

Wrist Surgery Complications

There are specific complications to your pathology, injury and surgery listed under the relevant sections of this website. These are influenced by other factors, including:

- Your general health;
- Previous treatment;
- Accurate diagnosis;
- Preoperative planning;
- Skill of the treating team;
- Postoperative care, including hand therapy, and
- Compliance with advice.

Generalised complications of wrist surgery include:

- Problematic scars;
- Anaesthetic complications;
- Injury to adjacent structures, such as nerves;
- Infection;
- No improvement;
- Recurrence ;
- Worse outcome, including CRPS.

Problematic scars:

The best way to deal with problem scarring is through prevention. Meticulous technique, tension free repair and postoperative care are important factors. If a scar becomes problematic there are options available.

Anaesthetic complications:

Many simple procedures can be done under local anaesthetic, minimising the anaesthetic risks. Tourniquets, to prevent intraoperative bleeding, can be painful. Anaesthetic blocks and general anaesthesia may be required and will be tailored to your needs.

Injury to adjacent structures:

This is rare. When it occurs, it is often due to intraoperative difficulties, such as unusual anatomy, previous trauma or previous surgery. Nerves and other structures can be trapped in scar tissue, making them much harder to identify and dissect compared to a standard primary case.

Infection:

Thankfully the blood supply to the hand is very good, making infections rare. Contaminated or ischaemic wounds are more likely to develop problems, as are patients with multiple medical problems. Infections associated with implants, such as plates and screws are rare, but the consequences can be severe.

No improvement or recurrence:

Despite an accurate diagnosis, preoperative planning, an operation executed well and good postoperative care it is still possible to not have any improvement or have the pathology recur. This can be due to failure of the treatment, a postoperative injury, an unusual tissue response or persistent pathology. While disappointing, there are often other options available.

Worse outcome:

This can be due to a complication such as infection. History, examination and investigation are vital to identify a reversible cause. Occasionally, no cause can be found and we are left managing the resulting symptoms and dysfunction. This is often the case in complex regional pain syndrome (CRPS). It is a broad term describing excess and prolonged pain following an injury, including surgery. Thankfully it is rare. It can be categorised as type 1 or 2, with type 2 caused by an identifiable nerve injury. Type 2 will often improve as the nerve recovers. The clinical features include; unprovoked pain, stiffness, changes in skin, abnormal sweating, abnormal nail and hair growth, weakness and wasting. Once a nerve injury has been excluded or repaired, supportive management is commenced. This may include a combination of education, medication, hand therapy and nerve blocks.

