Flaminal Forte: Does it have a role in the management of acute burns

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Introduction
Flaminal Forte has been previously trialled at RNSH and found to be effective for use in Chronic Ulcers and some superficial burn scenarios. The product has become more widely available in recent times especially in the community. The question to be asked is whether Flaminal Forte should considered a valid alternative in burn wound management, considering the success and diversity of silver applications available as front line treatments for acute burns. Currently Flaminal Forte has been used as a primary treatment option on 23 patients with Partial Thickness burns less than 15% TBSA. It has been used on 4 patients with radiation burns, and one patient with a severe reaction to SSD. These cases were used as examples to aide in determining if Flaminal Forte does have a role in acute burn wound management.

Aims
1. To determine if Flaminal Forte is a viable alternative to Silver products for the management of partial thickness burns
2. To determine if Flaminal Forte has a role in complicated non-healing burn wounds & burns from Radiation (Moist Desquamation)
3. To ascertain if the pain relieving aspects of Flaminal Forte apply for larger and deeper surface area burns.
4. To create a guideline for the effective use of Flaminal Forte in the burn clinical setting.

Methods
1. Patients were identified and selected to trial Flaminal Forte based on pain associated with other products, allergy to silver, and those with clinically diagnosed partial thickness burns.
2. Patients who could not have silver dressings due to current therapy were identified ie; Radiotherapy.
3. Patients were informed and educated about Flaminal Forte as an alternative wound management strategy and consent was obtain to use the product.
4. Patients were assessed for levels of pain, wound healing rates and ease of use.

Results
There were 23 cases of clinically diagnosed Partial Thickness burn Injury where patients had found silver application particularly painful. All 23 were offered Flaminal Forte as an alternative. In all cases pain was reduced significantly using the Numerical Faces Rating Score and all burns were healed in 9 to 14 days.
There were 4 cases of radiotherapy burns (Moist Desquamation) where the patients were still undergoing therapy. As silver was not a viable dressing Flaminal Forte was used as an alternative. In all 4 cases the level of pain was significantly reduced and the time to wound healing was reduced from 21 days to 12 days on average.

Case Examples

Discussion
Flaminal Forte has proven itself to be an alternative first line treatment to Silver based burn therapies when the burns are partial thickness, the patient has an allergy to silver or the pain associated with the dressing procedure is high. Patients with Bacterial colonisation and commenced on Flaminal Forte were shown to have a decrease in bacterial growth, but further investigation would be required to determine if thorough wound cleansing contributed to this finding.
Patients with radiotherapy burns demonstrated marked improvement both in terms of wound healing and pain. This may be attributed to the fact Flaminal Forte can be commenced whilst the patient is still undergoing radiotherapy treatment meaning treatment can be delivered in a more timely manner.
The anti-bacterial function of Flaminal Forte has been described in the literature but further investigation is required in the clinical setting to assess its capabilities in this area. Flaminal Forte is now available as a alternative treatment for both burns and chronic wound management at RNSH and has been trialled successfully in the community meaning patients can have access to the treatment on both an inpatient and community outpatient setting.

Conclusion
Flaminal Forte has proven itself as a viable treatment alternative to silver based products and should be given consideration for use for patients who have superficial to partial thickness burns where pain is a major issue, for patients undergoing radiotherapy, and those patient with potential allergies to silver based products.
We have found it has a definite role to play in the treatment of acute burns and should be considered as a treatment option for Partial Thickness burn injuries.

References
* For more references see 1st Author