Spasticity and surgery: A collaborative approach to complex upper limb management – 1 year on.



INTRODUCTION:

Collaborative quarterly Upper Limb Surgical Assessment Clinic. Multidisciplinary Team including Occupational Therapy, Consultant in Rehabilitation Medicine and Consultant Hand and Plastic Surgeon working in Northumberland Tyne and Wear NHS Foundation Trust and Newcastle Hospitals Trust. For patients with complex hand, wrist or elbow problems.



RESULTS:

A total of 21 patients: CVA(16), cerebral palsy (4) and childhood meningitis(1). Average age - 54 (19-80). 17 proceeded with surgery, 2 chose no surgery, 2 considering. Surgery approx.4 $\frac{1}{2}$ months post assessment.

MAIN ISSUES IDENTIFIED BY PATIENTS:

- 1. Pain on handling/at rest
- 2. Hygiene difficult
- 3. Getting hand open difficult
- 4. Dressing upper limb difficult
- 5. Associated reaction when walking
- 6. Don't like how it looks

SURGERY OPTIONS PROVIDED: Tendon transfer, tendon lengthening, hyperselective neurectomy, joint stabilisation/release.

BENEFITS:

- Looks more normal
- Easier to get hand open and cleaned
- Easier to cut nails
- Less pain
- Easier getting dressed
- Not as self conscious
- Able to get wedding ring on
- Easier to position.



METHOD:

- Clinical notes retrospectively reviewed between December 2017 and December 2018.
- Questionnaire sent to all patients addressing: information provided, assessment process, decisions made, personal outcomes and how they would improve the service.
- Follow up focus group to explore these issues in more detail and to review possible outcome measures.

"my hand was painful and very hard to clean, and didn't smell good, now I can keep my hand clean and paint my nails and it feels much better"

"they gave me great support and didn't pressure me to make a decision"

ACTIONS:

- Provision of information via multimedia, including short videos by the staff and by patients who have undergone surgery.
- Patients chose the Arm Activity Measure, Goal Satisfaction Scale and a Pain Scale to measure benefit. These will now be used alongside digital photography pre and post surgery.
- Training in neurological issues for staff on the surgical wards to support physical, communication and cognitive needs.
- Increase in number of clinics required to meet the demand for the service.
- Development of research protocol.
- Review of clinic referral and action pathway.

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