

DEVELOPMENT AND RESULTS OF MEDICATIONS OF THE BURNS

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The assessment of results for development and medications of thermal trauma, no matter of curative link location is a difficult, responsible and important action. Its criteria occupy a central place in this analysis. We define them in this way:

- organized periodicity,
- operative activity and operative methods,
- common death-rate and boundary states,
- conditions for work of personnel and conditions to the medication.

The purposeful and systematic care for stricken people from burns in the town of Varna started with development of the Higher Institute of Medicine in 1961. The acquiring of classical methods, clearing principles, creating system for medication under conditions of common surgical ward-clinic went on 15 years till 1976. During the second period (1977-1986) of 10 years, an independent sector was built and own constructed were positions and attitudes toward the problems of the disease burns and its medication.

The third period at presence is characterized by building of our own basis and its fitting up, completing and teaching of specialized team in the special departement.

Nowadays, the operational activity is a reflection of radical changing the medication of the burn injury. The sharp growth of operational activity is based on the circumstance that when we have deep thermic damages we transform every bandage in operation with narcosis. During the operation necrectomies with alo- or xenotransplantations are acomplished.

There is no growth of mortality rate which remains unchanged despite the large operational activity. Conflicting with life traumas are included in this mortality when there are 90% burns of the surface of human body.

The analysis of used operational methods pays attention to the prevalent participation during the third period in application of net-like mesh shown in all operations with its participation independently or in combinations. This fact comes from the circumstance that the contemporary sharp electrical and mesh dermatoms have changed

our technical abilities and attitude towards the exploring of this kind of dermatoms convincing us in the good results from their application even in the functional phases in the areas of joints.

It is necessary to underline that during the third period in the Clinic, 3,7% of the patients had higher then 50% burns on the surface of the body. We consider the recovery and restoration of the ability to work of the patients with 85% as a considerable result.

Staff's working conditions and that for the medication of the patients with burns influence on teams' working ability and patient's emotional and physical stability. The application of the modern tactics and methods for medication of burns depends too much on these conditions and on equipment. We think that in the present third period, these conditions are normal even optimal in the reconstructed Clinic for thermic trauma and plastic surgery.

The admission of the stricken people is decomplished in self-contained consulting room of Clinic. During the acute period the medical treatment is carried out in an intensive sector of the ward with medication on fluid bed ability, hydrotherapy and dosed internal tube feeding with monitor when it's necessary. The bandages with necrectomies with alo- or xenotransplantation are made in a special operating room on the territory of Clinic.

In medication necessity in department of reanimation of the hospital patients with burns are hospitalized in separate hall with fluid beds.

Autotransplantation and corrective or reconstructive operations are made in aseptic operational hall in a common operational block of the hospital.

We can draw the conclusion from the presented data that the medicational development of the burns in Varna is ascending, reaching optimal results as a basis of future progress.