

The Guardian

Mon 21 Jan 2019

'A patient's thumb has been nearly amputated in a machete attack'

A hand trauma surgeon reflects on people drilling through hands, falling through glass windows and more



'Almost all my patients tell me they don't appreciate how vital their hand is until it is out of action.'

Mike Lamyman

Photograph: Gary Calton/The Observer

Wednesday

My first patient should probably be dead. He was stabbed multiple times, including in the hand.

"I know I'm lucky to be walking and moving my arms, let alone breathing," he tells me. He's heard this from the surgeons who have seen him before; I don't labour the point. In the operating theatre I repair multiple tendons in his hand. The expertise and care from the hand therapy team over the next three months will be crucial to ensuring its recovery.

My list today should be elective hand surgery cases, but unfortunately most have to be postponed and rebooked so we can treat urgent hand trauma patients.

Thursday

We never know what the helicopter is about to bring in, and the unpredictability of the volume and nature of cases makes managing trauma very challenging. Reviewing the waiting cases, I know we'll be pushed to the limit over the next couple of days.

We have 36 hours of trauma operating outstanding, but only eight hours available on our trauma list today. We need another outlet. I meet the trauma coordinator and our operational manager to discuss the emergency backlog. They agree to cancel all elective plastic surgery operating tomorrow and reallocate trauma cases to our three plastics theatres. This will cause them a big headache, but they accept the clinical priorities and call the elective patients to let them know their procedures will be rescheduled.

Friday

I feel terrible for the patients not getting their planned operations today, including a child born with their fingers fused together, and an elderly gentleman with such severe carpal tunnel syndrome he can barely sleep at night.

But the urgent trauma cases have to take priority. A massive departmental effort means we have fixed seven hand fractures, repaired three nerves, reconstructed a complex knee defect, skin grafted a hand and elbow, closed hand wounds, treated dog bites and carried out a complex upper limb reconstruction.

Pressure valve released. Ready for the weekend on call.



'The unpredictability of the volume and nature of cases makes managing trauma very challenging.'

Photograph: Mike Lamyman

Saturday and Sunday

I see a patient referred by the emergency department who has been attacked with a machete. His thumb is nearly amputated at the base; we spend the next four hours reattaching it using a microscope to place sutures finer than a human hair, restoring blood flow and sensibility.

At 2am on Sunday I am called by my registrar. A patient has fallen through a glass window, severing the main artery to his arm. He is bleeding profusely and there is evidence of nerve damage. He is taken straight to theatre to control the bleeding and repair his artery; after this, he needs to go to intensive care. We decide to deal with his nerve later in the week once he is stable.

Monday

I operate on a patient with a finger so bent that it is preventing him from working. After two hours of meticulous dissection I straighten his finger and replace the diseased skin with a graft.

Tuesday

At the end of the emergency clinic, I reflect on the 30 different patients we've seen today, including someone who accidentally drilled through their hand, children with fingers crushed in doors, and other injuries caused by a security fence, sports, self-harm, punching and falls.

Almost all my patients tell me they don't appreciate how vital their hand is until it is out of action. And I think about how many of these injuries are preventable.

I head to theatre to take over from a colleague who has just spent three hours meticulously putting a thumb back together with plates and screws. My next case is the patient who fell through glass; the severity of his injury is starting to sink in for him. I explore his wound and his arterial repair is working beautifully. We take some nerve graft from his leg and prepare the nerve under the microscope. We carefully suture in strips of nerve into his arm to bridge the gap.

Mike Lamyman is a consultant plastic and hand surgeon at Oxford University hospitals NHS foundation trust.

For more information on hand surgery, visit <https://www.bssh.ac.uk/>