



Recommendations for the improvement of hand injury care across the world

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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.

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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

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of co-ordinated actions that the International Groups of Hand Surgeons can undertake to improve the management of hand injuries. This paper outlines what may be possible and sets out the questions and possible solutions covering four areas with an aim to improve the quality of care of the injured hand world wide. These four areas are information, education, research, service and infrastructure. There is a need for a long-range international strategy incorporating these four areas.

Education

Everyone who is involved in the treatment of hand injury needs education. This includes patients, health care workers, doctors, general surgeons, trauma surgeons, general hand surgeons and specialist hand surgeons. This education should be purposeful and relevant and should have an immediate impact on the quality of care. With this in mind, there is a need for developing training modules for treating common disorders, such as fractures of the digital skeleton. These modules should teach basic, acceptable, good and state of the art treatments for each disorder, while remaining sensitive to the local manpower and resource constraints. For example, teaching volar plate fixation techniques for the management of the distal radius fracture in many parts of sub-Saharan Africa may be inappropriate. A detailed discussion of free tissue transfer in the management of complex tissue injury may be inappropriate in regions where basic access to clean water is not available. The present state of education in developing world is sporadic and unco-ordi-

nated. Often the materials presented reflect on the interests of the organisers rather than addressing the needs of the country or region.

IFSSH committees or subcommittees published a series of reports in 1983^{1,5,2,8} on aspects of hand surgery care ranging from the treatment of war hand injuries³ to tendon injury.^{1,5} These reports, which are compiled by leading experts from different countries, are usually informative and instructive. The committee members bring their experience from every part of the world and the synthesis of collective information is richer than that from a single country. The IFSSH should compile and publish such reviews on a *regular basis* perhaps every 6 years to summarise the advances in a variety of topics, thereby providing general guidelines to practicing hand surgeons. It would be useful if future publications from Regional and International Federations provide a list of recommendations for each level of available resource and skill (Table 1).

The curriculum for training in hand surgery has been discussed.⁷ A recent report of the IFSSH has updated the recommendation on tendon injury.¹ Such publications must be formalised, by structuring and updating the contents at predetermined intervals, perhaps every 6 years.

Another area of education is training of promising surgeons from different areas of the world to develop teachers of high calibre to help raise the standards of care for the injured hand for the respective country. The International Hand Surgery Community can sponsor training programs tailored to the needs of these underserved regions. Their attendance at Regional and International Meetings can be sponsored by the International Community.

Table 1 The possible structure of advice on any one disorder or injury

Level of advice	Targeted to	Covering
1	Patient	Information and basic advice
2	Health care worker	Basic advice, assessment
3	General trauma surgeon	Simple intervention, identification of complications
4	Hand Surgeon	Alternative interventions, management of simple complications
5	Specialist Hand Surgeon	All alternatives, evidence, aftercare identification and treatment of complications
6	State of the art	Evidence, research, future directions, major reconstructions
Areas of advice	Identification	Diagnosis and investigation
	Calibration	Assessment of severity
	Treatment ladder	Non-operative and operative
	Aftercare	Splint, therapy, drugs
	Outcomes	
	Risks	Identification, management and outcomes

For each level information relevant to the possible treatment choices should be given with a recommendation to seek a higher level of advice if available. The national societies may consider whether they wish to provide a list of centres available to give advice.

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