

Preparing for hand surgery and recovery afterwards

Before surgery

- Rings – please remove all rings if possible. (They hide infection, and the fingers often swell up, and the ring can reduce the circulation.) If the ring is too small to remove, you may want a jeweller to cut it, or to stretch it. If you leave it on: we have cutters, but they are not kind to jewellery.
- Keep fingernails clean and short. Please try to remove fake fingernails and nail polish
- Bring your diary to any pre-assessment appointments.
- Have some simple painkillers (e.g. paracetamol) at home, to take after the procedure.
- Plan work and life, as if you will not be able to use your hand properly for two to four weeks. (E.g. how will you get home? / have supplies of microwave meals).

Types of local anaesthetic

For this type of anaesthetic, you can eat and drink normally and stay awake:

- **Local anaesthetic:** this involves injecting around the site of surgery
- **Ring block:** injections of local anaesthetic around the base of a finger

Regional Anaesthetic blocks and General Anaesthetic

For Regional block and General Anaesthetic You have to be “nil by Mouth”, at least six hours for food and two hours for clear fluid:

- **General anaesthetic:** this means going to sleep. We usually inject a local anaesthetic during the operation, so that you have as little pain as possible when the operation is finished. You may find that part of the hand is numb for a few hours after the procedure. (Avoid heat and sharps while it is numb, and take painkillers when needed.)
- **Regional block:** injections numb the whole arm. Your arm may feel floppy for a few hours afterwards. You may need to find a way of supporting it, and you should take painkillers before the block wears off (or before going to bed, so you don't wake with pain). Please avoid heat and sharps objects while the hand is numb.

The operation

We often use a tourniquet to reduce bleeding during the surgery.

We usually use nylon stitches, which do not dissolve and need to be removed.

You usually will have a large padded bandage after the operation. You will be given clear instructions. After most simpler procedures, you are told to remove the bandage after 24 to 48 hours (leaving a sticky plaster).

Although you will sign a consent form for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

After surgery you must

- Keep the hand dry and clean.
- Avoid sharp objects (knives, etc.) and heat while the hand is numb after anaesthetic injections, and support it if it is weak.
- Keep the hand dry until the stitches are removed (usually 10 to 15 days).
- Exercise all the joints that you can. Keep moving the fingers.
- Keep your hand elevated until the swelling goes down (often one or two days for simple procedures).
- Your hand will be weak. Avoid lifting heavy objects for a month.
- Once the stitches are out, you should massage the hands, and try to get joints moving.

Risks

Most hand surgery is successful. Five per cent get infected. If your wound starts oozing or becomes increasingly smelly, you should ask a doctor or nurse to look at it (your GP or Practice Nurse or a nurse in the Orthopaedic Dressing Clinic). Some hands get excessively stiff and painful. You need to keep them moving and take painkillers.

Type of admission

Most hand surgery operations are done as Day Cases. Bigger operations or patients who do not fulfil the criteria for the Day Surgery Unit are put on the inpatient waiting list:

1. Local Anaesthetic / “minor ops” case

You come into hospital for an hour or two, often for a timed appointment.

2. Day Case General Anaesthetic

You are likely to be in hospital all morning or afternoon.

3. Inpatient General Anaesthetic

The surgeon and anaesthetist need to see all the patients before starting operating. This makes our operating lists much more efficient. You may not have your operation until later on in the day. You need to be “nil by mouth”:

- Most patients are asked to arrive at around 7.45am. (With no food after midnight and clear fluid till 6.30am)
- Some patients are invited to come at 12 noon for the afternoon list (No food after 7am, clear fluid till 11am).

You will usually be able to go home in the afternoon or evening after the surgery.

Pre-Assessment clinic

For **patients having General Anaesthetic (G.A.)**, you need to have an appointment with a nurse in the pre-assessment clinic.

We sort out as much paperwork as possible, to reduce time on the operating day. Occasionally we do an assessment over the telephone.

Hand Clinic following surgery

For Eastbourne District General Hospital patients, we usually make an appointment for you 10 to 15 days later when we take out stitches and teach you exercises. There are follow-up clinics at Conquest Hospital and Bexhill Hospital.

We have specialist nurses and physiotherapists as well as the Consultant, or another doctor on the team. You may see any combination of these. Please ask if you want to see anyone in particular (e.g. the nurse or physiotherapist may be able to answer questions). We are sorry if

there is a wait. We may suggest that you attend your GP practice for removal of sutures, particularly after "simple" operations.

Post-operative contacts:

Conquest DSU	Monday to Friday	Office hours	0300 131 4500 (ask for Richard Ticehurst ward)
Eastbourne DSU Surgery Unit)	Monday to Friday	8am – 6pm	0300 131 4500 (ask for Day
Eastbourne Orthopaedics outpatients matron 01323 734576			

Results

If we are operating to remove abnormal tissue which is clearly benign, such as a ganglion, we will not send it for tests. If we are operating to remove abnormal tissue and cannot be certain of its cause at surgery, we will send a specimen to the laboratory for tests and may write to you with the results to save you another visit. Results can take two months.

Your other hand

Your non-operated hand may feel worse while the operated hand is recovering. Avoid booking surgery on the non-operated hand until you are quite sure that it is not just suffering from doing the work of two hands.

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, doctor or practitioner.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

Reference

The following clinicians have been consulted and agreed this patient information:

Mrs Scarlett McNally	Consultant Orthopaedic Surgeon
Miss Miranda Champion	Consultant Orthopaedic Surgeon
Mr Hemant Thakral	Consultant Orthopaedic Surgeon

Next review date: February 2024

Responsible clinician Mrs Scarlett McNally, Consultant Orthopaedic Surgeon

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