

Replantation of Completely Severed Part(s) including Arms, Hands, and Fingers

* This guideline is due for review, BUT STILL BEING USED WITHIN THIS ORGANIZATION. Please contact the unit of origin to DISCUSS ANY CONCERNS REGARDING CURRENCY of this information.

Site Applicability

VGH

Intervention

Problems	Intervention
BLOOD VESSEL ANASTOMOSIS FAILURE related to constriction of vessels from cold or smoking or too rapid revascularization.	<ol style="list-style-type: none"> Care for patient in a warm single room with door and windows closed. Avoid drafts and excessive opening and closing of door. Elevate affected area. If a hand is involved, suspend cast from an IV pole and support elbow on a pillow. Monitor finger temperature with the digital temperature monitoring device q1h for 3-7 days and record. (or as ordered.) An area on the affected hand is used as a control for temperature comparison. If this is not possible, a control site is chosen on the other hand. Notify physician STAT, if the temperature variance between the affected area and the control area is + 3° for 2 consecutive readings. (or as ordered.) Keep the patient NPO. Assess internal or external factors that cause temperature changes. Cover affected area with a warm blanket if the temperature drops and reassess in 30 minutes. Monitor vital signs q4h x 48 hours. Do not take BP on affected extremity. Assess and document nail bed colour q1h. Do not assess for nail capillary refill. Observe for: <ol style="list-style-type: none"> Venous insufficiency cyanosis, cool to touch, skin distended and swollen (assess capillary refill on skin tissue only if able to do so). Arterial insufficiency - pale colour to progressive cyanosis, cool temperature, skin appears hollow or depressed.

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	<p>Monitor dressings for:</p> <ul style="list-style-type: none"> ○ Constriction ○ drainage and the amount colour ○ odour ○ S&S of infection. <p>Notify physician STAT if constriction develops.</p> <p>8. Instruct patient:</p> <ul style="list-style-type: none"> ○ not to move affected area, i.e. finger or hand not to smoke ○ maintain caffeine free diet, i.e. no tea, coffee, chocolate or caffeine containing carbonated beverages (or as ordered). <p>9. Administer ASA, dextran, heparin and medicinal leeches as ordered and observe for bleeding if anticoagulants are administered.</p> <p>10. Check axillary catheter is in place. Call anesthesia for "top-up" for pain control management and improved tissue perfusion q6-8h. Monitor vital signs as ordered following top-up.</p> <p>11. Monitor affected area with the Laser Blood Perfusion Monitor q1h and document (if ordered).</p>
FAILURE OF radial, ulnar and/or medical nerve anastomosis related to severity of trauma.	<ol style="list-style-type: none"> 1. Monitor sensation to all fingers of affected hand q1h. 2. Support and reinforce physician's explanation for sensation to return. This is dependent on the specific area and the severity of the trauma, i.e. finger, hand or arm.
REJECTION OF thereplanted part related to the length of time involved prior to repair or replantation, and lack of tissue perfusion within 12 hours.	<ol style="list-style-type: none"> 1. Reinforce physician's explanations for success or failure of surgery/repair. 2. Allow and encourage expression of grief, anger and loss related to the trauma.

References

Schlenker, J., Koulis, C. (1993). Amputations and replantations. Emergency Medicine Clinics of North America, 11(3), 739-753.

Kleinhere, H., Kleinher, J., McCabe, S., & Berger, A. (1991). Replantation. Clinical Symposia, 43(2), 2-32.

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