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goodfridayappea (**) THE ROYAL CHILDREN'S HOSPITAL



Brax's bravery burns bright

BRAX, 2, SUFFERED BURNS TO 30 PER CENT OF HIS BODY WHEN HE SPILT BOILING OIL ON HIMSELF. NOW BANDAGED FROM TOP TO TOE, HE'S MAKING A REMARKABLE RECOVERY



IT'S the split-second, innocent act of a toddler that upon watching you wish you had a superhero pause button to freeze time.

Two-year-old Brax Wallner was watching his older brother cook chips in the deep fryer when he reached up to grab the pan to help.

"He was screaming. Just from his arm, I didn't even need to look at his belly to know it was serious," dad Gary Wallner said. "His skin was just peeling away."

The accident on March 10 has since up-ended life for the family of eight.

Brax and his mum, Mia Walker, were flown from the Royal Hobart Hospital to the Royal Children's Hospital close to midnight that day for the expert burns care only the RCH could provide.

Mr Wallner flew to

BRIGID O'CONNELL

Melbourne the next day, with their remaining five children having been farmed out to generous locals in their home town of Bushy Park, northwest of Hobart.

The healing process for full-thickness burns is slow and methodical. The skin, being the body's natural barrier to infection, leaves these children at constant risk of infection.

Brax has spent the past five weeks bandaged — initially from the neck to his ankles and finger tips.

Each day he is sedated so he can be bathed and his wounds cleaned, to help the healing process.

Each Monday and Thursday he has undergone another round of skin grafts to repair the 30 per cent of his body affected. Surgeons first remove the dead tissue, before shaving skin from the unaffected areas on the back of his legs, shoulders and calves to patch the damaged areas on his torso, arms, legs, back and hands.

In the past two years, the RCH Trauma Service has treated 20 children for burns involving oil, with six of them — like Brax — requiring skin grafts. The hands are the most common place to be injured by hot oil, followed by the face, arms and legs. Incredibly, Brax missed having any oil land on his face. One drop in his ear was the only liquid to land above his shoulders.

"You know when you're cooking egg in the fry pan and bit of oil splashes up to get you, how much that hurts. I can't imagine the feeling of being covered in that oil,

sitting at 180 degrees," Mr Wallner said. "He's been so brave throughout all this."

The family returned home to Tasmania this week. Brax was finally well enough to get into a pram for the first time last weekend for his first lap outside the hospital ward.

"He was high-fiving people and giving a thumbs-up to everyone he passed. He just loved it," Mr Wallner said.

Brax was transferred to hospital in Hobart for the remaining skin grafts before he can return home to his beloved dog and chooks.

The deep fryer has been thrown away.

"He was a typically little two-year-old, into everything that day," Mr Wallner said.

"The scarring will be bad, but he's just handled it so well. He's never complained. I just want him back to normal." A CHILD's small size and the thinness of their skin, amplify the impact of burns compared to an adult.

Each year almost 550 children seek help as outpatients at the Royal Children Hospital for burns, with two-thirds of them caused by hot liquid or steam.

About 30 per cent of burns are from contact with a hot surface, while the remainder are generally sustained from flames or friction burns.

Each week on average, one to two children are admitted with more serious burn injuries.

Director of the RCH's trauma service and paediatric burns surgeon, Associate Professor Warwick Teague, said it took a team approach to return these children to health.

"After a hot coffee spill, an adult might run it under water and it might hurt a bit. Whereas if a child tips freshly made coffee on them they would sustain a worse injury because of the thinner nature of their skin," Associate Prof Teague said.

"A cup of coffee split on my leg could be five per cent of my total body surface area. On a small child that could be 30 per cent"

He said the success of the unit relied on having a team of specialists to look after the child during treatment and recovery; including the surgical team, burns nurse co-ordinator, hand therapists, physiotherapists and social workers.

"Our primary goal is to get that part of the body back to working order, and make it look as good as we can after that," Associate Prof said.

"The vast majority of our burns will heal well. But for some families, this will become a life redefining injury that will have lifelong consequences in lots of ways for them."