

Pollicisation in Children

Hand therapy after surgery

This leaflet explains more about the hand therapy treatment available for children during the first three weeks after pollicisation surgery. If you have any further questions or concerns, please speak to your therapist.

What is pollicisation and why has my child had it?

Pollicisation surgery is done when a child is born with either a thumb missing or a thumb that does not work properly. This condition is known as thumb hypoplasia. A new thumb is created using the index finger from the same hand, or by moving a big toe from the foot to the hand.

Surgery aims to improve the functional use of the hand as your child grows up. The thumb is very important in being able to grip, handle and manipulate objects in everyday life.

What happens after surgery?

After surgery, the affected hand and arm will be bandaged carefully by the doctors. This bandage stays in place until your first appointment with the nurse and hand therapist, which is usually between one and three weeks after surgery.

In the first appointment, a specialist nurse will remove the bandages and review the scar. Your child will then be seen by a member of the hand therapy team.

What does hand therapy involve?

Your child will be made a thermoplastic splint (supporting device) in the first appointment and your hand therapist will give you advice on exercises and scar management to complete at home.

Looking after the splint

A thermoplastic splint will be made for your child to help keep the thumb in a stable and protected position as well as gently stretching the web space between the new thumb and first finger. The tip of the new thumb may or may not be free to move depending on the details of the surgery. The fingers will be free to move. Your child's splint should be worn as follows:



It is important that you do not get the splint hot or wet. The splint should be comfortable – please contact the hand therapy team if your child is experiencing any discomfort in the splint so that it can be adjusted.

Looking after the wound

The surgical wound will be left with minimal or no dressings to help with healing. To prevent infection, the wound must be kept clean and dry until it is healed. Sutures are usually dissolvable and will disappear within the first month after surgery.

Your therapist will advise you when it is appropriate to start massaging the scar. This is done in order to moisturise and soften the scar, so that it heals well in the long-term. A separate information leaflet will be given to you when it is time to start massaging the scar.

Will my child be in pain?

It is not uncommon for there to be some mild pain after surgery and during exercises. This is a normal part of recovery. Please discuss pain relief with your child's surgeon or nurse.

What exercises should my child do?

Week one to week three postsurgery:

In the first few weeks after surgery, the thumb is kept still to allow early healing of all the bones and muscles that have been moved to become the new thumb. It is important to keep either the cast or splint on full-time, including when sleeping or washing, ensuring it stays dry.

It is also important to encourage your child to move the fingers that are free of the cast or splint. This will help to improve circulation and therefore healing to the affected hand.

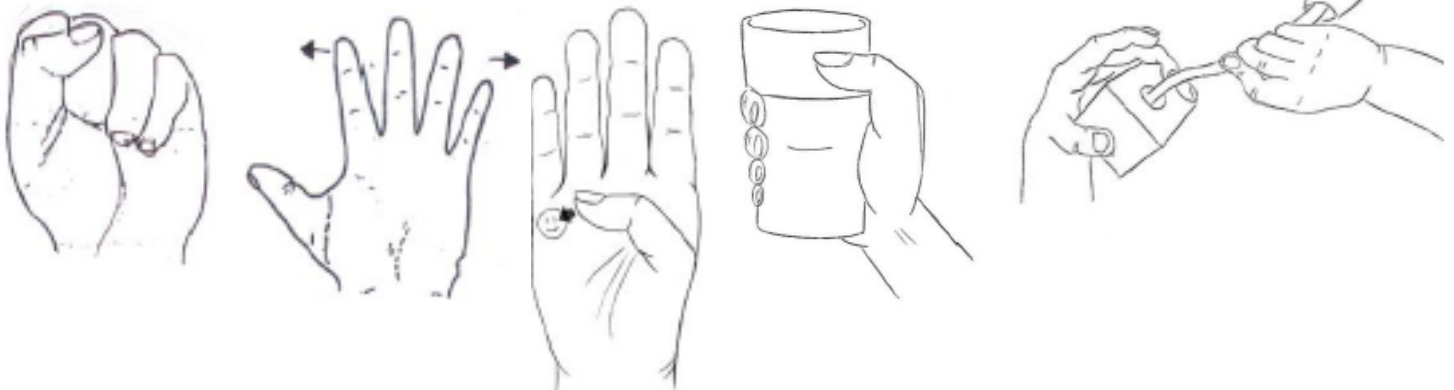
Week three post-surgery:

If your child had a temporary wire placed along the length of the thumb, then this will be removed at around three weeks after surgery. The splint will be adjusted to allow the tip of the thumb to move when it is worn.

At this stage it is safe to start moving the thumb freely out of the splint, including in light, clean play. Examples of this are playing with lego, drawing/ colouring, washing and seated play. It is best to wear the splint during any running around.

Use of the new thumb in play is encouraged. The following are some ideas to help engage your child in starting to use the thumb naturally.

- Bending and straightening fingers and thumb together (e.g. twinkie twinkie little star)
- Wide light gripping (e.g. holding a beaker or cup)
- Narrow light grips (e.g. marbles, tweezers, threading, stickers)
- Thumb bend and straighten
- Thumbs up
- Light squeezing (e.g. sponge in the bath)





How often should my child exercise?

Try to encourage as much light play as possible using the affected hand. The earlier your child is encouraged to use the thumb in play, the better the rehabilitation as your child has to relearn how to use the hand with the new thumb.

Additional instructions

Useful sources of information

British Society for Surgery to the Hand <https://www.bssh.ac.uk>

Contact REACH, the support group for children with congenital arm and hand problems, by visiting their website <http://www.reach.org.uk> or by telephoning 0845 130 6225.

Contact us

If you have any questions or concerns about pollicisation, please contact the hand therapy department on 020 8725 1038 (Monday to Friday, 8am to 5pm) or the plastic surgery department on 020 8725 1134 (Monday to Friday, 9am to 5pm).

Your therapist's name is _____

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111



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