

Burn Blister Deroofing Guideline

South West Burn Care
Operational Delivery Network

Deroofing procedure	
SKILL SET	Only a practitioner experienced and confident in burn blister management technique should perform the deroofing procedure using appropriate tools.
TIMING	Perform on the day of initial assessment to avoid re-adherence of non-viable tissue to the wound bed.
TECHNIQUE	- 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 infections. - Send images of cleaned burn wounds to the local Burn Service via http://referrals.mdsas.com/

SPECIALISED BURNS SERVICES

The Welsh Burns Centre & Paediatric Unit

Morrison Hospital, Swansea
Tel: 01792 703 802
Switch: 01792 702222

SWUK Paediatric Burns Centre

Bristol Royal Hospital for Children
Tel: 0117 342 7901
Switch: 0117 923 0000 (Bleep 6780)

Bristol Burns Unit

Southmead Hospital
Tel: 0117 414 3100/3102
Switch: 0117 950 5050 (Bleep 1311)

Salisbury Burns Unit

Salisbury District Hospital
Tel: 01722 345 507
Switch: 01722 336262

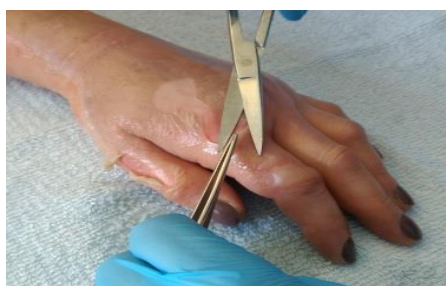
Plymouth Burns Facility

Derriford Hospital, Plymouth
Switch: 01752 202082 (Bleep 0024
Plastics Trauma Team)

Mechanical debridement with moist gauze for the thin-walled blisters



Sharp dissection with scissors and forceps for thick-walled blisters



Dressing a burn wound after deroofting 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 the face.
- ☑ Apply a non-adherent primary dressing with a secondary absorbent layer to optimise healing time, reduce hypertrophic scarring, improve the functional and aesthetic outcomes and offer a better option for comfort. For further information on wound care see [SWUK Wound Management Guidelines](#).
- ☑ 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 deroofted and only following a consultation with the [local Burn Service](#).

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