

## Guideline for Therapy Intervention Post Trapeziectomy

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### Introduction

This guideline covers the pre- and post-operative care of patients who had a surgical removal of the trapezium bone with or without soft tissue reconstruction, attending therapy departments within Worcestershire.

The purpose is to relieve pain, improve thumb position and consequently improve active range of motion, therefore functional ability.

Patients who are listed for a trapeziectomy should be referred to occupational therapy so a pre-operative assessment can be completed. Once patients had their surgery they should be referred for hand rehabilitation. The referral should describe the full patient information and operation details/ post-surgery precautions.

*This guideline does not cover patients who had a silastic replacement of the trapezium. They should be immobilised for 6 weeks.*

**This guideline is for use by the following staff groups:**

### Competencies Required

- Therapists who have undertaken a period of supervised practice in this field within the previous 2 years.
- Supervising/senior therapists to work towards British Association of Hand Therapists (BAHT accredited training at Level II in Elective, Trauma and Hand Therapy).
- Adherence to the Trusts guidelines on wound management and infection control aseptic technique for Therapists.

### Lead Clinician(s)

An Van Hyfte

Clinical specialist OT

Approved by Clinical governance hands on:

12<sup>th</sup> September 2019

This is the most current document and is to be used until:

12<sup>th</sup> September 2021

**Key amendments to this guideline**


Date	Amendment	Approved by:
Oct 16	Documents extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
September 2017	Guideline/pathway reviewed. Amendments to include comment that some consultants prefer to immobilise for 4 weeks. Addition to exercise advice to avoid heavy grip unitl 12/52	Alison Hinton
December 2017	Sentence added in at the request of the Coroner	
September 19	Pre-operative ax added into guideline. Due to change of consultants timings of immobilisation altered according to their preferences.	An Van Hyfte

**Details of Guideline****1. Pre-operative assessment**

- Complete basic hand assessment
- Provide OA leaflet
- Provide supportive splint for pain relief if required
- Discuss post-surgery guideline
  - Discus post surgery immobilisation and impact on hand function.
  - Oedema management (see below) .
  - Exercise non affect digits and elbow/ shoulder post surgery.
  - Reinforce importance of pain management.
- Provide home exercise regime to improve thumb stability prior to surgery (refer to OA leaflet)

**2. Post surgery management**

*Therapists should check the post-operative instructions provided by the Surgeon. Some Consultants prefer to immobilise the thumb for 4-6 weeks and commence exercises after this period of immobilisation.*

Time	Intervention
<b>Week 2-4 (according to surgeons preference)</b> 	<ul style="list-style-type: none"> <li>• Remove backslab</li> <li>• Apply a lighter dressing to any of the wound areas (if still present) using clean- technique.</li> <li>• Fabricate thermoplastic radial border thumb spica:  <i>Wrist extension 40°</i>  <i>CMC and MP in light pinch functional position</i>  <i>IP joint and unaffected digits free.</i>            Patient is advised to keep splint <b>on</b> at all times, to remove for hygiene and exercises only.</li> <li>• Splint review to be booked 1 week after application.</li> </ul>

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<p><b>General Considerations Concerning splinting</b></p> <p><b>Exercise</b></p>	<ul style="list-style-type: none"><li>• <b>Manage oedema</b> by positioning the forearm in elevation when sitting/sleeping using pillows.</li><li>• Patient is advised to maintain range of movement on elbow/shoulder regularly.</li><li>• Advice on light activities only.</li><li>• Splinting information leaflet to be given to the patient</li><li>• Cotton stockinette (<b>not</b> tubigrip) can be worn under the splint to absorb perspiration.</li><li>• Be aware that patients can be allergic to the splint materials, and this requires monitoring.</li></ul> <p><b>Remove splint to carry out exercise:</b></p> <ul style="list-style-type: none"><li>• Active flexion/ extension of wrist</li><li>• Active flexion/ extension of non-affected digits</li><li>• Active flexion/ extension of IP</li><li>• Commence gentle active movement of thumb into opposition, as pain allows.</li></ul> <p>Regularity of exercises to be at therapist discretion, taking into consideration any post-surgery inflammation and oedema.</p> <p><b>Scar management advice:</b> To commence once the wound is closed (with no signs of infection). Scar massage is introduced using a non-perfumed moisturiser (E45 or aqueous cream) Patients are taught to use circular motions along the scar working distal to proximal to help the reduction of oedema.</p>
<p><b>4-6 weeks post surgery or upon removal of cast</b></p>	<ul style="list-style-type: none"><li>• Complete a hand assessment</li><li>• Continue to regain thumb range of motion.</li><li>• Provide light weight neoprene splint if support is still required.</li><li>• If POP has just been removed: start scar management and exercise regime as described above.</li></ul>
<p><b>Week 8</b></p>	<p>Continue exercise regime and progress onto strengthening programme if pain allows. Continue scar management. Avoid strong grip until 12 weeks.</p>
<p><b>12 weeks onwards</b></p>	<ul style="list-style-type: none"><li>• Return to all duties</li></ul>

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### Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non- compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	<ul style="list-style-type: none"><li>• Time frame of treatment</li><li>• Outcome</li><li>• General adherence of guideline</li><li>• Any deviation clarified</li></ul>	Audit	Once a year	Senior therapists	Results audit to be discussed in the hand clinical governance group for therapies.	Once a year

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### References

*Hand therapy guidelines/ treatment pathways:*

- Norfolk and Norwich University hospitals NHS foundation Trust
- Cardiff & Vale NHS Trust
- BMI upper limb service
- Chelsea and Westminster Hospital NHS foundation Trust

### Contribution List

This key document has been circulated to the following individuals for consultation;

### Key individuals involved in developing the document

Name	Designation
An Van Hyfte	Clinical specialist OT
Sunita Farmah	Clinical specialist OT
Collette James	Senior OT
Mandy Rawlings	Clinical specialist physiotherapist
Alison Hinton	Clinical specialist OT
Suzette Botha	OT Hereford NHS Trust
Judith Jehring	Physiotherapist
Jane Simons	Senior OT

### Circulated to the following individuals for comments

Name	Designation
Gabor Simon	T&O consultant
Anmin Liu	T&O consultant
Peter Radcliffe	T&O consultant

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### Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	n/a	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	n/a	
5.	<b>If so can the impact be avoided?</b>	n/a	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	n/a	
7.	<b>Can we reduce the impact by taking different action?</b>	n/a	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

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### Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval