yes	Retrospective	Hospital	Eastern- ST Francis
Goran	2011	yes	Retrospective	Hospital	Country-wide
Edwards	2011	yes	Retrospective	Hospital	Eastern Province
Sheyo	2012	yes	Prospective Cohort	Hospital	Lusaka-UTH

Article summary

Author	Year	published in journal (yes/No)	Study Design	Setting	Location
Heard	2013	yes	Cross-sectional	School	Eastern Province
Heard	2013	yes	Interventional	school	Eastern Province
Maimbo	2014	yes	Interventional	Hospital	Lusaka-UTH
Mwape	2016	Yes	Interventional	Hospital	Lusaka-UTH
Mugala	2016	Yes	Interventional	Hospital	Chingola
Liche	2018	yes	Randomised Trial	Hospital	Lusaka-UTH
Ziwa	2018	yes	Prospective Analytical	Hospital	Lusaka-UTH
Munjili	2020	no	Cross-sectional	Hospital	Kabwe General
Pikiti	2023	yes	Cross-sectional	Hospital	Lusaka-UTH

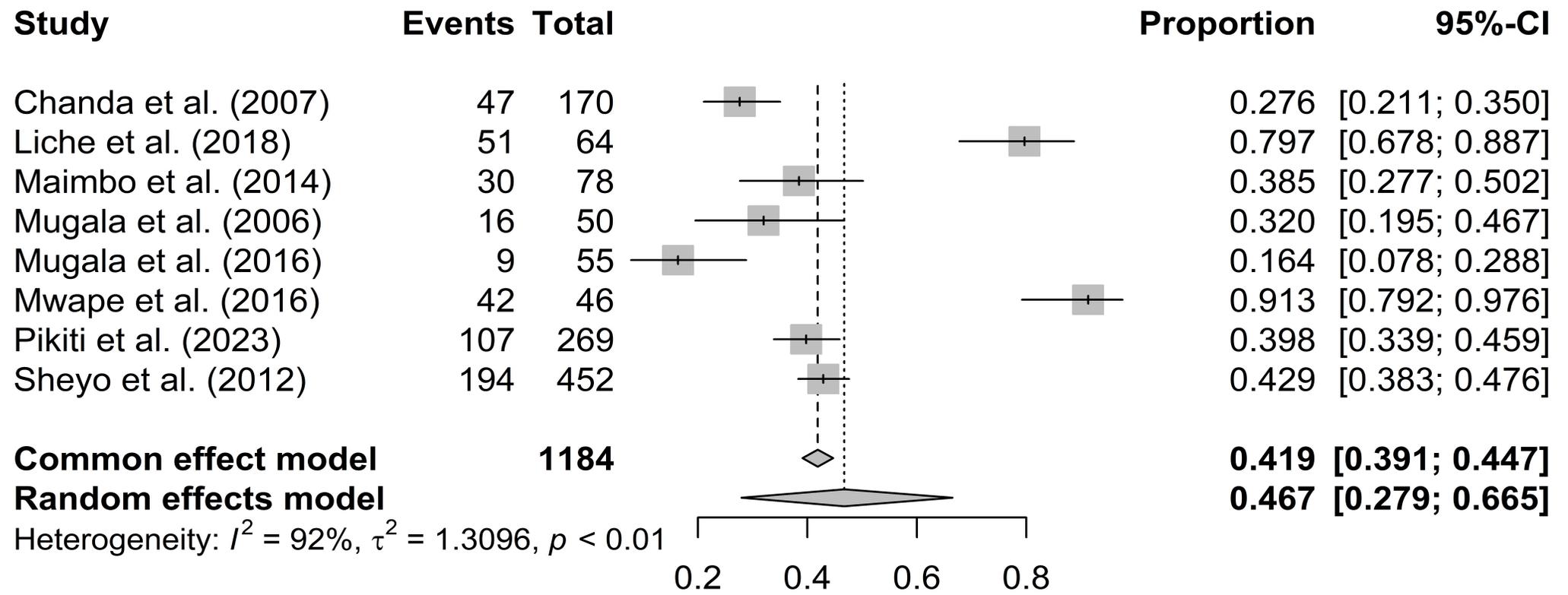
- The total number of burns patients identified in this study was 8710,
- The mean age was 7.8 years
- Male to female ratio was 1.
- Mean total burnt surface area was $< 10\%$

Commonest cause of burns was scalding (70%).



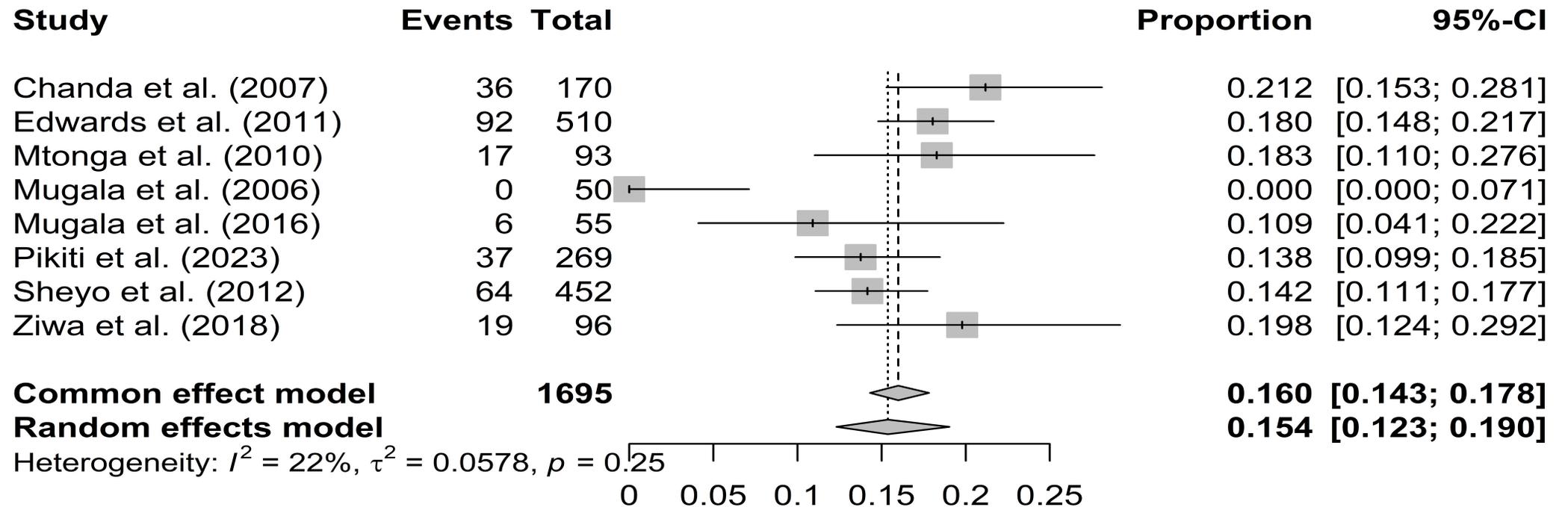
Infection rate

■ Average rate- 46.7% (27.9-66.5).



Mortality Rate

Average rate- 15.4% (12.3-19.0)



- ❑ The average length of hospital stay was 15.7 days.
- ❑ 2649 surgical operations were reported across five studies- high burden of contractures needing surgical intervention representing nearly 80% of burns surgical operations.
- ❑ Prevention studies showed low levels of burns prevention knowledge in communities.
- ❑ Research was non-existent on various burn-care components.

Recommendations for Burn Care by Zambian Research

Recommendations	Author
Need for burns centre creation	Maimbo et al, 2014
Burns prevention programs	Mugala et al, 2006; Goran 2011, Heard et al, 2013; Pikiti et al, 2023
Routine culture and sensitivity profile and enforcing infection prevention protocols	Mwape et al 2016; Mugala et al 2016; Ziwa et al, 2018
Health worker training (basic plastic surgery and emergency burn care)	Nath et al, 1996;Goran et al, 2011; Munjili et al, 2020

Conclusion

- This study highlights a high disease burden of burns resulting in complications and limited research.
- Strides to improve care must focus on increasing research funding, mentorship, translating research into practice, health worker training and community prevention efforts.

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Zambia
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Remembering Dr
Mtonga Matolase
(1987-2021)



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