

Burn Blister Deroofing Guideline

Deroofing of a burn blister is a clinical procedure, which enables removal of the burn blister fluid and of the dead tissue.

Deroofing procedure

SKILL SET	<ul style="list-style-type: none"> ☑ Only a practitioner experienced and confident in burn blister management technique should perform the deroofing procedure using appropriate tools
TIMING	<ul style="list-style-type: none"> ☑ Perform on the day of initial assessment to avoid re-adherence of non-viable tissue to the wound bed
TECHNIQUE	<ul style="list-style-type: none"> ☑ Administer analgesia and allow time to be effective, as deroofing procedure may transiently increase pain ☑ Clean the wound with water or saline ☑ Remove all non-viable tissue from the wound bed using either mechanical debridement with moist gauze or sharp dissection with scissors and forceps ☑ Snip the blister, drain the fluid and cut away the dead or devitalised tissue carefully up to (but not including) the margin of sensate tissue ☑ Do not perform blister needle aspiration as bacteria may be introduced into the space and incite infection ☑ Send images of cleaned burn wounds to the local Burn Service via www.trips.nhs.uk

CONTACT DETAILS



www.trips.nhs.uk

St Andrews Burns Service
Broomfield Hospital (Chelmsford)
Adults/Children **01245 516037**

Chelsea & Westminster Hospital (London)
Adults **02033152500**
Children **02033153706**

Queen Victoria Hospital (East Grinstead)
Adults **01342 414440**
Children **01342 414469**

Stoke Mandeville Hospital (Aylesbury)
Adults and Children **01296 315040**

Mechanical debridement with moist gauze for thin-walled blisters



Sharp dissection with scissors and forceps for thick-walled blisters



Dressing a burn wound after deroofing procedure

- ☑ Cover cleaned burn wounds with loose longitudinal strips of Cling Film for all patients requiring prompt transfer to the **local Burn Service**. Do not apply Cling Film to face.
- ☑ Apply a non-adherent primary dressing with a secondary absorbent layer to optimize healing time, reduce hypertrophic scarring, improve the functional and aesthetic outcomes and offer a better option for comfort. Further wound care information in **LSEBN Initial Management of Burn Wounds**.
- ☑ Do not use any topical agents, as these are ineffective when placed on intact blisters and should not be used unless the blister has been fully deroofed and only following a consultation with the **local Burn Service**.