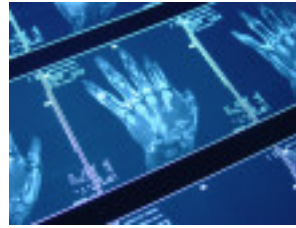


INTERESTING FACTS:

- Of all the injuries seen in the ER, 1/3 of them involve the upper extremities.
- ¼ of athletic injuries involve the hand and wrist.
- Children 6 and under run the greatest risk of hand injuries caused by crushing or burning.
- 1 out of 6 work injuries involve the fingers, which accounts for more than ¼ of all disabling work injuries.

Source:
www.eatonhand.com



Hand Health

Carpal tunnel syndrome, with symptoms of numbness, tingling, and pain in the arm, hand, and fingers, is a common condition caused by increased pressure or a pinched nerve at the wrist. Diagnosing CTS is relatively easy with the support of an EMG and a Phalen test. But what about all those other wrist and hand pains that don't resemble CTS? Wrist and hand pain can pose a challenge to the physician, but one thing is clear; early treatment is imperative. Diagnosing a wrist or hand injury requires a thorough H&P, with emphasis on the mode and force of injury. Localization of the pain will help determine the cause, and flexor and extensor tendons should never be overlooked.

Subjective provocative tests should be done to assess range of motion and grip strength and x-rays should be taken to rule out a fracture.

In young adults, Carpal ganglia is a common source of wrist pain. A ganglion may present as an almost undetectable firm swelling, or it may be large and fluctuating. Some will subside over time, but surgical excision is usually successful, with a low rate of recurrence.

Dupuytren's disease primarily affects those over 50. The fibrous tissue of the palm thickens and forms a nodule, which can lead to contracture of a finger. It's slow but steady progression can begin to interfere with hand

function. When this occurs, surgery is recommended.

Other common wrist and hand conditions, such as tendinitis, arthritis, fractures and lacerations are best treated early by an experienced hand surgeon. A sound understanding of the mechanisms of the hand is important to diagnosis and treatment.

Source: Richard Ruffin, M.D., "The Aching Wrist," *First Hand News*, Spring/Summer 1991, Vol. 3 No. 1, pp. 1-4.

Edmund Rowland, M.D., "Dupuytren's Disease," *First Hand News*, Spring 1992, Vol. 4 No. 2, pp. 1-4.

Flexor Tendon Injuries

With nine extrinsic flexor tendons arising from the forearm into the hand, a laceration or puncture injury may inevitably cause damage. A missed tendon injury can prolong the patient's recovery and increase the difficulty of any later surgeries. A seemingly small injury may actually be a big problem. A correct diagnosis by the first treating physician is vital. Upon observation of the normal fall of the patient's fingers, flexor tendon damage can easily be seen as the inability of the affected finger to flex. But

approximately 50% of tendon lacerations have neurovascular involvement. Capillary refill and two-point discrimination measurements should be taken to prevent other damaged structures from being overlooked.

Primary repair of lacerated tendons within 24 hours is preferred because of risk of infection. Delayed primary care after 24 hours normally has the same results as primary repair, but must be completed within at least 10 to 12 days after injury. Flexor tendon repair is

technically demanding and requires meticulous attention to detail. Meticulous postoperative care, such as bracing and therapy, is essential in achieving excellent results and preventing common complications. Proper, timely care by a qualified hand surgeon can prevent devastating results and get the patient on the road to recovery.

Source: Gary Pennington, M.D., and Robert Jacoby, "Flexor Tendon Injuries," *First Hand News*, Spring 1993, Vol. 5 No. 2, pp. 1-4.

DID YOU KNOW?

- During the Gallic wars, Julius Caesar ordered the thumbs of captured warriors amputated so that when they returned to their country, they would serve as examples and be unable to bear arms! This practice was later used in a number of wars and in the slave trade.

Source: Pravda.ru.com

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Nailbed Injuries

Nailbed injuries are among some of the most regularly misdiagnosed hand injuries. They usually come about as a result of crushing and can appear to be a very innocent injury. The appearance of a large hematoma may be covering up a sizeable laceration

of the nailbed. Unless the nail is removed and the laceration properly repaired, it is likely the patient would end up with a nail deformity. Nailbed injuries that are not sufficiently treated may become problematic with infection, thus compounding cosmetic deformity and overall

hand health. If the nailbed hematoma is *greater than 25%*, the injury should be splinted and referred to a hand surgeon for treatment.

Source: Paul R. Ellis, J.D., M.D., "Commonly Missed Diagnosis of Injuries," *First Hand News*, Fall 1989, Vol. 1 No. 1, p. 1.

About Our Surgeons

Raghu G. Elluru, MD, FACS, and Scott D. Holley, MD, FACS are dedicated to their patient's wellness and health. It is important to customize a treatment plan that will suit each patient individually and meet that

patient's needs and desires. Both surgeons hold certifications with the American Board of Surgery and the American Board of Plastic Surgery. They each maintain a Certificate of Added Qualification in Hand

Surgery, and are affiliated with many professional organizations. Drs. Elluru and Holley, along with their experienced staff, welcome you to Great Lakes Plastic and Hand Surgery.



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