

Your Wrist or Thumb Ligament Reconstruction at The Royal Bournemouth Hospital



This leaflet from the Orthopaedic Directorate has been designed to answer any questions you may have

Please bring this booklet into the hospital with you

Introduction:

This booklet tells you about having a wrist or thumb ligament reconstruction at the Royal Bournemouth Hospital. It is intended to be for patients who have decided to have surgery after discussing the options, benefits and possible risks with their Consultant or Surgeon.

We have developed this guide to help answer any questions that you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits, so please bring it with you.

This booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist or therapist. These alterations should take priority.

All members of the Orthopaedic Team are committed to providing you with the highest standard in care and we look forward to welcoming you.

This guide book belongs to:

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Your orthopaedic consultant is:

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Appointment Dates:

Surgery:

Follow up:

Other:

Goals:

1:

2:

3:

We encourage your questions and enquiries;
please write them here to ask at your next meeting

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Educational information

What is this operation for?

Ligaments are fibrous bands of connective tissue that link bones together. A ligament reconstruction is required if you have torn a ligament. This injury often occurs after a wrist sprain or thumb sprain. Pain is usually the main symptom of this condition but often patients may have instability or deformity of the joint, depending on the location of the injury. The purpose of this operation is to stabilise the joint by repairing the ligament or reconstructing the ligament using a tendon, if the ligament is irreparable. If the joint is more stable it should reduce the pain, but as a consequence you may lose some movement.

Understanding Risk

Where we discuss risk with you we will use the following terms:

Term	People Affected	Equivalent
Very Common	More than 1 in 10	A person in a family
Common	Between 1 in 10 and 1 in 100	A person in a street
Uncommon	Between 1 in 100 and 1 in 1,000	A person in a village
Rare	Between 1 in 1,000 and 1 in 10,000	A person in a small town
Very Rare	Fewer than 1 in 10,000	A person in a large town

Risks of surgery

Surgery should not be undertaken lightly and it is always important to know the risks before proceeding. A member of your consultant's team will have discussed these risks with you prior to listing you for surgery.

Very Common

- Scarring
- Stiffness
- Bruising or bleeding
- Wound sensitivity
- Pain
- Swelling

Common

- Weakness of grip

Uncommon

- Infection
- Nerve damage
- Poor wound healing
- Damage to blood vessels
- Failure of Repair
- Complex regional pain syndrome (CRPS)
- Failure to resolve symptoms
- Tendon damage or adhesions (tendons sticking to tissues they normally glide through)
- Problems from tendon graft site (if reconstruction required)

Additionally there are risks associated with the anaesthetic used for the operation; your anaesthetist will discuss these with you.

Before your surgery

Pre-admission Assessment

The Pre-admission department from Royal Bournemouth Hospital will contact you with the appointment information. If you have any questions about your appointment please call their department. You can find their details on the useful contacts section at the back of this booklet.

The visit to the pre-admission assessment clinic may require you to be at the hospital for several hours. It is important to attend this appointment or your surgery will be postponed or cancelled. In the clinic, you will be officially registered for your hospital admission and a nursing assessment and pre-operative tests will be done. These tests may include:

- X-rays
- Blood and urine tests
- ECG (Electrocardiogram)

You may be seen by other health care professionals during the visit. These may include:

- Pre-Assessment Specialist Nurse
- Anaesthetist
- Ward Doctor

Please bring the following to your pre-operative assessment appointment:

- All your current medications
- A list of allergies including the type of reaction
- Next of kin details and contact numbers.

Actions to take before your surgery

Once you have your date for surgery you can do several things to aid preparation for your operation and to assist with your recovery.

Planning ahead

It is important to plan and make arrangements for how you will manage once home. Stocking up your freezer with easy cook items is advised (particularly if you live alone and your dominant hand is being operated on), as you may find it difficult to do shopping and prepare meals initially. If you have family or friends who can stay with you or visit regularly this may make your recovery easier, both for helping with household tasks and moral support, particularly in the first two weeks.

Sometimes people like to do some jobs at home such as gardening just before coming into hospital, as their hand will be out of action for a number of weeks. Please be very careful not to get any cuts as any an open wound increases the risk of infection and your surgery would have to be cancelled.

Smoking

Smoking has been shown to delay wound healing and increase complications after surgery. Patients who stop smoking benefit from long term improvements to general health, decrease the risks associated with anaesthetic and have a better outcome from surgery.

If you are interested in stopping smoking please speak to your pre assessment nurse or GP for advice and services available.

Weight management

Even though you may feel fit and healthy at your current weight, patients with a higher body mass index (BMI) are more likely to experience potentially serious complications both during and after surgery.

If you are keen to lose weight before your surgery please speak to your pre assessment nurse or GP for advice and services available.

Cancellation

If you are unable to attend your appointment or surgery, please contact us immediately so that we can offer this to another patient.

Arriving for your surgery

Day of surgery

Eating and drinking:

Please follow the instructions given to you about when to stop eating and drinking before your operation. If there is food or liquid in your stomach during your anaesthetic, it could come up into the back of your throat and damage your lungs.

If you have not followed the correct fasting instructions your operation will be cancelled.

If you normally take prescribed medicines in the morning please continue to take these on the day of surgery, apart from tablets you have been specifically told not to take by the pre-assessment team. Take them with a sip of still water.

Please do not drink alcohol for 24 hours before surgery.

Arrival:

You will come into hospital on the same day as your operation. You will need to present yourself to the Sandbourne Admissions Suite to be admitted for surgery. Most ligament reconstructions are performed as day surgeries and will be able to go home on the day of the operation, however you may be required to stay overnight depending on the time of your operation and your recovery.

Please note the time you are instructed to arrive at hospital is not the time your operation will take place. It is necessary for you to come a few hours before the time of your operation so that you can be admitted and prepared for surgery.

When you arrive at the Sandbourne Admissions Suite a nurse will check you in. You may also be visited by the surgeon and anaesthetist before your operation.

You will then be asked to put on a hospital gown. All patients who are able will walk to theatre for their operation accompanied by a member of our nursing staff.

Your surgery

Anaesthetic

A ligament repair/reconstruction is usually performed under a general anaesthetic. This means you will be unconscious throughout the operation. You may also have a nerve block, this is an injection that will cause your hand and arm to be numb. This will gradually wear off and the feeling and movement will slowly return to your arm. The effects of a nerve block can last 24-48 hours.

Surgical Procedure

An incision (cut) will be made on the thumb or wrist over the area that is affected. The ligament will be repaired directly, or by using another tendon and often small bone anchors to secure the repair.

Closure and dressing

Once the surgery is finished the incision will be closed with stitches and covered with a small dressing. A large wool and crepe bandage and plaster cast will then be wrapped around the hand and wrist. Your hand and forearm may be in a sling when you return from theatre.

What happens after the operation? (while I am in hospital)

We hope that you will be able to go home on the same day as your procedure, however depending on the time of your surgery, your recovery and your home situation you may be required to stay overnight. You must have someone at home with you for the first twenty four hours while you recover from the anaesthetic.

After your surgery

Nursing

When you wake up after your operation, the nurse will let you rest for a short while. If you are uncomfortable, the nursing staff will provide you with painkillers; please do not be afraid to ask for them if you are in pain. You may feel tired after the operation, so you can rest in bed for the first few hours and also have something to eat.

Hand Therapy

Swelling is normal after an operation and movement of unaffected joints and elevation will help reduce it.

The following exercises will help reduce this swelling so you should begin to do these as soon as possible. Please complete them hourly, during woken hours, until your hand and wrist is fully recovered or until you receive specific exercises from your therapist.

Exercise 1.

Move your fingers and thumb as much as the bandage/plaster allows. Repeat this 10 times every hour.

Exercise 2.

Bend and straighten your elbow, and reach above your head every hour.

You should elevate your hand, above heart level, as much as possible to help minimise swelling.

What happens when I go home?

Dressings

The plaster cast/bandage may become slightly blood stained; this is to be expected and should not be cause for concern. The plaster should be left on until your clinic or hand therapy appointment, and you must not get the wound or plaster wet. If this occurs, contact either your practice nurse or orthopaedic outpatient department to arrange a clean dry dressing.

Clinic Review

A follow-up appointment with your consultant's team will be made for you. You should receive this appointment in the post after you have been discharged from hospital. The appointment is generally for two weeks after your operation. At this appointment you will have your stitches removed and a member of the consultant's team will review your progress.

Outpatient Hand Therapy

Following your ligament repair/reconstruction you will need to attend several outpatient hand therapy appointments. These will be made for the closest appropriate hospital hand therapy department.

You will usually see a therapist at about 4 - 6 weeks after your surgery, as the surgeon may want a plaster cast to remain in place. This depends on how the ligament was repaired/reconstructed. Your therapist will be directed by the surgeon. It is likely that you will have a plastic splint made by the hand therapist, to keep the joint and repaired ligament in a certain position to aid healing. The wearing regime will be explained by the hand therapist. Your subsequent therapy appointments will guide you through the management of your scar, swelling, exercises, splint regime and functional rehabilitation.

Managing everyday activities

Before you come into hospital think about and practice how you will manage everyday tasks when you return home after your operation, using the non-operated hand. Examples of activities which you may find difficult are:

Mobility: If you currently use a walking aid in the hand which is being operated you need to consider whether you could use it in the other hand or whether an alternative walking aid may be required. You may need to discuss this with the physiotherapist on your admission or speak to the nurses at pre-assessment.

Transfers: Getting on/off your bed, toilet and chairs. If you are struggling to sit or stand from any furniture at present (due to other medical conditions) please consider how you will manage one handed after your operation. Equipment to help you can be loaned by the Red Cross.

Personal Care: Personal Care: Getting washed and dressed is usually manageable following your operation as your fingers will be free to do up buttons, zips etc. You must not get your hand or plaster wet so you will need to use your other hand for washing etc. A plastic waterproof sleeve for preventing it getting wet is useful.

Food preparation and cooking: Food preparation and cooking: If you are the cook of the household, freezing some meals or stocking up on ready meals is a good idea.

Be aware you will be mainly using your non-operated hand for these activities.

Expectations

Only return to your usual activities when your therapist guides you to. Most people are back to some light activities six weeks after surgery. You may have some discomfort and swelling in your hand in the first few weeks after the surgery. This is to be expected. Continue to elevate your hand and take your painkillers as advised by the nursing staff.

When can I drive again?

Most people can resume driving at about eight to ten weeks after your surgery. Your hand therapist will be able to advise you regarding this. You must be confident that you are in full control of the vehicle at all times, including use of the steering wheel, handbrake and gear stick. You should also check your insurance policy as you may need to inform your insurer of your operation.

When can I return to work?

Most people are able to return to work within 10-12 weeks of surgery. If you have a more manual job then you may need some extra time off.

When can I return to leisure activities?

Most people should be able to return to their sports and hobbies within 12 weeks of surgery. Speak with your surgeon or hand therapist if you need any further information.

Frequently asked questions

If I have any questions who should I contact?

If you have any questions about returning to activities you can ask your surgeon or physiotherapist on the day of the operation. Use the notes section at the front of this leaflet to notes down these questions and any instructions given to you by your surgeon or physiotherapist.

What should I bring with me to hospital?

What to bring

- This booklet
- All current medications in their original boxes
- Elbow crutches or walking sticks if you use them
- Flat trainers or shoes
- Mobile phones/books
- Telephone numbers of friends/relatives
- Glasses and case

Please do not bring

- Unnecessary jewellery
- Large sums of money
- Laptop computers
- Any other valuables

Please remove nail varnish and piercings.

Useful Contacts

Royal Bournemouth Switchboard:	01202 303626
Sandbourne Suite:	0300 019 6104 (Mon - Fri - 8am to 9pm)
Pre-Admission Assessment Dept.:	0300 019 4102 (Mon - Fri - 8.30am to 4.30pm)
Orthopaedic Admissions Dept.:	0300 019 4919 Option 2 (Mon - Fri - 9am to 4pm)
Hand Therapy RBCH:	0300 019 4418 (Mon - Fri - 8am to 5pm)
Poole:	0300 019 2121 (Mon - Fri - 8am to 5pm)

The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW

Author: **Aaron Bailie, Linda Brannan and Caroline Wood**

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t: 01202 303626 w: www.uhd.nhs.uk : @UHD_NHS : @UHDTrust : @uhd_nhs