

# Lacerations with extensor tendon involvement

## Outcomes to be expected

Standard outcomes have not yet been delineated. Patients should be given the opportunity to input data at 3 months in order for an outcome standard to be defined in time

## First aid treatment and referral pathways

- For all first aid measures see Hand Injury Triage guidelines at [https://www.bssh.ac.uk/hand\\_trauma\\_app.aspx](https://www.bssh.ac.uk/hand_trauma_app.aspx)
- Referral category green – The patient should be seen in the next available soft tissue hand clinic (preferably within 24 hours)

## Consent – principle of shared decision making

- Discussion with the patient should include all options, an outline of their rehabilitation requirements for each option, and the likely outcomes
- The patient's values, occupation and hand function requirements should be discussed and considered in a joint decision making process
- Examples of this:
  - Whether to repair EDM if there is an intact and functioning juncturae from EDC to the little finger

## Decision making documentation

- The factors that have been considered in making a management decision should be documented, particularly where the surgeon and patient have agreed an option that might not be a common approach

## Non-operative management options

Where non-operative management is selected the patient should be provided with access to hand therapy to provide splinting where needed, supervision of their progress and assistance with their hand rehabilitation

## Operative management requirements

### Timing

- Within 4 days for open wounds

### Staff

- Done or supervised by a surgeon who is competent in the repair of extensor tendons
- Minor wounds will still require the support of another staff member, (e.g. ODP or scrub nurse) to ensure that instruments and sutures are available to the surgeon without compromising sterility or prolonging the procedure

### Environment

- Extensor tendon repair involves the insertion of foreign material into a relatively poorly vascularised structure. It should therefore be carried out in a designated operating theatre or a procedures room as a minimum for minor repairs

### Equipment

- Light
- Hand surgery instrumentation
- Appropriate sutures
- When needed, tourniquet and the associated infrastructure

### Therapy requirements

- Access to a competent hand therapist who is familiar with the zone specific rehabilitation requirements of these injuries
- Injury specific timeframes

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### Audit

- Regular or rolling audits of
  - Infection rate
  - Rupture rate
  - Tenolysis rate
  - Number of hospital visits/interventions
  - Functional outcome at 3 months e.g. TAM or digit extension deficits

### References

Murphy GR, Gardiner MD, Glass GE, Kreis IA, Jain A, Hettiaratchy S. Meta-analysis of antibiotics for simple hand injuries requiring surgery. *Br J Surg.* 2016, 103(5): 487-92

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Collocott SJF, Kelly E, Ellis RF, Optimal early active mobilisation protocol after extensor tendon repairs in zones V and VI: A systematic review of literature. *Hand Therapy* 2018, 23(1): 3-18

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<http://fessh.com/down/Evidence%20Based%20Data%20In%20Hand%20Surgery%20And%20Therapy.pdf>