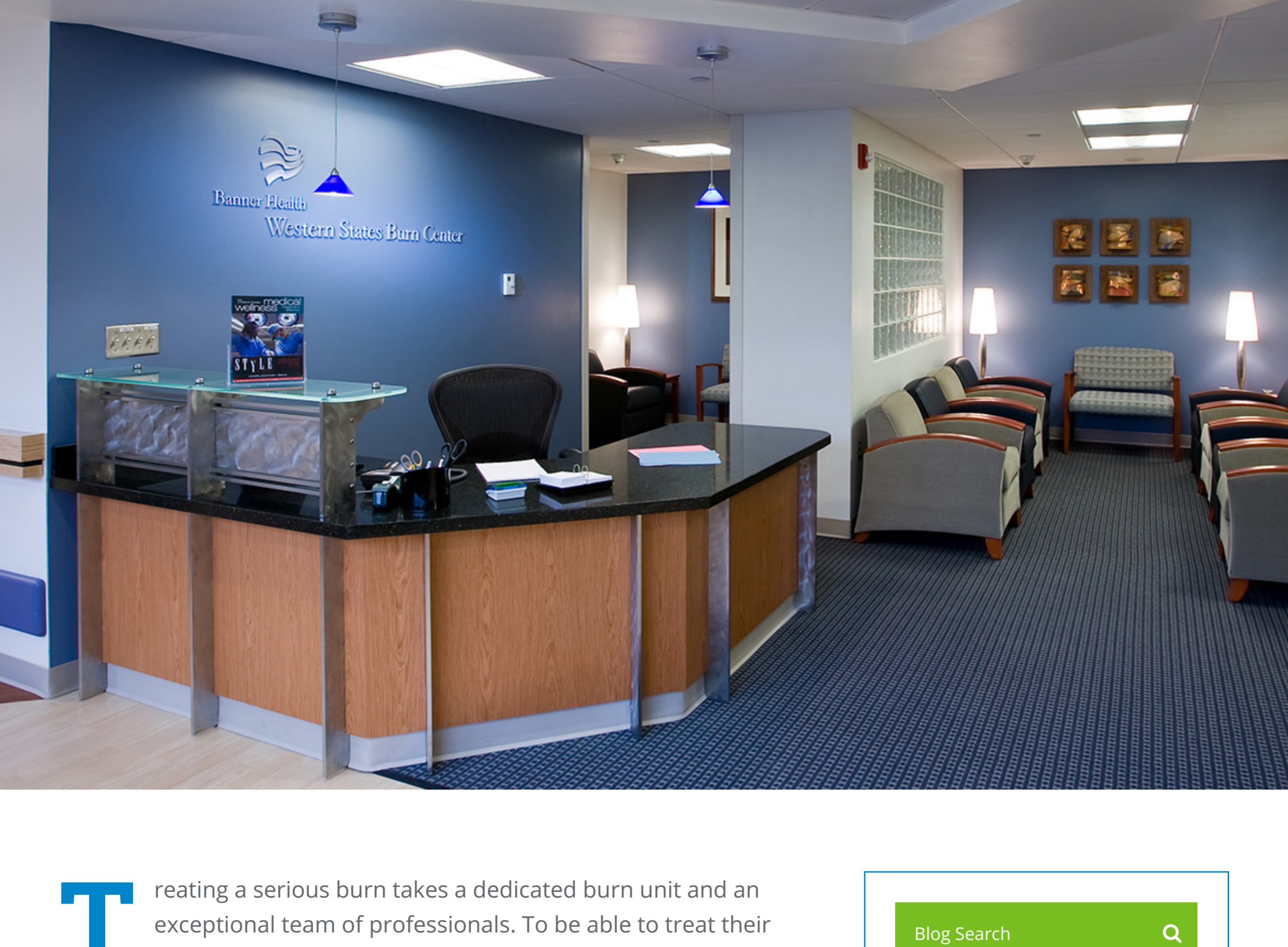




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Surviving Trauma: A Burn Surgeon's Perspective

by Jason Webb



Treating a serious burn takes a dedicated burn unit and an exceptional team of professionals. To be able to treat their patients, burn professionals must be compassionate, highly trained, able to work as part of a team and ready to help people on very likely the worst day of their life.

In Greeley, Colorado, you will find one of these specialized units on the third floor of North Colorado Medical Center. For more than 30 years, the Western States Burn Center has treated patients from Colorado, Idaho, Kansas, Montana, Nebraska, North Dakota, South Dakota and Wyoming.

The 10-bed inpatient wing and outpatient clinic are staffed by a group of highly-skilled professionals. **Lyndsay Deeter, MD**, is one of the 2 physicians at WSBC. She got her start in burn surgery when she was a third-year resident at one of the nation's busiest burn centers, Maricopa Medical Center in Phoenix. Her experience there helped convince her that burn care was the right place for her.

Why specialize in burn care?

The [American Burn Association](#) reports 486,000 burn injuries received treatment in 2016, which included 40,000 hospitalizations. Of those hospitalizations, roughly 30,000 were treated in a specialized burn center. According to an American College of Surgeons' Health Policy Research Institute [publication](#), there were only 123 burn centers in the United States in 2011—a number that has steadily declined from 180 in 1976.

As a third-year resident, Dr. Deeter was managing the burn service at Maricopa Medical Center. They would have anywhere between 30 and 50 patients on service at a time, and while she was learning a lot from the attendings and enjoyed the work she did, she remembers the night that cemented her decision to go into burn surgery.

"I had a patient come in who was 90% burned," Dr. Deeter said. For perspective, major burns are those that cover 20% total body surface area, and for every 1% of burn coverage, patients can expect to be in the hospital for at least one day. This patient was facing a long, tough recovery.

But, he had already proven he was tough. He had been born with only one normal leg, but he overcame any obstacles he faced and became a rodeo cowboy—while wearing prosthetics. On that fateful night, his home caught fire.

As the family home burned, the cowboy helped get his family to safety. However, as he was trying to get himself out, the floor collapsed, trapping him in the fire.

"The first two months that I took care of him when I was on service, he was unresponsive," Dr. Deeter said. "He was intubated. He had a breathing tube in. He had a trach and was on a lot of medications."

Dr. Deeter treated him for two months before her service ended, and she went on her rotation in Portland, Oregon. She kept tabs on the patient when she could and saw a video of him taking his first steps after the accident.

When she rotated back to Maricopa, Dr. Deeter went to visit the patient and his wife in his hospital room. The wife introduced Dr. Deeter, and she started talking to the patient. He said, "I don't know your face, but I know your voice."

At that moment, Dr. Deeter knew what she wanted to do.

"You get to take care of the old and the young," Dr. Deeter said. "You can do a lot of good for some people on their worst day."

The rewards of burn care

Shortly after Dr. Deeter finished her fellowship in June of 2015, she took her job at Western States Burn Center. While Western States may not be as busy as her previous stop, the work is just as rewarding.

Dr. Deeter explains that burn care requires a multidisciplinary team to help the patient recover. The team at WSBC includes surgeons, nurses, advanced-practice providers, social workers, nutritionists, pharmacists, infection prevention specialists, physical and occupational therapists, a chaplain and counselors.

For Dr. Deeter, working with the team to help patients overcome their hurdles is one of the most rewarding aspects of her job. One of her favorite days when treating any seriously burned patient is something that some people may take for granted: Standing.

"My very favorite day for any patient of ours is the first day when they are up and standing because it almost flips a switch from sick and dying, trying to keep you alive, to we're in the rehab phase," Dr. Deeter said. "Now we're moving towards this recovery, this survival, and helping these patients sort of determine what they're going to do with this survival from this catastrophic injury."

The entire burn team looks forward to seeing patients come back to the unit, healthy and happy. The team and the patient work very hard to get the patient better. In fact, Dr. Deeter tells the patient that while they are in the burn unit, recovery is their full-time job.

However, as hard as the team works to help heal their patients, there are cases where the challenges are just too great.

The challenges of burn care

Dr. Deeter and the burn care team know there are some cases that may not end the way they want. It, unfortunately, comes with the territory of such severe trauma.

"Obviously, our whole team is in this for helping patients and getting our best outcomes," Dr. Deeter said. "It's very disappointing and heartbreaking when that doesn't happen and doesn't go the way we want it to."

In some cases, the patient is just too critically ill, and the family chooses to withdraw care. Even with advances in burn care and an elite team, there are some cases where the best isn't enough for the patient and the family. But, the toughest cases are when Dr. Deeter and her team have a patient with unexpected outcomes or worse outcomes than they would expect.

Even after treatment, there is a long road of recovery. Not only are there physical injuries, but the emotional damage from the trauma must be overcome. Dr. Deeter notes that some of the patients have post-traumatic stress disorder and others have acute stress disorder. The team's counselors work with them on it, but it's still there.

And, that's why Dr. Deeter wants people to think about how patients with catastrophic burns are treated once they leave treatment.

"People stare. They ask questions. They're rude," Dr. Deeter said. "Try not to see patients for their burns but see them for how beautiful they are for overcoming that injury, to enter that survivorship and the gusto to go out and find their new normal."

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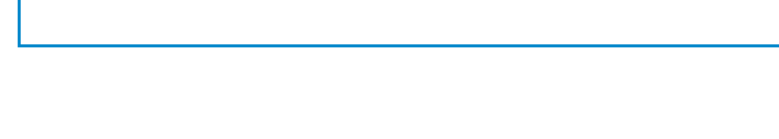
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