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Giant cell tumours of the tendon sheath. Are they really tumours?

Giant cell tumours of the tendon sheath (GCT) are the 2nd most common hand tumour often affecting people aged 30-50 year old. Two thirds present on the volar aspect of the hand often affecting the radial digits. They present as firm non-painful nodular masses often associated with some degenerative joint disease.

The aetiology is unknown. It is thought to be caused by a reactive hyperplasia associated with inflammation resulting from trauma/infection. Since they are polyclonal proliferation they are technically not tumours.

Two forms are identified

1. Localised. Most common. No bone invasion evident.
2. Diffuse. More aggressive, commonly invades bone and arises from joints.

X-rays will often show periosteal erosions and soft tissue calcification. MRI is the most sensitive investigation and will determine the possible extent of invasion.

Treatment involves surgical excision. For diffuse lesions recurrence rates are as high as 40%. Post-operative radiotherapy does decrease the rate of recurrence however it is associated with significant morbidity.

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SECOND SURGEON AT WPRS

WPRS is very excited to announce the recruitment to our service of a second plastic and reconstructive surgeon, **Mr John Masters**.

We, at WPRS, have been overwhelmed by the support from the medical community and patients over the last 4 years since opening. We have always strived to provide a quality and prompt service to patients. However, with demand growing, waiting list times for consultations have lengthened. With the services of a second plastic surgeon WPRS will now be able to see all referrals (Public and private) with minimal or no waiting time for consultation. Hence a better service for your patients.

In order to allocate patients to the next available appointment please address any plastic surgery referral to WPRS to both Mr Toma and Mr Master. This will ensure that your patient is seen as soon as possible. If you prefer Mr Toma or Mr Masters to see your patient please address the referral directly to them and the patient will be offered the next appointment available with that surgeon

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

CHRISTMAS CLOSURES

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
Thursday 24th December 2015 until Sunday 10 January 2016.
Our rooms will re-open as normal on Monday 11th January 2016.**



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.