PATIENT INFORMATION ABOUT SPASTICITY REDUCING SURGERY
SPASTICITY REDUCING SURGERY

Spasticity reducing surgery aims at lengthening affected muscles, in order to reduce their tension. The schematic picture below shows how a tendon elongation usually is performed.

The tendon is split in a step-like manner

The upper and lower part are separatated resulting in an elongation

Elongation
The two parts of the tendon are then sewed together with a large overlap to optimize the strengh

The aim of the surgery and subsequent rehabilitation is to restore a functional hand grip enabling and/or enhancing daily life activities.
Below you will find essential information for your preparations:

PRIOR TO SURGERY

In order for our staff at ward 233 C.A.R.E. to prepare your visit, a nurse will contact you in advance. You will be asked to provide us with the following information:

- Your need of assistance
- Specific procedures you use for bladder and bowel care
- Any need for a special mattress or other items
- If you are accompanied by an assistant or relative

Hygiene Preparation

Please shower and follow the instructions you have received to minimize the risk of infections. You also find these instructions on the webpage: www.sahlgrenska.se/omraden/omrade-3/avancerad-rekonstruktion-av-extremiteter/enheter/mottagning-avancerad-rekonstruktion-av-extremiteter/

Planning at home - changes in your independence

Please, remember that restrictions after surgery will hinder certain aspects of personal care you might be used to and result in increased need for assistance. Therefore, make preparations to increase or change the amount of assistance well in advance prior to surgery. If you have a manual wheelchair, you will, however, still be allowed to use it after surgery, but you may find it difficult driving long distances because of the splint on the hand. In order to facilitate adherence to the restrictions, you are recommended to try out the following aids before hospital admission if it seems likely to be relevant to you:

- Indoor transfer aids such as sliding boards, lifts and slings
- Mobile commode. Since transfers might be more difficult.
- Outdoor transportation - powered wheelchair for longer distances

Driving car

Driving your car is usually not recommended during the first 8 weeks after surgery. However, this may vary depending on the type of surgery.

BEFORE SURGERY

You will be admitted to the ward the day before surgery and meet with with several professionals from the C.A.R.E. team. We therefore advise to arrive before noon, preferably at 09:30 a.m. Should you have difficulties to arrive early, please inform our coordinator well in advance. The hand surgeon in charge will admit you and inform about the surgical procedure. The occupational and physical therapists will make assessments, such as muscle strength and range of motion. You will be asked to state your own therapeutic goals. We will also photo document your preoperative arm condition to document improvements of arm function during follow-up. Anaesthesiology assessment and blood sampling will also be carried out the day before surgery. Please look at the timetable at page 6 for more details.
SPLINTING

The day after surgery a custom-made splint will be made. You are expected to use this splint day and night for 3 weeks, except for training sessions. From week 4 the splint is used only during the night for 2 more months. Please, bring clothing with wide sleeves to allow for the plaster cast/splint.

PERSONAL CARE

During the restriction period, we recommend you to be as active as possible in your everyday life. When taking a shower you need to protect the arm in a plastic bag. After 3 weeks you are allowed to start using the operated hand in daily activities.

TRANSFERS

Manual wheelchair
If you plan to use a manual wheelchair after surgery there are certain techniques that facilitates the manoeuvring. It is generally possible to drive the wheelchair shorter distances propelling with the splint. The therapists will help you with techniques, tips and possible adaptation of the splint.
**Walking aid**
If you use a walking aid, we will try to adapt them for continued use with the splint.

**Transfers to and from the wheelchair**
There are different ways of making transfers. You are encouraged to practice and try out these techniques before the surgery. We will also practice transfers both prior to and after the surgery.

When making transfers with a sliding board in and out of bed, on and off the mobile commode, etc. you are allowed to facilitate the transfer by putting some weight on the elbow, as shown in the illustrations below.

![transfer images]

**TRAINING DIRECTLY AFTER SURGERY**

The first day after surgery you will start training new (reconstructed) functions with guidance from the physiotherapist. There will be training sessions several times each day according to a detailed programme and during resting periods you will wear the splint. After hospital discharge you should continue training several times a day, following the program. If you think you will need continued assistance with this training we will assist by contacting a therapist nearby your home. If you currently or previously have had contact with a local physiotherapist, please bring his or her contact details.

**REHABILITATION 3 WEEKS AFTER SURGERY**

Three weeks after surgery an intensive rehabilitation period starts. The aim is to enhance functional training and initiate training of task-related daily activities. Professional guidance is highly recommended at this stage, preferably at C.A.R.E.
CONTINUED FOLLOW-UP VISITS

For persons living in Sweden, follow-up is usually scheduled 3, 6 and 12 months after surgery. You will then meet with the team for post-operative evaluation and training advices. On these occasions the preoperative assessment will be repeated. You should therefore be prepared to set aside a day for these follow-up visits.

We also perform follow-up visits on a regular basis at Spinalis (Stockholm), Orup (Skåne), Örebro, and Sunderbyn (Norrbotten). If you live nearby one of these places, we will try to schedule the follow-up there.

CONTACT DETAILS

For cancellations and enquiries, etc. please contact:
E-mail: careinfo@vgregion.se
Coordinator, Vivika Muller Phone: +46 31 - 342 88 06
Occupational therapist, Johanna Wangdell Phone: +46 702 99 21 12
Occupational therapist, Therése Ramström Phone: +46 761 35 74 16
Physiotherapist, Lina Bunketorp Käll Phone: +46 700 85 25 96

Hospital ward 233: +46 31 - 342 85 33 or +46 31 - 342 85 38

Visiting address: Mölndal hospital, building T, level 5, Göteborgsvägen 31, 431 30 Mölndal
### TIMETABLE – OPERATION WEEK

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30 – 16:00</td>
<td>Surgery (all day)</td>
<td>Before noon Assessment by hand surgeon.</td>
<td>Functional training several times during the day.</td>
<td>Changes of wrapping, if necessary.</td>
</tr>
<tr>
<td>Pre-operative assessments and interviews with Occupational therapist and Physiotherapist.</td>
<td>11:00 am – approx. 04:30 pm: Post-operative treatment and functional training</td>
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<td>Changes of wrapping, if necessary.</td>
<td></td>
</tr>
<tr>
<td>Appointment with hand surgeon.</td>
<td></td>
<td></td>
<td>Functional training during the day.</td>
<td>Functional training.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Follow up on transfers and activities</td>
<td>Discharge after lunch.</td>
</tr>
</tbody>
</table>

### TIMETABLE – REHABILITATION WEEK

<table>
<thead>
<tr>
<th>MONDAY</th>
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</tr>
</thead>
<tbody>
<tr>
<td>9:30 – 11:30 am: Removal of splints and stitches. Adjustment, if necessary replacement, of splints. After noon Follow-up and adjustment of functional training Activity training.</td>
<td>ADL training. Checking splints. Training, multiple sessions (both functional training and in activity)</td>
<td>Before noon Assessment by hand surgeon and the team Functional and activity training</td>
<td>ADL-training Functional and activity training</td>
<td>Training Discharge after lunch</td>
</tr>
</tbody>
</table>
Mölndals sjukhus

C.A.R.E.
Ward and outpatient clinic
233
Elevator T1, floor 5