

Hand Surgery - Admission Advice

Aintree University Hospital 

NHS Foundation Trust

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

After consultation it has been decided that you will need Hand Surgery. Your name has been added to the hand surgery waiting list and this leaflet will detail what will happen next.

What we did today

Today, you should have had a routine blood test taken, unless the results we need for your admission are already available on the computer (this will have been checked during your consultation).

You will also have signed a 'Consent Form' and should have been given a copy of that form to take away with you.

When you get home

You should read the Consent Form again when you get home, as well as any other information leaflets we have given you, so that you can make sure you are happy with the details of your treatment.

If you have any concerns with anything you have been told or have read, please make another clinic appointment by ringing our secretary on 0151 529 2548.

We will contact you by letter, to give you the details of your admission arrangements (where and when, etc.). You will also be asked by letter to attend for a "Pre-operative Assessment".

Pre-operative Assessment

This means that you attend a clinic which is run by specialist nurses, who will check that you are fit for the planned operation.

The nurse will also advise you what to do about any medication you may be taking.

Medication is usually only an issue if you are having a general anaesthetic.

Patients on aspirin, warfarin and clopidogrel do not need to stop these tablets before hand surgery.

You might be asked to have additional blood tests (the tests you had in the clinic will also be checked), or a chest x-ray or an ECG (electrical heart test).

An important part of this assessment is that swabs will be taken from your nose and groin. The swabs are to check that you are not a carrier of 'MRSA'.

MRSA is a germ which can cause serious infections in surgical wounds: you will not know that you have the germ on you without it being checked, as it does not usually cause any problems unless you have an open wound.

If you are positive for MRSA, we will provide you with treatment to 'eradicate' the germ by using some specific antiseptics.

We do need to make sure your blood pressure is near to normal, as high blood pressure will interfere with the use of the tourniquet which we need for the operation.

Once you have passed the Pre-Operative Assessment, you will be admitted according to the details sent to you in your admission letter.

Short notice admission

We usually admit patients in turn from the waiting list. Sometimes patients cannot come in when we send for them.

Sometimes we get the offer of an extra operating list with only a few days or weeks' notice.

Because of this we may ring you to see if you would be willing to come in at short notice: this is one of the reasons why we ask for your telephone number.

If you can come in at short notice, you will be told what to do, and will also be provided with the usual paperwork by post. If you cannot come in when we ask, that is not held against you, so that you keep your original position in the waiting list.

Admission cancellation

Sometimes your appointment may be cancelled and we may only be able to give you a day's notice or less of this. If we do, we will usually tell you why. There are a number of reasons for this:

- Emergency patients need a specialist operation.
- Vital staff are ill – your consultant surgeon has no replacement, and we have difficulty replacing the anaesthetist.
- If you need an overnight stay, we might not have an available bed.

I'm going on holiday at the time of my admission

Usually this means you have to choose between your operation and the holiday. We do not like you going away at all in the first few weeks after the operation.

Some patients will need dressing and/or plaster changes during the holiday period; others will need splint adjustments, etc.

Being abroad can mean that it is very difficult to get help and advice if you have any problems.

Our preference is that you do not go away from us for the first six weeks after the operation.

I've been given three admission days which I could not keep, and now I've been removed from the waiting list

There are many reasons why a patient may not be available to come in on a particular date. Examples are:

- Personal matters
- Colds and Flu's

However, if you are unable to attend clinic on three separate offered admission dates then your name will be removed from our waiting list and you will need to ask your GP to re-refer you for the operation at a later date.

I want a second opinion

If you feel this is necessary then please contact your GP to discuss

I want to go privately rather than being on the waiting list

That is your option, but is something you need to discuss with your GP. We do not take any part in that arrangement.

Your GP will have to refer you to a private consultant who will need to see you before the operation takes place privately.

I've got better – should I still have the operation?

Usually, this will not happen to most people who are on our waiting list. However, some conditions can fluctuate week by week.

If you have a lasting improvement to your condition, and are no longer troubled by the complaint we would be happy to see you in the clinic to discuss whether you would need surgery.

Please do not leave this decision until the day of the operation, because if you come in and then get sent home, you will have prevented somebody else using your space.

Rings

We need to sterilise your hand as part of the operation. This applies whether the operation is on your hand, wrist, forearm or elbow.

We cannot make the skin under a ring sterile when being worn, so the rings must therefore be removed from the affected hand before the operation.

If you cannot get your rings off, you should go to a jeweller, who will be able to do that for you.

Also, it is better to leave your rings off for a few days after the operation. Most hands will be slightly swollen for a few days after an upper limb operation, which can make your rings uncomfortably tight (Using your hand regularly will help to reduce swelling).

Nail varnish

This should be removed from the hand that will be having the operation, so we can ensure circulation to the fingers is normal. Checking nail colour is part of how we check your recovery after the operation.

We would advise removing false nails before the operation as they can collect difficult to remove germs between the false nail and the real nail, which in turn may cause an infection in your operation site, although the risk is probably small.

What will happen on the day of the admission?

You will be told in your "admission letter" where to be and when.

You should have received that letter several days before your admission. Please ensure to read the details carefully so you can find where you need to be easily.

If someone brings you (i.e. a carer or relative) the nurse or receptionist will make sure they know how to find out where you will be after the operation. It will also be helpful if we have a contact telephone

number for your relative/carer, so we can contact them if needed.

The ward staff will also need to fill in some paperwork with you. Part of this involves safety checking processes, for example, you will find that we keep asking you your name – this is not because we have forgotten, but part of our day's work is to make sure that the right person has the right things done.

You will be seen by a junior surgical doctor, who will confirm details with you, and who will also do some paperwork your doctor needs (which is sent to your GP as an e-mail). The doctor will write out your sick note (if you have asked for one) and your nurse will give this to you before you leave hospital.

The doctor will put a mark near to the site of the operation with an indelible marker. If you are having a general anaesthetic, the anaesthetist will see you on the reception ward as well.

Near to the time of the operation, you will be asked to change into a hospital gown, and your own clothes will be put into a bag, which will be carried for you by one of the team.

When we are ready to do your operation, you will be taken to the Anaesthetic Room, where you will lie on a trolley, while we check all your details again.

After the operation

You will have a bulky bandage put on the site of the operation. We usually put a long-acting local anaesthetic in most wounds, which will make the area numb or tingly for several hours.

You will be taken into the Recovery Ward from the operating theatre, and will usually remain in that area for an hour or two. You will be given a drink when you are ready for it, as well as something light to eat.

You will be given a supply of painkillers to take home, and you should also receive any

sick notes you requested from the surgical doctor on the day of admission.

If you are going home on the day of the operation we prefer that someone comes to take you home as they are someone who can look after you for the first few hours after you get home.

If you are being kept in, a member of the team will take you up to one of the main wards.

What arrangements are there after the operation?

Almost all patients will be asked to re-attend the out-patient clinic 5 to 10 days after the operation.

The purpose of that attendance is to remove any stitches, make sure that you are as well as you should be and to arrange any further treatment if necessary.

Dressings applied during your operation are to be left in place until the outpatient clinic appointment, and must be kept dry.

Walk-In Centre staff and District Nurse, etc., are not trained in hand surgery techniques that are needed for your care because of this **no one is to touch any dressings other than the outpatient clinic staff.**

Your hand after the operation

After the operation your hand is likely to be numb and tingly for several hours after the operation – the expected is 6 hours, but it can be anywhere between 2 and 47 hours.

You cannot use sensation as a guide to tell if everything is alright after the operation. The **colour** of the hand is a very good guide. Your hand should be the normal colour, although it may look ever so slightly blue for a few days.

To check: squeeze the fingers - they should go white – then when you let go, they should go back to the normal colour quickly.

Some **swelling** of the fingers is to be expected in the first few days after the operation: if swollen a lot, this suggests that you are not keeping the hand up enough, or are failing to use it regularly. When sitting down, put a cushion or pillow on the arm of your chair, so that the hand is above the level of the elbow.

If the hand swells, the bandage will go tighter. A bandage that becomes too tight after you have gone home is usually caused by the hand swelling up.

The solution of this problem is **not** to remove the bandage: what you should do is to lift the hand up to shoulder level, and then open and close your fingers into a fist firmly (this will help to pump the excess fluid out of your hand).

You should do this for five minutes every hour while you are awake if the hand swells, until the swelling stops being a problem. If this does not make things better, please contact us on 0151 529 2554 (outpatient clinic sister – 8:00 am to 4:30 pm weekdays).

You will be given appropriate painkillers to take home with you. It is better to take these before you get the pain, rather than to wait for the pain to build up first. However, you don't have to take the painkillers if you don't want to: you won't come to harm if you don't.

We do not use slings after most operations: slings can cause stiffness in the shoulder, elbow and fingers. It is much better to keep the joints in your upper limb moving, to reduce the risk of stiffness and other complications.

Bruising will normally appear a few days after the operation, either in the fingers, or up towards the elbow. Which way it goes depends on gravity: if you have your hand down a lot, it will be in your hand; if your hand is kept up, it will go to the elbow. Most people get a bit of both. Bruising is a normal part of most operations.

I need 'therapy' after the operation

You will have been told before your operation whether you need the care of the occupational therapist after the operation. If you are to have 'therapy', the date of your operation will have been passed to the occupational therapy team when we send for you.

Most of our patients do not need physiotherapy after hand surgery. If you are one of the few who do, we will arrange that for you when you attend the clinic after the operation.

This information will apply to patients with rheumatoid disease, or complex tendon operations

Driving

The requirement of the Law, as in the various Road Traffic Acts, is that you must be "in control" of the motor vehicle.

There is no legal rule that says that you cannot drive in a bandage or plaster. There is nowhere in the law which states how many hands and legs you are required to have to drive.

"In control" means that you are able to freely do an emergency swerve, an emergency stop, and you must be able to see, and react reasonably to, any emergency.

As a minimum, you should not drive until you can grasp the steering wheel firmly in both hands. This usually means at least two weeks after any hand surgery.

You do not need to tell your insurance company that you will not be driving for a few weeks.

Further information

If there are any details which confuse you, or seem to contradict what you have been told in the out-patient clinic, please contact our secretary on 0151 529 0564.

She works 9:00 am to 4:30 pm Monday to Friday (you can leave a message on the answerphone: you will be contacted on the next working day).

Contacts

Mr Evans's secretary: 0151 529 0564

Hand Clinic sister: 0151 529 2554

Occupational Therapy: 0151 529 8047

Physiotherapy: 0151 529 3335



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:

0151 529 8564

listening@aintree.nhs.uk

Aintree University Hospital NHS Foundation Trust is not responsible for the content of any material referenced in this leaflet that has not been produced and approved by the Trust.