



## Is the term "obstetrical brachial plexus palsy" obsolete? An international survey to assess consensus among peripheral nerve surgeons

Peter D. Phua a, Hanny T. Al-Samkari b, Gregory H. Borschel a,c,d,\*

Received 9 December 2011; accepted 26 March 2012

## **KEYWORDS**

Obstetrical brachial plexus palsy; Survey; Peripheral nerve; Brachial plexus; Nerve injury; Medico-legal; International consensus: Neonatal brachial plexus palsy; Birth brachial plexus palsy; Infant brachial plexus palsy; Erb's palsy

**Summary** *Background:* Brachial plexus injury diagnosed following delivery often causes lifelong disability and frequently results in litigation. While there is no universally accepted name for this condition, the term 'obstetrical brachial plexus palsy' (OBPP) is commonly used worldwide. The difficulty with the term 'OBPP' lies with the use of the word 'obstetrical', which some have construed to imply obstetrical malpractice even if none occurred. Many regions, especially in the United States, are suffering increasing obstetrician shortages, sometimes as a result of unsustainable liability insurance premiums. We wanted to determine whether surgeons felt that an alternative to the term 'OBPP' was more appropriate.

*Methods:* We surveyed peripheral nerve surgeons worldwide to determine the appropriateness of the term 'OBPP' and alternative terms.

Results: The majority of US-based surgeons (94%) preferred alternative terms, such as 'neonatal brachial plexus palsy'. However, only 53% of surgeons from other regions preferred alternative terms. This difference was statistically significant (p < 0.0002).

Conclusions: More precise and descriptive alternatives to the term 'OBPP' are available and acceptable to many surgeons. An alternative to 'OBPP' may improve communication between practitioners, families and the legal system, especially in the United States. Our peripheral nerve organisations may be able to provide further leadership on this matter.

© 2012 British Association of Plastic, Reconstructive and Aesthetic Surgeons. Published by Elsevier Ltd. All rights reserved.

<sup>&</sup>lt;sup>a</sup> Division of Plastic & Reconstructive Surgery, The Hospital for Sick Children, 555 University Ave, Toronto ON M5G 1X8, Canada

<sup>&</sup>lt;sup>b</sup> Division of Plastic & Reconstructive Surgery, Washington University, St. Louis, MO, USA

<sup>&</sup>lt;sup>c</sup> Department of Surgery, University of Toronto, Toronto, ON, Canada

<sup>&</sup>lt;sup>d</sup> Institute of Biomaterials and Biomedical Engineering, University of Toronto, Toronto, ON, Canada

<sup>\*</sup> Corresponding author. Division of Plastic & Reconstructive Surgery, The Hospital for Sick Children, 555 University Ave, Toronto ON M5G 1X8, Canada. Tel.: +1 416 813 7654x28197; fax: +1 416 813 8569.

*E-mail addresses*: gregory.borschel@sickkids.ca, borschel@gmail.com (G.H. Borschel).

1228 P.D. Phua et al.

In light of this complex aetiological and medico-legal

background, the difficulty with the term 'OBPP' is twofold.

First, some may interpret the term as suggesting malprac-

tice on the part of the obstetrician. Second, imprecise

terminology may encourage families to pursue unwarranted

litigation. Some medical professionals are of the opinion

in terminology among surgeons. Therefore, we surveyed

paediatric brachial plexus surgeons to determine the appro-

A seven-item survey was anonymously administered to

surgeons either using the survey website SurveyMonkey.-

com or via a paper form (Figure 1). In 2008, the survey was

priateness of the term 'OBPP' and other alternative terms.

We wanted to determine the level of support for a change

that a better term is needed.8

Materials and methods

Brachial plexus injury diagnosed following childbirth may cause disability and may result in litigation in some jurisdictions.3 Clinically, most injuries affect the upper trunk of the brachial plexus (C5 and C6 nerve roots), affecting shoulder abduction, external rotation and elbow flexion; more severe injuries impair hand function as well.<sup>3</sup> While there is no universally accepted name for this condition. the term 'obstetrical brachial plexus palsy' (OBPP) is commonly used worldwide.<sup>3</sup> The pathophysiology of OBPP is not completely clear, but mechanical traction on the brachial plexus during delivery due to manipulation of the foetus as well as maternal expulsive forces may contribute to injury. 1 Also, certain foetuses may be more prone to forces that would not otherwise be injurious to the brachial plexus.<sup>5</sup> Although delivery via caesarean section theoretically significantly reduces traumatic traction on the plexus, OBPP can still occur.<sup>2,4-6</sup> Indeed, OBPP occurs in infants with a notable absence of any apparent risk factors.<sup>5</sup>

1) What is your medical specialty? (Please select all that apply)  Hand and Upper Extremity Surgeon  Neurological Surgeon  Neurologist  Orthopedic Surgeon  Plastic and Reconstructive Surgeon  Physical Therapist  Obstetrician (OB/GYN)  Occupational Therapist  Other (please specify)  2) After completion of your specialty training, how many years have you been in practice?  3) Where do you practice? (Please select one country below)  Canada  France  Germany  United Kingdom  United States  Other (please specify)	6) Which of these ter injury described in the describe this condition or if you find that all "None of the above"  Infant Brachial Congenital Brach Neonatal Brach Birth Brachial PErb's Palsy  Obstetrical Brach Perinatal Brach Birth-related Brach Birth-related Brach Other (pleases None of the about 7) The following three of the terminology describe the injury ill each of the following that best describes y	he case a on? (Plea I listed to ') Plexus Pa hial Plexus lexus Pal chial Plexus achial achial achial achial achial achial achial achial achial achial achial achial achial achial achial achial achial achial	above a ase sele erms are alsy cus Palsy sy cus Palsy exus Palsy exus Pa are state cal Brac d in the ents, pl	nd shou ect one c e approp y y y wements i chial Ple case giv	regarding kus Palsy en abov	e used to than one, lease chec g the use y" to e. For
Please consider the following case.		Strongly			100	Strongly
An otherwise healthy newborn presents with unilateral arm weakness after a difficult delivery. The baby has a flexed wrist, the digits are held in flexion, the elbow is extended, and the shoulder is held in adduction.  4) How many infant patients with an injury similar to the one described in the case above do you see each year, on average?	The terminology "Obstetrical Brachial Plexus Palsy" implies a departure from the standard of care during delivery by the	Agree	Agree	Neutral	Disagree	Disagree
5) What terminology do you find most appropriate in naming the injury described in the case above? (Please select only one)  Infant Brachial Plexus Palsy  Congenital Brachial Plexus Palsy  Neonatal Brachial Plexus Palsy	obstetrician. The terminology "Obstetrical Brachial Plexus Palsy" has a pejorative connotation. The term "Obstetrical					
Birth Brachial Plexus Palsy Erb's Palsy Obstetrical Brachial Plexus Palsy Perinatal Brachial Plexus Palsy Birth-related Brachial Plexus Palsy	Brachial Plexus Palsy" should no longer be used.					

Figure 1 The seven survey questions. Items in questions 5 and 6 were randomized for each subject taking the survey.

## Download English Version:

## https://daneshyari.com/en/article/4118953

Download Persian Version:

https://daneshyari.com/article/4118953

<u>Daneshyari.com</u>