

Foot burns: A retrospective review of clinical characteristics and outcomes from 2014 – 2019

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Results

There were 886 patients [n = 293 female, n= 593 male] whom suffered foot burns to the unit in the in and out patient setting.

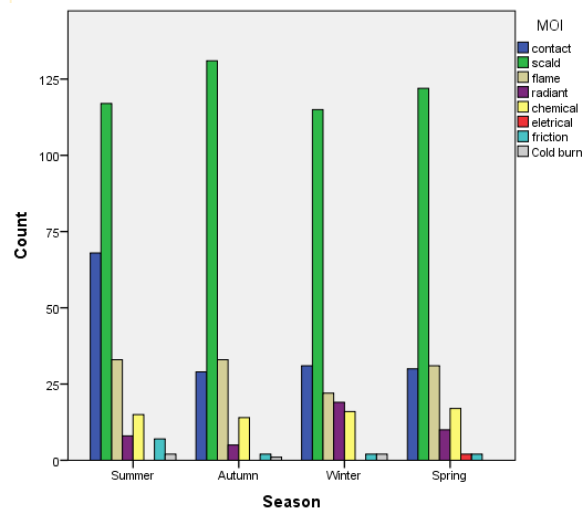
- Average age was 42.76 years +/- 18.47 SD ranging from 21 – 87 years.
- Average TBSA was 2.31% with 20.0% of all patients requiring grafting.
- 15.2% of presentations were diabetic patients.
- Summer was the most affected season (28.2%), followed by autumn (24.3%).
- There was inadequate first aid with water greater than 20 minutes for 48.1% cases.
- Average length of stay for patients was 4.21 days.
- There was a statistically significant mean difference between diabetics and non-diabetics for TBSA [t(884) = 2.073, p =0.038], number of operating sessions [t(884)=-2.123, p=0.034], length of stay [t(884)=-2.430, p=0.015], gender [t(884)=4.547, P>0.001] and first aid adequacy [t(884)=6.926, p< 0.001].
- Multiple regression analysis was undertaken to predict length of stay from age, gender, TBSA, mechanism of injury, season, and diabetes. From the model, TBSA, season and diabetes were statistically significant for increased length of stay F (6,879) = 34.051, P=0.02, R2 = 0.189.

INTRODUCTION

Foot burns pose a clinical challenge across multidisciplinary teams to yield a good outcome.

Foot burns represents a small percentage of the body (3.5%), but it has major impact on hospitalisation, length of stay and long term outcomes for patients.

A retrospective audit from 2014 – 2019 at Concord General Repatriation Hospital Burns Unit. All foot burn injuries from 2014 – 2019 of all ages and gender that attended Concord burns hospital were included in this study.



Discussion

- ❑ Foot care requires multidisciplinary care that focuses on medical optimisation and function.
- ❑ Patients with diabetes pose a unique set of problems with micro and macrovascular complications that patient and clinician should be aware of during treatment.
- ❑ There are differences in educational awareness for diabetic patients during seasonal changes.
- ❑ Allied health, diabetic educators, GPs and nursing care are the foundation for good outcomes in the outpatient setting.
- ❑ The majority of foot burns presents to outpatient settings.
- ❑ Discharge planning with allied health, specialities and GPs should be finalised on discharge for all patients.

