Aim: The COVID-19 pandemic forced huge changes in healthcare delivery in the UK within a matter of weeks. We report our experience of managing burns presenting to a UK Major Trauma Centre during the COVID-19 lockdown period.

Method: Retrospective patient data was collected on aetiology, severity and management of burns during the first six weeks of the government-enforced lockdown. Data was compared with patients presenting with burns during the same period in 2019 (control) and statistical analysis was performed.

Results: Fifteen patients were treated during the COVID-19 lockdown and fourteen in the control group. Adults treated during the COVID-19 lockdown had a greater total body surface area (TBSA) (9% vs. 2.9%, p 0.035) and were more likely to suffer full thickness burns (40% vs. 0%). In the COVID-19 group all patients that did not require resuscitation, seven of whom met criteria for referral to burns services, were managed locally by the plastic surgery department with good outcomes.
Conclusions: Despite the increase in severity of adult burns seen during the COVID-19 lockdown period, local plastic surgery units have been able to adapt their practice and successfully manage more complex burns. This adaptability will be key as we move through the pandemic.