Burn and Plastic surgery unit in Bangladesh
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Chemical (Acid) Burn is a social problem in our society. To cater for these victims, there is a special Burn unit in Dhaka Medical College Hospital. In addition, domestic burns, flame burns, electric burns are also very common in our country. Due to carelessness, a person may be crippled for whole life from severe Burn. Majority of these injured are from the poor community and cannot afford private treatment and rely on government hospitals.

Burn incidence in Bangladesh
Throughout the country, an estimated 1% of the population suffers from different types of burns each year. The common causes of burns in Bangladesh are as follows:

A. Flame burn: 75% of incidences occur due to flame injuries -
   i. Accidental:- this occurs mainly in the home during household work like cooking, particularly from gas leakage or burst stoves, and setting clothes alight. Women and children wearing "Shari" or "Orna" are the major victims.
   ii. Trapped in a burning house.
   iii. Using fire pots for warming in the winter, especially old people and children.
   iv. Warming the lower part of the body after delivery specially women in remote village areas.
   v. Homicidal and suicidal:- Pouring kerosene oil, diesel, gasoline or other inflammable liquids onto a human body and setting alight.

B. Others: About 20% burns are electric burns. The cause of electric burn is mainly accidental. The majority of such cases occur due to electric short circuits in garments factories or other small factories, congested markets and slum areas.

C. Acid burn (chemical burn): These are almost all homicidal cases except a very few reported cases of accident. Nitric acid, sulfuric acid and hydrochloric acid are the most common examples. This constitutes 5% of total burn cases.

History
In 1972 after liberation, Prof. R. J. Garst came to Bangladesh to help the crippled freedom fighters. After commencing treatment, Prof. Garst realized that a Plastic surgeon was very much needed to help the injured freedom fighters. To fill this vacuum, he arranged to bring Dr. Pervez Bazliel, Plastic Surgeon from Ludiana, India to Shaheed Suhrawardy Hospital at Sher-E-Bangla Nagar, Dhaka in 1974. I joined in 1975 in Plastic Surgery at SSH. This was the beginning of the concept of plastic surgery in Bangladesh. However, following his sudden demise in 1978, there was acute shortage of trained plastic surgeons. So, I was deputed by the govt. for a Diploma training course for 9 months in Vienna, Austria. In 1986, Professor Shahidullah, the 1st Bangladeshi Plastic Surgeon joined Dhaka Medical College Hospital & I joined as Assistant Registrar and subsequently Dr. Sayed Shamsuddin Ahmed (acting Professor in Burn Unit) also joined Dhaka Medical College and Hospital.

Late Prof. Kabiruddin Ahmed, the then Head of Department, Surgery, DMCH had started a campaign along with Prof. Shahidullah for a separate Burn & Plastic Surgery unit at Dhaka Medical College Hospital. The 1st proposal for making a separate unit for Burn & Plastic Surgery in Dhaka Medical College Hospital was given by Prof. Dr. Md. Shahidullah in 1986.

In 2003, a separate unit for Burn patients was started with 50 beds and now this unit has extended to 100 beds for both Burn & Plastic Surgery patients. Within the existing facilities

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and limited manpower, the burn unit is trying to best serve the patients.

However, in the new unit, all modern facilities for burn patients are being planned. In addition there will be a teaching centre for plastic surgery and nationwide training in burn care.

Additionally, to render the health service facilities to the burn patients, we also conduct various charity programs within the unit. Accordingly, different voluntary organizations from UK, Italy, Australia, USA, & Japan are visiting the unit along with their Plastic Surgeons and Anaesthesiologists and performing free Plastic surgery in the burn unit of DMCH on the occasion.

We also conduct countrywide "Mobile Cleft Lip" program with support from Director General Health and Ministry of Health & Family Welfare, Govt. of Bangladesh. Doctors of Burn unit of DMCH go to the different Govt. District Hospitals & Upazilla Health complexes to perform Cleft Lip operation free of cost for the poor girls in the villages.

The Burn & Plastic Surgery unit mainly deals with acute burns and post burn complications along with other form of reconstructive surgery.

Conclusion
The Burn and Plastic Surgery unit is the only government referral hospital for burn patients in the country. The unit gets patients from almost all districts of the country. About 73% of the patients who were admitted in the unit during a study report conducted in 2004 were from Dhaka and nearby districts and the rest, 27% came from other parts of the country.

There should be the provision of training and sensitization of personal dealing with burn patients. Expert and specially trained doctors as well as paramedics should be given priority for working at very specialized burn hospital. More care should be given for handling of burn cases. Moreover, we urgently need to open a small unit of Burn & Plastic surgery in every Medical College Hospital to cope with the overwhelming mass of patients in our country.

A prevention campaign should also be launched immediately, involving the government, public health workers, health related NGOs, media and other concerned business organization like electric supply authority to reduce the incidence of burn accidents in the country. Along with treatment, the long-term goal of the project is to reduce the incidences of burns in the country.

References
2. Annals of Burns and Fire Disasters. 1999 (June); XII (2).