Deroofing of a burn blister is a clinical procedure, which enables removal of the burn blister fluid and of the dead tissue.

### 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 infection.
- Send images of cleaned burn wounds to the local Burn Service via telemedicine, if available locally.

#### Mechanical debridement with moist gauze for thin-walled blisters

#### Sharp dissection with scissors and forceps for thick-walled blisters

#### Dressing a burn wound after deroofing 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 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.
- 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 deroofed and only following a consultation with the local Burn Service.
References


