

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.

Surgeons may use a different technique to treat OA of the CMC joint, such as a joint replacement or a silastic replacement of the trapezium. Silastic replacements should be immobilised for 6 weeks. Patients with a joint replacement require mobilisation as pain allows. If a different surgical technique was used, therapists should liaise closely with the consultant to clarify post-surgical instructions.

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 two years.
- Junior therapists who have undertaken basic training in hand therapy should be supervised by an experienced therapist who has held a caseload in this area within the previous 2 years.
- Adherence to the Trust guidelines on wound management and infection control aseptic technique for therapists.

Lead Clinician(s)

An Van Hyfte

Clinical specialist OT

Approved by Hand Therapy Clinical Governance on:

06th June 2024

Review Date:

6th June 2027

This is the most current document and is to be used until a revised version is available

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Key amendments to this guideline

Date	Amendment	Approved by:
Oct 16	Documents extended for 12 months as per TMC paper approved on 22 nd 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 until 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
June 2021	Document reviewed. Minor amendments made to 'competencies required' in order to include junior rotating therapists. Content of the guideline remains up to date and in line with latest research	An Van Hyfte
June 24	Content of guideline remains up to date, however sentence added to increase awareness of different surgical techniques that may be used in future practice by consultants.	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
Week 2-4 (according to surgeons preference)	<ul style="list-style-type: none"> • Remove backslab • Apply a lighter dressing to any of the wound areas (if still present) using clean- technique. • Fabricate thermoplastic radial border thumb spica: <i>Wrist extension 40°</i>

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 <p>General Considerations Concerning splinting</p> <p>Exercise</p>	<p><i>CMC and MP in light pinch functional position IP joint and unaffected digits free.</i> Patient is advised to keep splint on at all times, to remove for hygiene and exercises only.</p> <ul style="list-style-type: none"> • Splint review to be booked 1 week after application. • Manage oedema by positioning the forearm in elevation when sitting/sleeping using pillows. • Patient is advised to maintain range of movement on elbow/shoulder regularly. • Advice on light activities only. • Splinting information leaflet to be given to the patient • Cotton stockinette (not tubigrip) can be worn under the splint to absorb perspiration. • Be aware that patients can be allergic to the splint materials, and this requires monitoring. <p><u>Remove splint to carry out exercise:</u></p> <ul style="list-style-type: none"> • Active flexion/ extension of wrist • Active flexion/ extension of non-affected digits • Active flexion/ extension of IP • Commence gentle active movement of thumb into opposition, as pain allows. <p>Regularity of exercises to be at therapist discretion, taking into consideration any post-surgery inflammation and oedema.</p> <p>Scar management advice: 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>4-6 weeks post surgery or upon removal of cast</p>	<ul style="list-style-type: none"> • Complete a hand assessment • Continue to regain thumb range of motion. • Provide light weight neoprene splint if support is still required. • If POP has just been removed: start scar management and exercise regime as described above.
<p>Week 8</p>	<p>Continue exercise regime and progress onto strengthening programme if pain allows. Continue scar management. Avoid strong grip until 12 weeks.</p>
<p>12 weeks onwards</p>	<ul style="list-style-type: none"> • Return to all duties

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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:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	<ul style="list-style-type: none"> Time frame of treatment Outcome General adherence of guideline Any deviation clarified 	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:

- 'Trapeziectomy', Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust April 2022
- 'Trapeziectomy: aftercare advice' East Kent Hospital University NHS foundation Trust, January 2023

Wu F., Shahid M. and Deshmukh S. Cast immobilization does not confer additional functional benefits over immediate mobilization after trapeziectomy. *Journal of hand surgery by BSSH*. 2013, 39 (8) pp.885-887.

Henstridge L. Development and implementation of a trapeziectomy rehabilitation protocol. *Hand Therapy by BAHT*. 2017 22(2) pp. 64-72

Stirton JB, Kagy KL, Mooney ML, Jain MK and Skie M. Early Mobilization After Basal Joint Arthroplasty: Clinical Results. *Hand AAHS*. 2022 ; 18 (2) pp. 81S-86S

Arthritis Care - trapeziectomy

https://www.arthritiscare.org.uk/assets/000/001/832/Trapeziectomy_Factsheet_Final_web_original.pdf?1508316384, 2024

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
Mandy Rawlings	Clinical specialist physiotherapist
Alison Hinton	Clinical specialist OT
Judith Jehring	Physiotherapist
Alison Evans	Physiotherapist

Circulated to the following individuals for comments

Name	Designation
Gabor Simon	Orthopaedic surgeon Worcestershire Acute Trust
Sarah Henning	Orthopaedic surgeon Worcestershire Acute Trust

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	An Van Hyfte
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	An Van Hyfte	Clinical specialist OT	a.vanhyfte@nhs.net
Date assessment completed	19/06/2021		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<u>Title:</u> Guideline for Therapy Intervention Post Trapeziectomy
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What is the aim, purpose and/or intended outcomes of this Activity?	This is an evidence based guideline for the rehabilitation of patients who have had a trapeziectomy			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/>	Service User	<input type="checkbox"/>	Staff
	<input type="checkbox"/>	Patient	<input type="checkbox"/>	Communities
	<input type="checkbox"/>	Carers	<input type="checkbox"/>	Other _____
	<input type="checkbox"/>	Visitors	<input checked="" type="checkbox"/>	N/A
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	We have compared our guideline with the practice of specialist hand therapy units in Queen Elisabeth Birmingham, UHCW, Pulvertaft centre Derbyshire and have revisited the existing literature available on the British Association of Hand Therapists (BAHT) website			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Discussed with the main consultant and reviewed in the therapy clinical governance meeting held on 06/06/2024			
Summary of relevant findings	Guideline is up to date			

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	<input checked="" type="checkbox"/>			
Disability	<input checked="" type="checkbox"/>			
Gender Reassignment	<input checked="" type="checkbox"/>			
Marriage & Civil Partnerships	<input checked="" type="checkbox"/>			
Pregnancy & Maternity	<input checked="" type="checkbox"/>			

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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Race including Traveling Communities	v			
Religion & Belief	v			
Sex	v			
Sexual Orientation	v			
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	v			
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	v			

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A			
How will you monitor these actions?	By regular audit of notes, observed practice (please see monitoring section of the document)			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	June 2027			

Section 5 - Please read and agree to the following Equality Statement

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1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	An Van Hyfte 
Date signed	10/07/2024
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



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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.

	Title of document:	Yes/No
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