

Hand and Wrist Surgery

Aintree University Hospital 

NHS Foundation Trust

Orthopaedic Surgery
Lower Lane
Liverpool L9 7AL
Tel:0151-525-5980

This information leaflet has been designed to give you some general advice and information about your surgery.

We expect you to follow the instructions given to you by your healthcare team and to take responsibility for your own aftercare.

Please be reassured that we will be available to contact if you have any problems or concerns during your hospital stay and after your discharge home from us.

After your Operation

• Dressings

You will have a bandage put on your hand and wrist as part of the operation. **Please do not disturb or touch this dressing.**

You will usually attend the outpatient clinic 7 – 10 days after your operation (sooner in some cases). The dressing will be removed or changed as part of that visit.

This dressing is fitted to you in a specialist way to get the best results from your operation. The knowledge of how to apply that bandaging is a matter for the surgeon or his assistants – no-one else is allowed to touch the dressing.

Removing the dressing without putting it back in the correct manner may stop your operation working, and may cause you additional problems.

It is essential that the dressing is kept dry. Getting the bandage wet will cause an infection. Infections do **not** happen in any other way in hand surgery.

You must keep the hand and dressings away from liquids at all times, and that means you **must not** wash your hand.

If you get the bandage wet, you must come to Fracture Clinic to see sister on that, or the next day.

Do not go to your GP, or a Walk-In Centre, as the staff there do not have the specialist knowledge required to deal with this problem.

• Pain Relief

You will be given pain relieving tablets to take home with you, please take these as prescribed to prevent pain from building up to a level that is hard to control.

If you are on any pain medication before your surgery, please discuss these with your nurse and also your anaesthetist on the day of your admission.

This is so that we can reassess your pain relief to ensure that your pain is managed well after the surgery.

Regular pain medication can cause constipation. If that happens, you should discuss matters with your doctor or your pharmacist.

• Hand care

For the first few days after your operation, you should elevate your hand. This will help to reduce discomfort, and it will also help control swelling.

Put a cushion or pillow on your armchair when you are sitting, so that your hand and wrist are above the level of your elbow.

You should make a point of deliberately moving the fingers and thumb for a few minutes every hour whilst you are awake, until this becomes easy.

You should also make a point of moving everything not in the dressing: the dressing is applied to prevent motion of the parts we don't want to move, but if it is left free, it should be moved. Pay particular attention to shoulder and elbow of that arm.

Your fingers and thumb will swell and probably throb if you let the hand hang down by your side, unless you keep them moving.

If you get that problem, treat it by keeping your hand on your shoulder and moving the fingers and thumb for ten minutes every hour, to squeeze fluid out from the hand.

You should also make a point of trying to do things with your hand as soon as you can: use will stop your hand becoming weaker than it needs to be, and helps to prevent complications.

It will also help your hand and wrist get back to normal as soon as possible after the operation.

Slings: We do not give most patients slings who have had a hand operation. Slings can be dangerous because despite what you might think, they encourage stiffness and non-use of shoulder, elbow, hand and fingers.

If you are given a sling, you should stop using it as soon as possible- there is very little reason to have a sling for more than 48 hours after any hand surgery, unless specifically advised by the surgeon.

- **Driving**

Driving is not permitted for the first 24 hours after your operation, because you will still have some effects from the drugs used for your operation.

This is a legal offence of "Driving Under the Influence of Drugs" which is an arrestable offence.

After that first 24 hours, you can drive if you are physically capable. The test of that is that you are able to hold the steering wheel well enough to do an emergency swerve.

If you can control your vehicle, you are allowed to drive. If in doubt, ask your surgeon.

- **Flying and Holidays**

You can fly after hand surgery, even with a plaster cast in place, as this will cause you no direct harm.

However, your airline might wrongly disagree with that advice.

It is unwise to plan to go anywhere, especially abroad for the first few weeks after hand surgery, as we may need to adjust your bandages, plaster or splintage in the first few weeks.

Also, if you develop concerns about your surgery in the first few weeks after the operation, you will find it very difficult to find proper advice in many destinations.

If you have already booked a holiday after the time of the planned operation, you need to decide if you are having the holiday, or are going to have the operation. You should not try to combine both: one needs to be postponed.

Other post-operative complications

VTE

VTE is a collective term for two conditions:

- DVT (deep vein thrombosis) – this is a blood clot most commonly found in a deep vein that blocks the flow of blood.
- PE (pulmonary embolism) – a potential fatal complication where a blood clot breaks free and travels to the lungs.

VTE does not normally happen after any form of hand surgery. We mention it to show we have considered this important complication.

If you have a particularly increased risk of this condition (for example, having had it before, or having family pre-disposition), please ask the doctor who sees you on the day of your admission, before your operation.

Things YOU can do to prevent VTE

- Move around as much as possible. Be sensible though, short and regular movement is best.
- Drink plenty of water to keep yourself hydrated
- We strongly advise you not to smoke – this will have been discussed in pre op but we can also refer you to our smoking cessation team within the Hospital.
- Move your ankle around as much as possible to keep your calf muscle pumping

Small preventative measures can have a huge impact on your recovery.

Symptoms:

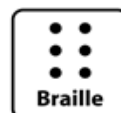
- Swelling – you will have some swelling due to your surgery but if you have any concerns please call for advice
- Pain – any new pain we want to know about
- Calf tenderness
- Heat and redness compared with the other leg
- Shortness of breath
- Chest pain when breathing in

Infection

This is a very rare but serious complication. Your surgery is carried out in a strict infection free theatre.

Useful Contact Numbers

- **Fracture Clinic**
Tel: 0151 529 8448 (Monday – Friday)
Please leave a message on the answer machine stating your name and contact number. A senior member of staff will return your call.
- **Mr Evans's secretary**
Tel: 0151 529 0564



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

Tel No: 0151 529 2104

Email: interpretationandtranslation@aintree.nhs.uk