

The use of Algivon® on a burn to the face, neck and scalp

Jacky Edwards - Clinical Nurse Specialist - Manchester Burns Service, University Hospital of South Manchester NHS Foundation Trust

Mrs X a 34 year old woman was injured when she had applied lice lotion to her hair and then went too near to a naked flame. This caught fire and she was left with 4% Total Body Surface Area (TBSA) burns to the right side of her face, neck and scalp (see fig: 1).



Fig. 1 - Initial burn

These were predominantly deep dermal in nature with a small 0.5% TBSA that was full thickness. Surgery to this area is not normally undertaken lightly as scarring can be significant, and it is difficult to recreate anatomical structures such as the ear. Initially she was treated with Atrauman and Flamazine which is standard practice, but as the wound was deeper and there was risk of more significant

scarring, it was decided to treat her conservatively with Algivon® (see fig: 2).



Fig. 2 - Burn prior to application of Algivon® and after Flamazine.

The patient found the dressing comfortable and soothing as well as easy to remove. The dressing was relatively easy to apply and once it had warmed up, it became very conformable and easy to use (see fig: 3 & 4).



Fig. 3 & 4 - Algivon® in situ.



Fig. 5 - Post Algivon® application.

The dressing was changed every 2-3 days minimising nursing time and trauma to the wound bed. The promotion of autolytic debridement prevented the need for surgery, whilst maintaining an antimicrobial

environment. Staff found the dressing easy to apply and remove and no adverse effects were noted (see fig: 5).