

## Burns in South Sudan

Life in South Sudan is hard for most families. Many have had to seek shelter in camps run by the main international agencies within South Sudan and some have had to make the long trek with their families to seek refuge in a foreign country. A life in camps awaits most of them.

Caring for a young family, keeping them free from disease and cooking for them on the road is always difficult and dangerous. UNICEF have highlighted recently the danger of open fires and burns especially amongst the children who have little sense of their danger.

Simple gas burners or open fires is the normal way for so many South Sudanese people to cook at least twice a day. Burns typically occur to arms or legs but occasionally the scalp and trunk are affected as well. The immediate danger of burns is the loss of fluid from the open wound and in the medium term the danger of infection which rapidly spreads to the kidneys and liver and can be a killer.

In the west fluid replacement is an essential factor in the immediate management of the burn. Carefully monitoring of the patients is essential to ensure that fluid loss is carefully balanced with fluid input.

In South Sudan there is little access to intra venous fluids and so oral fluids have to be used. Children are understandably reluctant to drink when they are unwell and fluid replacement in South Sudan can be a real challenge.

Ideally soothing antiseptic cream should be applied to the wound site but drugs and ointments are a scarcity and even simple pain relief is not available for this exceedingly painful condition.

If the child survives the fluid loss and the risk of infection has passed then healing may take place. As the surface of the skin has been removed by the burn, healing can only occur by scar tissue being laid down which slowly over time contracts. Joints are fixed in awkward fused angles and this may affect any joint including the neck, arms or legs.

In South Sudan there is little access to surgery as they are not only short of surgeons but have few sterile theatres and equipment is not adequately maintained. Ideally such contractures that will inevitably form after a burn can be avoided by skin grafting but this is rarely available in South Sudan.

The Sudan Medical Link (SML) continues to raise funds for drugs to be purchased for key clinics around the country. More importantly clinical officers are being trained to identify children and adults at risk of burns. Careful wound management and referral for skin care and possible grafting is possible through the good practice of these officers.

We have two major fund raising opportunities this summer for SML. We have a soiree in Cranborne on July 5th and a Garden Party in the Bishops Garden, South Canonry on June 17th. More details on the website.

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