

FLEXOR TENDON REPAIR

Your flexor tendon(s) have just been repaired. These tendons run from the forearm muscles to the fingers and flex (bend) your fingers.

Your hand will be elevated whilst in hospital to prevent swelling and stiffness of the fingers. When you leave hospital, please remember not to walk with your hand dangling, or to sit with your hand held in your lap.

Your dressing will be removed after 24-48hr. If possible, no further dressing will be applied to avoid interference with movement. There obviously will be some swelling and bruising. Look out for any redness or tenderness in the area around the wound that might indicate an infection. Do not apply antiseptic but please contact my secretary if you have any worries.

You will be seen by a hand therapist who will put you in a protective splint, which prevents the repair being over-stretched. This needs to be worn continuously for 4-5 weeks and then at night for a further two weeks.

You will be instructed on your exercise program. This is intended to prevent the tendon becoming stuck in its tunnel, which will prevent the finger moving properly. The program may be varied but is usually "Four Fours":

4 hourly, **4** passive flexions (gentle bends of the injured finger(s) into the palm with your other hand), **4** active flexions (bends using the repaired tendon), **4** active extensions (straighten finger(s) until the finger-nails touch the splint).

DO NOT (i) Remove your splint (4-5 weeks) (ii) Forcibly grip or squeeze anything (8 weeks) (iii) Use your hand for anything other than your exercises (4 weeks) (iv) Push your finger(s) straight (8 weeks and then only as instructed)

The repaired tendon is much weaker than normal and takes about 12 weeks to recover full strength. If you do not follow this advice, the tendon repair may snap. Beware stretching your repair when: getting out of the bath, taking your hand out of a sleeve, opening doors, squeezing toothpaste tubes and friends who tell you to squeeze tennis balls!

Any stitches will be removed at about two weeks after the operation. Following this the scar will be somewhat firm to touch and tender. This can be helped by massaging the area with moisturizing cream.

CONTACT US (i) Redness or increased tenderness in the wound (=infection) (ii) The splint breaks or bends (iii) You suddenly cannot bend the finger (=tendon snap)

Return to work; light (clerical) 8 weeks, medium (shop-keeper, light-engineering) 10 weeks, heavy (heavy engineering, building) 12 weeks. Driving; car 8, bike 9, HGV 10 weeks, Sport; 10-12 weeks.

Wound Possible problems include swelling, bruising, bleeding, blood collection under the wound (haematoma) and splitting of the wound (dehiscence). Wound infections can occur in 5% of cases of repair, particularly if the injury occurred on a contaminated surface such as in an agricultural setting.

Scar You will have a scar, which will be firm to touch and tender for some months. This can be helped by firm massage with the moisturizing cream.

Tendon snap Failure of the tendon repair can occur in 5-10% of cases and can be contributed to by factors such as infection or technical failure or patient non-compliance.

Tendon adhesion Some loss of tendon glide is very common. In the majority of patients the loss of movement is minor. In some, however, further surgery is required to free the tendon (tenolysis)

Joint stiffness Joints in the region can become stiff even if not directly injured as a result of factors such as swelling, infection and immobility. In the majority of patients the loss of movement is minor. In some, however, further surgery is required to release the joint (arthrolysis).

Regional pain syndrome About 5% (1 in 20) of people are sensitive to injury and/or hand surgery and their hand may become swollen, painful and stiff. This problem cannot be predicted, is variable in severity and is principally treated with physiotherapy.

