



Recommendations for the improvement of hand injury care across the world

Joseph J. Dias^{a,*}, Kevin C. Chung^b, Marc Garcia-Elias^c,
S. Raja Sabapathy^d, Jin Bo Tang^e

^a Department of Orthopaedic Surgery, University Hospitals of Leicester, The Glenfield Hospital, Groby Road, Leicester LE3 9QP, UK

^b Section of Plastic Surgery, Department of Surgery, The University of Michigan Health System, USA

^c The Institut Kaplan, Hand and Upper Extremity Surgery, Barcelona, Spain

^d Department of Plastic Surgery, Hand Surgery and Reconstructive Microsurgery, Ganga Hospital, Swarnambika Layout, Coimbatore 641 009, India

^e Department of Hand Surgery, Hand Surgery Research Center, Affiliated Hospital of Nantong University, 20 West Temple Road, Nantong 226001, Jiangsu, China

KEYWORDS

Hand injury;
Surgery;
Improvement

Summary This paper discusses the four aspects, which need attention if the management of hand injury is to improve globally. These areas include the provision of information, targeted education, relevant and well-supported audit and research and the improvement of infrastructure. The paper explores what needs to be done, the time frame for improvement and how this may be achieved. The strategy developed needs to remain sensitive to the local needs and capacity.

© 2006 Elsevier Ltd. All rights reserved.

Introduction

The need for improvement of the care of the injured hand is self-evident. There are great differences in the management of complex tissue injuries and amputations. The wrist and its injury can tax even a group of specialist surgeons, although fracture of the distal radius is one of the commonest fractures seen all over the world. Fractures of the digital skeleton are frequent and injury around the proximal interphalangeal joint can lead to significant

disability. Poor treatment adds insult to an already complex injury. There is good agreement on what to do with acute tendon injury, although there are large parts of the world where patients do not have access to adequate skill or resource for repair. It is clear that management of the injured hand can and must be improved. Many solutions may be considered.

There are two prerequisites for any solution. These solutions must improve the care of the injured hand and should be driven by local knowledge and needs.

Costs of care, lack of trained manpower and very low priority placed on hand trauma are immense hurdles. Nevertheless there are a number

* Corresponding author. Tel.: +44 116 2563089;

fax: +44 116 2502676.

E-mail address: joseph.dias@uhl-tr.nhs.uk (J.J. Dias).