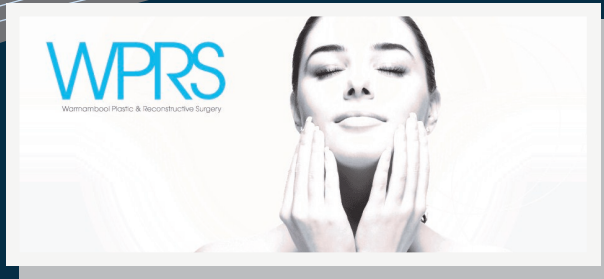


## this issue

Let us answer some questions you may have

- **Why is hand therapy so important after surgery?**
- **Why do ganglions occur and what do we do about them?**



**Robert Toma**  
**Warrnambool Plastic & Reconstructive Surgery**

### Hand therapy after surgery. Why is it so important?

The hand is an extremely important and complex structure. In the hand there are 26 bones, 18 intrinsic hand muscles, 17 extrinsic hand tendons and numerous ligaments. Injury to anyone of these can result in functional disturbance of one or all of the hand structures.

As a hand surgeon I see varying hand conditions ranging from nail bed injuries and carpal tunnel syndrome, to joint replacement through to complex hand trauma and replantation. I recommend that all patients who have hand surgery should undergo hand therapy and that no hand surgery should be undertaken unless the patient commits to therapy post operatively. It speeds up recovery and results in better outcomes for patients.

So what do hand therapist do to improve outcomes:

1. Odema management
2. Scar management
3. Splinting of repairs
4. Mobilisation post- surgery to very strict protocols to ensure repairs are protected and stiffness prevented
5. Early detection and management of chronic regional pain syndrome (affects up to 5% of people post surgery)

At WPRS, we have three fully qualified hand therapists working in the rooms to ensure that patients achieve optimal results post hand surgery.

www.wprs.net.au

Telephone:  
(03) 5562 5330

## Ganglions? Why do they occur and what do we do about them?

Ganglions (psudocysts) are the most common cause of a hand mass in adults. Females are affected more commonly and 70% occur between the ages of 20-40 years old.

They present as a swelling, that maybe painful and fluctuate in size with activity. Common locations are wrist (volar 20% and dorsal 60%), fingers (related to flexor tendon sheath 5%) and nail fold (mucous cyst 5%).

The exact cause of ganglions is not fully understood. Two common accepted theories are:

1. Mucoïd degeneration: degeneration of collagen and connective tissue into ganglion following trauma
2. Tissue irritation: trauma to joint capsule modifies synovial cells and mucin herniates from joint causing a psudocyst.

Management options for ganglions are:

1. Conservative management and observation- best for tendon sheath ganglions and volar wrist ganglions that are asymptomatic. Approximately 20% will resolve spontaneously.
2. Aspiration ganglion. Injection of steroid post aspiration has no evidence of decreasing recurrence and increases complication rate. Splinting of finger or wrist for 3 weeks post aspiration decreases recurrence rates. Recurrence rates following aspiration is 30-60%.
3. Surgical removal. Best recommended for symptomatic or large ganglions. Recurrence rate is still 5%.

Hand therapy is essential following removal of a wrist ganglion as it often causes a limitation in mobility and pain following surgery.



The WPRS team would like to wish everyone a happy and safe Christmas. We thank you for your support during the year and look forward to another exciting year next year.

**Please note our rooms will be closed from Monday 23rd December 2013 until Sunday 5th January 2014.**

**Our rooms will re-open as normal on Monday 6th January 2014.**

For all elective referrals during this period please fax to the rooms and we will call the patients on return from holidays. For emergencies please contact the surgical registrar at Southwest Healthcare or St John of God for advice.