

Brachial Plexus Injury Newsletter

OUT of AFRICA – a return visit

Here's something a little different. As many of you know I have been visiting Malawi regularly over the last few years. I have just returned again and am acclimatising to life after 35-40 degrees C!!

The purpose of the trip was to continue to support previous projects of education and training for the nursing workforce. I had taken out many pieces of equipment along with educational resources for the staff and also toys and materials for the children. The adventure began as my colleague and I scraped through check in with overweight luggage.

The economic recession has hit the charities too as the hospital has had to cut the number of available free paediatric beds and clinics held to allow private adults to pay for surgery and so enhance the hospital's financial income. However the activity was still immense with many conditions being seen that are mostly unknown in the UK.

There are many deformities of lower limbs, bone infection (sometimes resulting in amputation), tuberculosis of the spine, finger abnormalities (joined digits or extra digits) and many late presenting healed burns that result in contractures of joints.

We were able to assist with an outreach clinic in the south of the country (even hotter!) and using my orthopaedic knowledge (and limited Chichewa – the local language) managed to confirm some diagnosis and list the children to come in for surgery.

Attendance at this clinic for 1 family meant that the slight built mother had to carry her 8 year old boy with hydrocephalus (water on the brain/brain damage) for 15km to get him seen. The patients then just sat in any shade from the heat and waited until they were called. Makes our clinics seem not so bad now!!

Practical education with the nurses was fun as we introduced them to many concepts of encouraging independence with their patients, including using things like moving and handling aids that we had taken with us.

The Malawian people are most resourceful as the

picture shows how to use an old garden chair with some bicycle wheels and turn them into a very professional looking wheelchair!!



The dressings of wounds included the use of honey (very well used here too), vinegar (ouch!) and Savlon (reminiscent of my childhood) – but surprisingly they had some good results with the most basic of resources!

We were privileged to be invited to a Malawian wedding and have many tales to tell (with censored photos) that were unforgettable experiences!

This was another successful visit with many plans made for future project working together. However I was glad to welcome water and electricity along with something more varied to eat than carbohydrates and the local dish of nseema (porridge style dish made from maize flour – need I say more?)

Anyone who would like to learn more or be involved with my Scotland Malawi project I am happy to talk and show pictures (for hours)!!

Grateful thanks go to the organisations and individuals who gave some financial support to assist me in this venture – they know who they are!

BW

Scar Management

The normal wound healing process starts within 2-3 days of the injury; scar tissue forms to fill in the injured area and can continue to develop over many weeks and months. Following wound healing a scar is usually referred to as an 'immature' scar and is usually red in appearance. 3 months-2 years after scar formation the appearance should become paler, flatter, and softer and is referred to as a 'mature' scar. Although no treatment will make scars totally disappear scar management techniques can impact the appearance of scars, massage being a primary one.

Massage

Massage is used to help mature a scar, reduce sensitivity, and promote the best healing of the scar, as well as flattening and softening the scar tissue. This involves rubbing and moving the skin and underlying tissue in a firm manner. It is recommended that you use a non-perfumed moisturising cream whilst doing this. Scar tissue can stick to underlying muscles, tendons, blood vessels, and nerves. Massage can prevent this from happening and helps keep the scar tissue flexible. Scars may feel sensitive, tingle, or hurt when touched. Regular massage can help control this and eventually sensitivity should reduce. Massage should be started as soon as your wound has healed, approximately 6-8 weeks after surgery. Ideally massage your scar 2-3 times per day for 5-10 minutes each time. Continue massage until the scar has matured. You should continue to moisturise your mature scar regularly.

How to massage

Place the pad of your thumb or finger on the scar. Massage using a slow, circular motion so that the skin moves on the underlying scar tissue. Repeat across the entire scar. Firm pressure should be used without causing any damage to the skin. Your fingernail tip will change colour from pink to white when using the correct pressure.

Other scar management techniques are:

- Medical Adhesive tape – this applies a gentle pressure and reduces the possibility of the scar becoming thick and raised. Tape can be used on wounds that are not completely healed or when scabs are present.
- Silicone gel/sheet – this is made from a clear, soft, medical grade silicone material that sticks

to the scar and is a safe and effective treatment that helps flatten and soften scar tissue.

All of the above scar management techniques should only be undertaken on the advice of your surgeon/nurse.

Skin Camouflage

Skin camouflage creams are a useful aid in reducing the appearance of noticeable scars. Some scars can be a challenge to cover as few are level with the surrounding skin. Camouflage creams are designed to disguise a predominant colour and to match/blend with the natural colour of the surrounding skin; unfortunately they cannot physically return the scar to alignment with the natural skin or improve upon and conceal the texture of the skin.

The camouflage creams are water resistant and have a sun protection factor (this varies depending on the manufacturer).

These creams are best used after being advised by a skin camouflage practitioner who can match your skin tone with the correct cream and demonstrate the application.

Most creams have a lasting power of between 8 and 24 hours, this is dependant on the person's life style and daily hygiene practices. The position of the creams will affect the durability, where friction may occur such as collars and cuffs they will be less durable than to other areas where the possibility of any "rubbing off" is eliminated.

For more information you can contact The British Association of Skin Camouflage. (basc@resources.demon.co.uk) or look at their website (www.skin-camouflage.net)

Further advice can be sought from Beverley re dressings, creams and massage. Some of the current products available for scar management include Dermatix gel, dermatix sheets, mepiform dressings.

This is for the information of the reader. The BPI Service does not acknowledge any statements/advertisements or claims made by the manufacturers in opposition to or in preference of any other manufacturer.

Thanks to Yvonne Moore (maxillo facial prosthetist, Glasgow) for this article.

Scottish National Brachial Plexus Injury

Patient Therapies Day - Saturday 7th November 2009, New Victoria Hospital, Glasgow

We were very pleased to put on our very first Patient Therapies Day early in November. The format for the day was to provide some education and information in an informal setting with some other fun activities too – these included indoor golf target activity, ‘shooting baskets’ and cookie icing (this provided much laughter and some artistic efforts!). Small prizes were given for the best score at golf which went to James Williamson and the best cookie (as judged by MrHems) went to Tommy Murray.

22 patients were invited to the event. 19 responded to this with 13 confirming their intent to attend (68% response). 9 attended on the day with a total of 11 family members or friends being present for the day- a total of 20 persons. 7 out of 9 patients completed an evaluation for the day with 5 out of 11 accompanying persons completing the form with 1 other unidentified form. 13 forms in total were completed out of 20 (65%)

Distance travelled to the event (one way)

3 persons travelled 1-10 miles, 4 travelled 25-50 miles, 3 travelled 50-100 miles, 3 travelled 100+ miles

Sessions

From the many sessions on offer the top 3 chosen as of most interest by those present were: TENS, Relaxation, Sports fun exercise (given by Jane, Beverley and Brian)

Other suggested topics by those present for future days included:

Group discussion to see how people cope

Sports adaptations / Sports exercise / Sports facilities available

Stress relief alternatives

Overall rating for the day

4 rated Good

3 rated Very Good

6 rated Excellent

Other comments

‘skills shown very helpful to patients’

‘as an onlooker..good to see interaction between patients relating to each other’

‘very informative workshop’

‘found individual sessions very helpful’

‘day was very informal and staff very friendly’

‘I would recommend this workshop to anyone suffering from this injury’

Many thanks go to Brian for helping with the sports exercise, Jane for the catering organisation and Mandy for the cookies and hand massages (not at the same time!!) – but mostly to all patients and accompanying persons for making it such a successful day.

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Useful websites

www.dwp.gov.uk

The Department for Works and Pensions. Advice on benefits and services including attendance allowance, carers allowance, disability living allowance, incapacity benefit and statutory sick pay.

www.jobcentreplus.gov.uk

Jobcentre Plus. Part of the DWP, supporting people of working age from welfare into work, and helping employers to fill their vacancies.

www.dvla.gov.uk

Driver and Vehicle Licensing Agency. Information for drivers on subjects including fitness to drive and medical conditions, disabilities and adaptation to vehicles.

www.cas.org.uk

The Citizen's Advice Service helps people resolve their legal, money and other problems by providing free information and advice.

Comings and Goings

Since our last newsletter many of you will be aware that we have moved our clinic to the New Victoria Hospital. We are still trying hard to overcome some of the organisational difficulties that are out with our control (such as sign posting and accessibility of medical records). However we hope that the pleasant surroundings and facilities will make you feel comfortable whilst you are patiently waiting!

For those of you who don't know – Debbie, our Occupational Therapist, has left the service and indeed left the country!! She has gone with her family to a sunnier place – in California! She is taking time to settle down over there, but has promised to give us news from across the pond!

We are very pleased to announce an addition of another Occupational Therapist, Claire McGeehan who is based in the Victoria Infirmary and has experience in orthopaedics. She will be working with the team for a while and is keen to add to our website some useful information on work and sports.

We are also pleased to welcome Mr Andy Hart to the BPI team. He is a Consultant Plastic Surgeon, based at the Royal Infirmary, Glasgow and has assisted Mr Hems with many surgical procedures up to now, bringing an expertise from another field to help with our service provision. Read about him (and see his photo) in this edition.

Andy Hart

I am a Consultant Hand, Plastic and Reconstructive Surgeon based at the Canniesburn Plastic Surgery Unit, and Royal Hospital for Sick Children, with microsurgical upper limb reconstruction as my main clinical



remit. I have 10 years experience in research, undertaken with colleagues in Manchester and Sweden, focusing upon the neurobiology of peripheral nerve injury.

I am also the Deputy Editor of the Journal of Plastic Reconstructive and Aesthetic Surgery, the world's second highest impact reconstructive surgical journal.

In joining Mr Tim Hems and the Brachial Plexus Injury Service team, I can offer a range of reconstructive surgeries when deemed appropriate for both children and adults.

This increases our ability to target the needs of our patients to optimise their well-being, function, and self-image.

Patient story – Phill Rennie

From a very young age I have had a keen interest in motorsport. At the age of 4 I had my very first motorbike, at 8 I raced go karts for my country and at the age of 16 I owned my very first road legal motorbike.

Unbeknown by me this motorbike would make my life crash down at my knees. I tend not to refer to what I used to be like as I feel that now is now and you should focus on the life ahead of you. However, to give you an idea of what I felt like I had lost at the time, I'll tell you what my life would have been like if I had not had my road traffic accident.

I left school at the age of 16 and worked in a family owned business in which I was training for a management position. I had many hobbies including golf, fly fishing and fly tying. I was a very hands on guy and not to blow my own trumpet but from the standards I have been taught by my father I was good at things I did and did it with 100% effort. My life was exactly what I wanted it to be...

On the 7th of August 2004, I had a horrific motorbike accident which left me with multiple injuries. I suffered from a left arm brachial plexus injury which left my whole left arm completely paralyzed. Due to another injury my right wrist and hand are paralyzed and still are to this day. I broke my back in 2 places. I had a stable fracture in my neck, a perforated spleen (which was removed) and lower part of my right kidney. I think I underwent in excess of 15 operations!

As many people know when you go through a trauma that completely changes your life you will feel cheated as such, you will wonder what you're going to do with your life and more to the point what you are capable of doing.

The mental pain in my opinion was far greater than the physical pain due to my age, and as many people with brachial plexus injuries know... nerve pains are no walk in the park! With having a paralyzed right hand my main focus was to gain movement then power in my left arm (brachial plexus), I remember the first time my fingers moved... a tear came to my eye and from that day on I made it my goal to get everything I could out of my left arm. With hard work and determination I have been able to gain a well working limb, my arm is strong and I have very much adapted to this way of life!

When the injury first occurred I didn't think I would ever be able to move my arm again. I was always fishing for information on what the outcome of this injury would be, whether it be from resources such as the internet or from my doctors. I learned to deal with the fact that it just couldn't be predicted, so what else could I do but make the best possible outcome happen for myself.

I am now 21 and it has been 5 years since my accident. I have studied computing & software development at college for 3 years and have just started at University which I will attend for another 2 years and then obtain the qualifications to enable me to be a software developer.

I owe a lot to my family because if it wasn't for my family pushing me to do something with my life, well I would be basically a bum.

You only have one life.... make the best of it!

Phill is happy to be contacted to give any further advice or information on:

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