

Patient information

Fasciotomy Surgery

Vascular Department

What is fasciotomy surgery?

A fasciotomy is a surgical procedure, used to treat compartment syndrome. A fasciotomy is performed to relieve pressure or tension within a compartment of the body. The majority of fasciotomy procedures involve the legs but can also be performed in the arm, hand and foot.

What is compartment syndrome?

Muscles, nerves and blood vessels are separated in to compartments within the body and the compartments are wrapped in a tissue called fascia. A build up of pressure within these compartments as a result of swelling or fluid can cause nerve and /or muscle damage or loss of circulation to an area in the body. Therefore in order to treat or prevent compartment syndrome occurring a fasciotomy is performed. This involves cutting open the layer of fascia (tissue beneath the skin) to relieve tension or pressure.

What are the benefits of fasciotomy surgery?

To reduce the risk of permanent nerve/muscle damage and loss of circulation associated with compartment syndrome.

Possible complications associated with compartment syndrome and fasciotomy

The known complications associated with compartment syndrome are:

- Amputation in those with a delayed fasciotomy
- Breakdown of muscle tissue called rhabdomyolysis, which is direct or indirect muscle injury. The muscle becomes damaged due to the high pressure in the leg compartments. This causes death of muscle fibres and release of their contents into the bloodstream. This can lead to serious complications such as renal (kidney) failure.
- Tissue damage resulting in loss of nerve or muscle function.

The known risks associated with a fasciotomy include:

- Excessive bleeding.
- Scarring.
- Infection.

- Chronic pain.
- The need for future corrective surgery.

Are there any alternatives?

There are no alternatives to surgery to prevent or treat acute compartment syndrome

What happens if I decide not to have the procedure?

- Likely muscle death and nerve damage to the affected area.
- High probability of loss of life from complications associated with not treating the compartment syndrome, such as; gangrene/ ischemia leading to sepsis, rhabdomyolysis and organ failure.
- Limb loss (amputation)

What sort of anaesthetic will be given for the surgery?

A fasciotomy can be performed under:

- General anaesthetic
- Regional anaesthetic - this includes spinal blocks, epidural anaesthesia or nerve blocks.

This can be discussed with the surgeon and the anaesthetist before your procedure.

Preparing for your operation

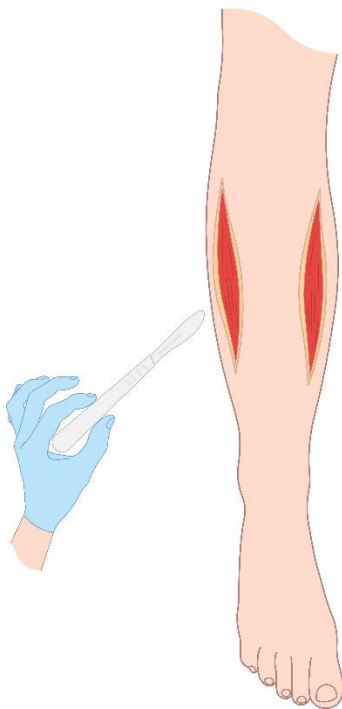
- You will usually have been admitted urgently to hospital and developed symptoms associated with compartment syndrome.
- Here you will have blood tests, and sometimes a heart trace or a chest X-ray. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be given instructions on eating and drinking before your operation.
- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.
- If you smoke, you should stop completely. The risks of stroke are greatly increased in smokers and there are additional risks of heart attack and lung disease with surgery. Advice and help is available via your physician, GP and through NHS Direct.

What the procedure will involve

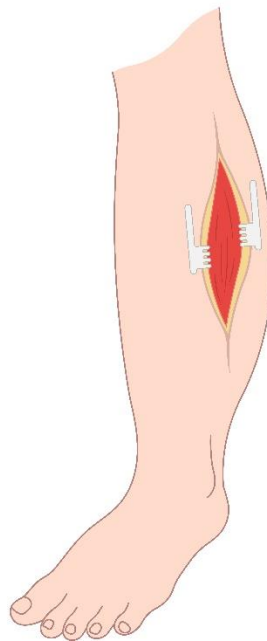
Depending on what part of the body is involved and the severity of the compartment syndrome, surgery may differ slightly. Generally a cut () is made in the skin over the affected compartment; the incision will be long and the length of most of the limb between two joints. The fascia is then cut to the same length as the incision. Any dead tissue is also be surgically removed (debrided) at that time. The area may not be surgically closed until the swelling has gone. Loose suturing (stitches) may be placed with a sterile dressing to cover, or the wound may be left open and treated with Vac therapy (a suction dressing) to aid healing.

Complete closure of the wound will differ in each patient; however, if complete closure cannot be achieved a skin graft may be needed. If a skin graft needs to be considered you would be referred to a Plastic Surgeon.

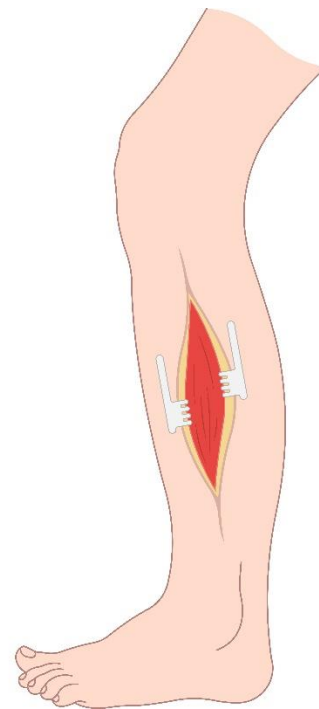
A: Two long incisions are made



B: The fascia is incised



C: Deep posterior compartment is incised



Average hospital stay

This can differ for each patient; the average stay is approximately three days if no post-operative complications occur.

What should I do post-surgery to aid healing

Four to six weeks is the average healing time but this will vary depending on each patient and if there are any post-operative complications.

To help with your recovery:

- Perform the exercises recommended by physiotherapy.
- Drink plenty of fluids.
- Eat a well-balanced diet.
- Look for signs of infection/ wound deterioration- increased pain, redness, heat, malodour , swelling, fever or feeling generally unwell. If you have any of these problems please contact the vascular specialist nurses or your GP or attend a walk in centre or emergency department.

Discharge from hospital

You will be referred to District Nurses or a local treatment centre for wound care and support.

Surgical Follow Up

This will be arranged for approximately six weeks after surgery. Your fasciotomy wound(s) will not always have healed by this stage as some can take many weeks or months to heal over completely.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

LiVES Contact Numbers

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.

Vascular Nurses:

Royal Liverpool Hospital via switchboard

Tel: 0151 706 2000 Bleep 4212 or extension 3446/4675

Text phone number: 18001 0151 706 2000 Bleep 4212

Aintree via switchboard

Tel: 0151 525 5980 Bleep 5609/5594 or extensions 4691/4692

Southport via switchboard
Tel: 01704 705124

Whiston Hospital
0151 290 4508/4199

Secretaries:

Royal Liverpool Hospital
Tel: 0151 706 3691/ 3523/3524/3447
Text phone number: 18001 0151 706 3691/ 3523/3524/3447

Aintree Hospital
Tel: 0151 529 4950/0151 529 4953

Southport/Ormskirk
Tel: 01704 704665

Whiston Hospital
St. Helens and Knowsley NHS Trust
Tel: 0151 430 1499

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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