

The 'Betadine Test' – a simple clinical adjunct to differentiate deep burns requiring excision from those with the potential to heal spontaneously.

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Burn injuries can be divided simply into two groups – those expected to heal spontaneously, and those that are not. Most techniques for burn wound depth assessment are of variable accuracy encouraging some to rely on objective aids such as laser Doppler examination. Such aids are often not available in the acute setting of burn management and reliance upon them may delay initiation of treatment. Clinical assessment remains the mainstay of burn depth assessment. The Betadine Test is a useful, cheap and fast clinical adjunct to assist the burns surgeon in burn depth assessment and subsequent decision making on further management.

The betadine test is based on the degree of dermal vascularity present reflecting the thickness of dermal injury. Following initial debridement of the burn wound, betadine solution was applied to the wound as part of the standard surgical sterile preparation. After three minutes, a visual assessment is made of the degree of betadine 'wash off' from fluid extravasation. A high degree of fluid extravasation leaving a pink dermis was classified as betadine-positive, while any staining of the dermis with betadine was classified as betadine-negative test.

Here we present a poster detailing the Betadine Test including three case examples of differing burn depths, including full-thickness, mixed-depth and superficial-thickness burns, and a detailed explanation of the anatomical vascular basis for this reliable test.

Nominated Stream: Poster Research