Patient satisfaction with facial and neck burn rehabilitation
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Introduction and Aim
Patients' experience with Speech Pathology and facial/neck burn rehabilitation has not been discussed in the literature. In addition, the way in which patients view the severity of their facial and/or neck burns and the perceived impact on movement, pain and appearance has not been explored. We report on these elements and also consider expert Speech Pathology ratings of facial/neck burn severity and how these compare to patients' self perceptions.

Method
- Survey distributed to participants (phone, face to face, or post)
- Patients recruited were 18+ years of age, were at least three months post burn and had sustained partial thickness to full thickness facial and/or neck burns.

Results
- Participant profile
  - n=13 (10 Male, 3 Female), Mean age = 44
  - 44% had facial burns only, 39% had face and neck burns
  - 46% of the patients required skin grafting to their face and/or neck

Satisfaction with Speech Pathology Service
- 100% patients were highly satisfied with the service, reported they received adequate intervention and that they could complete their therapy program at home independently.
- 100% reported receiving ROM exercises however 40% did not recall receiving written education and 15.4% did not recall receiving verbal education.

Interventions and Perceived Barriers
- The range of interventions provided (e.g. ROM exercises, splinting, garments) were generally reported to be useful
- Two thirds of patients reported barriers to participation, see Figure 1.

Figure 1. Self Reported Barriers to Participation (n =9)
- Other
- Pain
- Lack of motivation
- Anxiety
- Fear
- Availability of therapist

Negative Impact of Facial and/or Neck Burn
- There was wide variation in responses regarding the impact of burns on movement, pain and appearance, regardless of the severity of burn, see Figure 2.

Ratings of Burn Severity
- There was variation in severity ratings between patients and the expert Speech Pathologist with the expert rating generally more severe than the patient rating, see Figures 3 and 4.

Discussion and Future Directions
Patients reported significant issues with aesthetics, pain and reduced range of movement following their injury. Barriers to participation in therapy such as pain, motivation and anxiety need to be considered and addressed when prescribing treatment programs for facial and/or neck burn patients to ensure optimal scar outcomes. Furthermore, exploration of the differences in patient perception of burn severity compared with expert clinician severity ratings is required as this may impact on patients' understanding of the importance of early, intensive rehabilitation and their compliance with therapy.