

Greater Manchester Surgical Centre

An NHS and Netcare Healthcare UK Ltd Initiative



GMSC Advice Line: 0161 746 2828

Greater Manchester Surgical Centre
Bowers Avenue
Daveyhulme
MANCHESTER
M41 5SL

Tel: 0161 746 2828
Fax: 0161 746 2817
Email: info@netcareuk.com
Website: www.netcareuk.com

Netcare Healthcare UK Limited
2nd Floor, Tenterden House
3 Tenterden Street
LONDON
W1S 1TD

Email: info@netcareuk.com
Website: www.netcareuk.com

What You Need To Know About Hand Surgery



UNITED KINGDOM

Published by Netcare in December 2004



NHS Treatment Centre



UNITED KINGDOM



NHS Treatment Centre



Contents

Page

1.	Introduction	2
1.1	Types of hand surgery	2
2.	Before Surgery	4
2.1	Pre-assessment clinic	4
2.2	Countdown to surgery	5
3.	During Surgery	6
4.	After Surgery	7
5.	At Home	7
5.1	What to expect	7
5.2	Caring for your cast	9
6.	Practical Tips for Daily Activities	9
6.1	Cooking and eating	10
6.2	Dressing	10
6.3	Showering/Bathing	10
6.4	Advance preparations	11
7.	Complications	12
8.	GMSC Advice Line	13
9.	About Netcare and the NHS Partnership	14
9.1	Netcare	14
9.2	The Netcare/NHS Treatment Centre Partnership	14



1. Introduction

Our hands serve many purposes; they help us eat, dress, write, earn a living, create things and go about our daily business. To do these tasks and activities, our hands require sensation and movement. When a medical condition or problem occurs in the hand, consideration and care must be given to all the different types of tissues that work together to make the function of the hand possible.

In an attempt to help return the hand to its normal functionality, conservative treatments such as therapy and exercise are initially prescribed. If these conservative treatments fail to bring about the desired outcome, surgery on the hand may be required.

Before you agree to any surgery on your hand, you should be aware that it will disrupt your usual daily activity. Planning in advance for your recuperation after the procedure is important.

1.1 Types of hand surgery

Once you have been examined and diagnosed, the surgeon will discuss the type of hand surgery which needs to be performed in order to treat your condition, including:

- Ganglion surgery

- Ganglion surgery
- Tendon surgery
- Amputation of a joint or finger

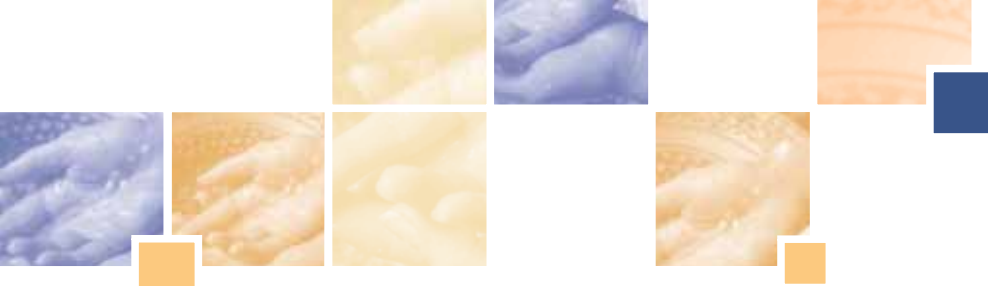
1.1.1 Ganglions

There is no specific cause for ganglion cysts, which are very common masses (lumps) that sometimes grow on the hand and/or wrist. These cysts are generally found on the top of the wrist, on the palm-side of the wrist, the end joint of a finger (mucous cysts), and at the base of a finger. Ganglion cysts usually emanate from nearby joints or tendon sheaths. They can be painful, especially when they first appear or if the hand is used constantly or strenuously. Ganglions often change in size and may sometimes even completely disappear. These cysts are benign or harmless and are not malignant (cancerous).

The objective of the surgery is to remove the source or origin of the cyst. This may require the removal of a portion of the joint capsule or tendon sheath next to the ganglion. If the ganglion is removed from the wrist, a splint may be recommended after the surgery. Some patients may experience tenderness, discomfort, and swelling at the site of their surgery for a little longer than others, but full activity can be resumed as soon as comfort permits. While surgery offers the best success in removing ganglions, these cysts may return.

1.1.2 Tendon surgery

The muscles that bend or flex the fingers are found in the forearm and are called flexor muscles. The muscles that straighten or extend the fingers are called extensor muscles. These muscles are able to operate and perform their function through cord-like extensions called tendons, which attach the muscle to bone. When these tendons are diseased or injured, surgery becomes necessary.



If a therapeutic programme of controlled, limited movements is prescribed for the first three or four weeks after surgery, it is important to work closely with a hand therapist and surgeon to ensure that you understand and adhere to your therapy programme. The tendon repair can pull apart if your hand is used too soon or if therapy guidelines are not followed. In addition to regaining motion of the finger after a tendon injury, therapy can be helpful in softening scars and building grip strength.

1.1.3 Amputation


Fingertip, finger and partial thumb amputations are common. Amputation is the complete removal of an injured or deformed body part. Before your surgery, the doctor may explain that an amputation may be likely and if so, he/she will discuss the options for future treatment and rehabilitation.

2. Before Surgery

2.1 Pre-assessment clinic

Before any surgery is considered, you will need to attend a pre-assessment clinic at the Greater Manchester Surgical Centre (GMSC). Here, you will be assessed by an orthopaedic surgeon and anaesthetist (the doctor who will administer your anaesthetic).

During your appointment, your full medical history will be taken. If necessary, the orthopaedic surgeon or anaesthetist may send you for further investigations such



such as blood tests, X-rays and/or an ECG. Don't be alarmed if you are required to undergo one or more of these investigations. The doctors have your wellbeing and best interests at heart and need to ensure that you are able to cope with the respective surgical procedure.

The anaesthetist will discuss the various methods of anaesthesia and the one best suited to you and your procedure (refer to the GMSC's Anaesthetic brochure). Your post-operative pain management plan will also be discussed.

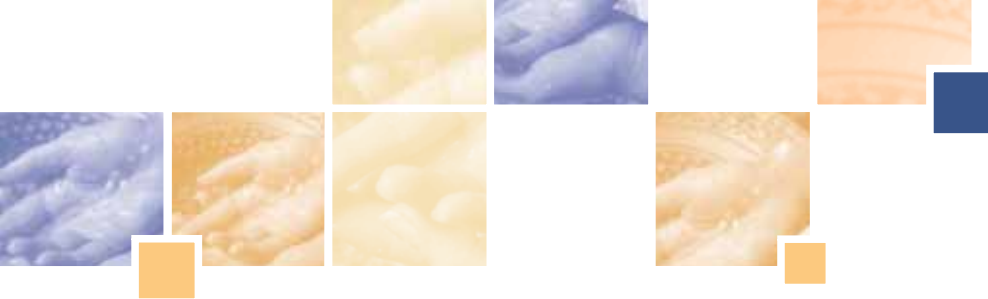
It is very important to discuss any medications you may be taking with the anaesthetist. If you are taking blood-thinners, you may be asked to discontinue them for some time before the surgery as they can increase the risk of bleeding and interfere with your surgery and recovery. For several days prior to your procedure, you will probably be instructed to avoid any aspirin, ibuprofen and all herbal or homeopathic preparations. You should continue to take your normal medicines up to and including the day of surgery, unless the anaesthetist or surgeon has explicitly instructed you otherwise.

Once you fully understand what the procedure entails, you will be asked to sign an informed consent form in the presence of the orthopaedic surgeon.

At your pre-operative assessment, the proposed date for your procedure will also be discussed and finalised.

2.2 Countdown to surgery

In the day/night leading up to your surgery, it is very important to refrain from eating or drinking anything for up to eight hours ('nil by mouth') before the operation, unless instructed otherwise by the doctor.



Remove your dentures and all nail polish. Ladies are requested not to wear any make-up on the day of surgery.

Leave all jewellery, money, watches and valuables with family members. The GMSC cannot be held responsible for your valuables.

Make sure you wear casual, comfortable clothing which is easy to put on and take off eg. drawstring-style sweat pants, boxer-style shorts, or loose items. You will be allocated a locker for storing your clothing while you are in surgery.

You may also wish to bring along some reading material or crossword puzzles to occupy your time while you are in the hospital.

You will not be allowed to leave the hospital alone or drive yourself home so arrange for a responsible adult to drive you to and from the hospital and have someone stay with you for at least 24 hours once you are back home.

3. During Surgery

The anaesthetist will start an intravenous line and discuss the type of anaesthesia which will be administered. This can vary and options include local anaesthesia; local anaesthesia with sedation; regional anaesthesia (wherein your arm goes numb and you are sedated); and general anaesthesia.



4. After Surgery

After your procedure, you will be taken to the recovery room. You will then return to the general ward. The nurses will make you comfortable and will review the procedure and post-operative instructions with you, your family and/or friends. You will be given fluids and food when you are fully awake. When you are ready to leave the hospital, you will be discharged. In most hand surgery cases, you are usually discharged on the same day that you have your procedure.

If necessary, the occupational therapist will see you, explain your rehabilitation process, and monitor your progress. A post-operative appointment will also be scheduled before you leave the hospital. This is usually booked for one to two weeks after your procedure.

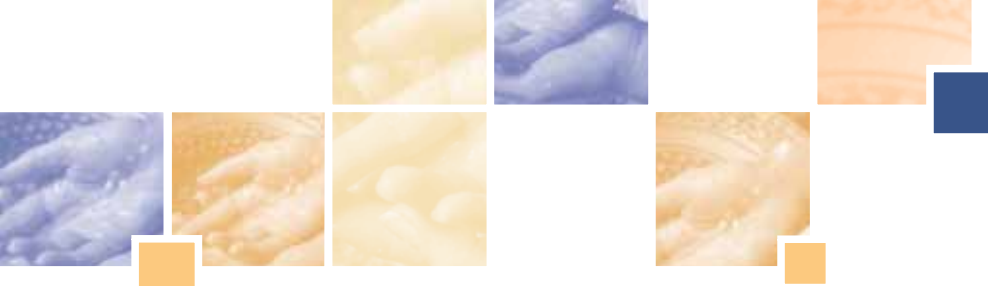
Note: In order for us to maintain the quality of care and prevent any possible risks, we respectfully request your permission to exhibit your details at your bedside. Your initials, surname, doctor's name and possible risk factors, eg. diabetes, will be displayed above your bed on a small white board.

5. At Home

5.1 What to expect

Elevating your hand above the level of your heart is extremely important. Keeping your hand at eye level is ideal as this will significantly speed up your recovery and restore function and movement.

During the first 24 - 48 hours you may experience some swelling but elevating



During the first 24 - 48 hours you may experience some swelling but elevating your hand above your heart will help prevent or decrease any swelling. Ice wrapped in a towel or a flexible ice pack applied to the hand may be helpful.

You will have pain after your surgery. This is to be expected. Pain levels vary from patient to patient and are also influenced by the nature of the procedure. Pain medication should be used as needed, as per the doctor's instructions. Hand therapy may also be necessary after surgery. This is administered by an occupational therapist who has specialised training in the rehabilitation of your hand.

With surgery to the hand/fingers, one is inclined to keep the shoulder and elbow of the operated side quite still but maintaining the range of shoulder and elbow movement is important as this prevents stiffness. However, specific instructions will be provided by the therapist.

Unless you had tendon surgery, straightening the fingers of the operated hand and making a full fist will promote healing and the speedy recovery of the hand. These exercises should be performed often throughout the day.

Before you leave the hospital, a post-operative appointment will be scheduled. If you have stitches that are not self-dissolving, you will be informed about how, when and where these will need to be removed. The doctor will tell you how long it will be before you can resume normal activities, eg. going back to work and driving.



5.2 Caring for your cast

If you have a cast on your hand, here are a few guidelines:

- Keep the cast clean and dry.
- Use a plastic cover for the cast when showering or bathing. Watertight protectors are available from surgical supply stores.
- If the cast padding gets damp, turn a hairdryer on cold (no heat) and aim the cool air at the cast. If this doesn't do the trick, contact the doctor.
- Never place anything inside your cast to scratch an itch (no hangers, knitting needles or rulers).
- Inspect the skin around the edges of your cast. If this skin becomes red or raw, notify your doctor.
- Do not alter your cast.
- Never remove the cast yourself. It will be removed with a special vibrating saw. When the cast is removed, you may feel the vibrations and although the saw makes a lot of noise and may feel "hot" from the friction, it will not harm you.
- For comprehensive instructions on how to care for your plaster cast, please refer to the GMSC's booklet on Caring For Your Cast.

6. Practical Tips for Daily Activities

Here are some tips which will make your life easier after surgery and/or if your hand is in a cast.



6.1 Cooking and eating


- Use disposable plates and cups so you won't have to worry about washing dishes.
- Use coffee mugs with large handles that allow for a comfortable, full hand grip.
- Stock the freezer with frozen dinners and dishes that are easy to open and pop into the microwave.
- Have a few loaves of bread on hand.
- Buy milk and other groceries in smaller, easy-to-handle sizes.
- Prune juice, mild laxatives (eg. Senecot) or stool softeners, can be helpful as constipation is common after surgery which involved the use of certain medications.

6.2 Dressing

- Where possible, avoid buttons, zippers, belts, or shoelaces.
- Try to wear clothes that slip on and off easily. Wear large T-shirts, baggy shorts or sweatpants and non-skid flip-flops or Velcro-close sport shoes.
- Pantyhose are difficult to pull up, so don't plan on wearing any for a while.
- Try a Velcro closure or spandex bra.

6.3 Showering/Bathing

- Use a plastic cover for the dressing and/or cast. Try securing big plastic storage bags (from newspapers or bread) with a large rubber band.

- 
- Commercially available water-tight protectors may be purchased from surgical supply stores. These come in various sizes: 'adult hand', 'adult short arm' (below the elbow) and 'adult long arm' (above the elbow). Use the plastic bags immediately after surgery.
 - Use a long-handled back brush.
 - Buy a large bar of soap, soap-on-a-rope, or liquid soap.
 - Consider putting non-slip strips down on the floor to avoid jarring the hand if you slip.
 - Use a battery-powered toothbrush, especially if the operation was performed on your dominant hand.
 - Make sure the toilet paper is in a convenient location.

6.4 Advance preparations

Make sure you have anticipated and prepared for the following:

- The delivery or collection of your mail and newspapers.
- Caring for and feeding your pets.
- Housekeeping and domestic chores.
- Doing your laundry.
- Drawing cash from the bank.
- Managing your hair after the procedure. Schedule a haircut before your procedure.
- Hygiene regarding your fingernails and toenails (cut them before the operation).
- Stock-up on reading material and DVD's/video supplies.



7. Complications

- Any operation can be followed by an infection and, if this occurs, it will be treated with antibiotics.
- You will have a scar that will be somewhat firm to the touch and tender for six to eight weeks. This may be eased by massaging the area firmly with moisturising cream.
- Stiffness can occur if the hand is not exercised after the operation. About five percent (one in 20) of patients have a particularly sensitive reaction to the surgery and their hands may become swollen, painful and stiff after the procedure. This high level of sensitivity cannot be predicted but will be carefully monitored after the operation and, if it occurs, physiotherapy will be prescribed.
- Up to 10 percent (one in 10) of ganglions return after being removed.
- Nerve damage can occur during your surgery. This results in either a painful spot in the scar (neuroma) or some loss of feeling in the hand. This complication is very rare but if it happens, it may require a further corrective operation.
- Ganglions on the front of the wrist are often very close to major arteries. Damage to these arteries is very rare and can be immediately repaired.
- Ganglions on the tip of the finger often cause a groove in the nail which usually settles after the operation, but can occasionally persist.

Contact the GMSC Advice Line on 0161 746 2828, call your local general practitioner, or go to the nearest Accident and Emergency Centre if you experience:

Contact the GMSC Advice Line on 0161 746 2828, call your local general practitioner, or go to the nearest Accident and Emergency Centre if you experience:

- Increased pain or swelling.
- Numbness or tingling in your hand.
- Bleeding or drainage from the cast.
- Fever or chills.
- Reduced movement of your fingers.
- Any skin irritation related to the cast.
- Damage to the cast.
- A loose cast.
- Burning or stinging in the operated hand.
- Pus or increasing redness and tenderness in the area of the cut.

8. GMSC Advice Line

The staff at the GMSC are available to assist you at any time. You can reach them by calling: 0161 746 2828.

9. About Netcare and the NHS Partnership



9. About Netcare and the NHS Partnership

9.1 Netcare

Network Healthcare Holdings Limited (Netcare) is one of the largest integrated private healthcare organisations in South Africa. Listed on the Johannesburg Securities Exchange (JSE) in 1996, the Netcare group owns and manages 45 private hospitals and clinics, 61 specialised medical centres and 53 Medicross Family Medical and Dental Centres throughout South Africa.

In total, Netcare hospitals comprise 7 200 beds, 319 operating theatres; all of which are supported by over 2 200 medical practitioners in private practice. Collectively, over 4.8 million patients a year are cared for in medical facilities within the Netcare group.

Specialised hubs of clinical excellence focusing on disciplines such as cardiology, cardiothoracic surgery, neurosurgery, orthopaedic surgery, gastroenterology, oncology, ophthalmology, renal dialysis and organ transplantation, are located in numerous Netcare hospitals around the country.

9.2 The Netcare/NHS Treatment Centre Partnership

During the past two years, Netcare has participated in four successful NHS Waiting List Initiatives which were specific to ophthalmology; orthopaedic surgery; and ear, nose and throat surgery.

Committed to reducing waiting times for those needing surgical procedures and to improving choice and access to facilities; in 2003, the NHS launched its Treatment Centre (TC) initiative, a programme designed to provide rapid, safe and effective medical treatment to patients on Waiting Lists.

Against the backdrop of its previous experience with NHS Waiting List Initiatives, Netcare was selected as the successful bidder for two such five-year TC initiatives; the first of which is based on a mobile ophthalmology chain that will perform 44 000 cataract procedures over five years. The second TC initiative will see 45 000 orthopaedic and general surgery procedures performed at the newly-constructed Greater Manchester Surgical Centre (GMSC) over the five-year period.

The Netcare/NHS partnership upholds the NHS' principle of delivering excellent service free at the point of access. Providing the highest possible quality of care while maintaining patient dignity at all times, is a fundamental objective of the partnership.

Netcare's medical team consists of highly skilled, experienced and professionally qualified consultant surgeons, anaesthetists and nursing personnel, all of whom are supported by administrative, technological and patient care teams.

We dedicate our efforts to providing you with quality care in a safe, efficient and caring environment.

