



Roads to Rehab  
Nepal

## WELCOME TO OUR DECEMBER 2023 NEWSLETTER

In this newsletter we thought we would tell you a little about burns injuries in Nepal. MeRO recently had five patients with burns-related injuries all at the same time – one adult and four children.

In Nepal significant burns are the third-most common cause of injury affecting 2% of the population every year. Patients with burns are regular visitors to the Shelter because burns injuries are responsible for 5% of all disability in Nepal.

The high incidence of burns injuries is related to widespread energy poverty. In women and children burns are most commonly caused by cooking on open fires or using open fires for heating purposes. Babies, like Dipsika are often bundled up in flammable blankets and put close to the fire for warmth.



Burns injuries affecting men are more likely to be caused by electrocution, usually in the workplace. However, having said this, two of MeRO's four children – Sarbendra and Nirman - were admitted with burns injuries and were electrocuted by touching live wires, not knowing what they were. Electrocution related burns injuries regularly result in amputations.



With burns injuries, timely access to emergency care and resuscitation is critical but this does not always happen. 20% of people in Nepal with burns experience delays in accessing medical care including first aid, treatment, surgery, nursing care and physiotherapy. There are many reasons for this which include poverty, low health literacy, a lack of both nearby appropriate health facilities and suitably skilled medical staff who can manage such injuries appropriately and effectively. In addition to this, hospitals are under resourced; both public and inter-hospital transport are difficult to access due to proximity to both hospitals and a road network, challenging terrain and the cost of transport. There is currently only one specialist burns hospital in Nepal which is located in Kathmandu. It has a skin bank, but there are difficulties with access to that too.

For patients in Nepal who experience burns to more than 40% of their total body surface area, mortality rates are 95 to 100%. Even with smaller burns, time is critical to prevent sequelae of burn injuries like shock, acute kidney failure, compartment syndrome, wound progression and infection often resulting in amputation and burns contractures. The latter require regular release through surgery.



Seven-year-old Manita, a recent admission to the Shelter, had languished in a local hospital for ten days or so with burns to 30% of her body. Eventually she was referred to MeRO, but it was a long time before she commenced appropriate treatment. She has since been discharged following several surgeries, lots of nursing care and physiotherapy.

Nine-year-old Jesika was brought to the Shelter in an even more dire situation than Manita, with burns to 35% of her lower body. Her condition was critical but whilst she remains in hospital, she has progressed through paediatric ICU



to a general surgical ward and will eventually be transferred back to the Shelter once her wounds are healed.

Like so many burns patients in Nepal, all these patients will require multiple surgeries over the years to release burns contractures.

You will remember Dipshika who was a patient at the Shelter 12 months ago. She returned for a release of yet another burns contracture, this time to her forefoot. She had a happy time once she got over her surgery, as for the first time ever she got to celebrate her birthday! Not only that, MeRO ensured she celebrated in style with her first ever birthday cake! She has fully recovered but is waiting for new splints as she has grown so much over the last 12 months! She will then be discharged home.



### MERO NEWS:

Other patients include 24-year-old Sita who had second degree burns to her face, limbs and neck but has now been discharged following successful contracture release, nursing care and all-important physiotherapy.



36 year-old Sita has had the first of two hip replacements for an injury incurred when she was a child. She does not know what happened.

Samrat said "Our organization works to help people with their medical rehabilitation which usually starts after a big life changing surgery, but for many, to reach this stage is nearly impossible. When initial treatment becomes so costly, many die without hope. Sita's treatment was the biggest finance we have ever had to find. The hospital wants US\$7500 (NPR 800,000) to complete her surgery for both hips. This is huge but not impossible".

Thanks to some wonderfully generous donors, Sita has had her right hip replaced, and is making a great recovery. She will then be recalled to have the left hip operated on. Donations from the wonderfully generous people referred to above will help cover the costs of the left hip replacement too. Sita's husband abandoned her and she has been bedridden for the last 9 months however she will no longer require constant care from her 14 year old daughter who can get on with the business of going back to school!



Mansara, was a patient at MeRO a few years ago. She was operated on for osteosarcoma and had screws inserted into her hips. She recently returned to have these removed as her bones are strong now and the doctors did not want to risk the development of osteomyelitis from these foreign bodies. She made a great recovery and was discharged home.

### THANK YOU

As always, we cannot thank you enough for your generosity.

If you missed any of our newsletters, you will find them all, along with our annual reports on our website <https://roads-to-rehab-nepal.org/reports>

Any questions, email us on [info@roads-to-rehab-nepal.org](mailto:info@roads-to-rehab-nepal.org) or contact us via our website [www.roads-to-rehab-nepal.org](http://www.roads-to-rehab-nepal.org)

With best wishes and grateful thanks,

*Virginia Dixon*

President, Roads to Rehab Nepal

