
Hand oedema management

If left untreated, hand oedema following a burn injury can result in:

- Increased fibrotic tissue
- Reduced AROM and function
- Increased scarring complications

Oedema management modalities

Minimising oedema during recovery is most effective by combining all modalities.

- **Correct positioning** – prevents pooling of oedema in the dorsum of the hand. The extremity can be splinted in the Position of Safe Immobilisation (POSI) with IPJs extended, MCPJs flexed to approximately 70deg and the wrist in 30deg extension.
- **Elevation** – resting the hand and arm on two pillows overnight and during rest periods, allows gravity to assist with the return of fluid and supports the venous and lymphatic systems.
- **Hand dependency** – Walking or sitting with the hand down by the side can pool fluid to the peripheral area. This should be minimised, and the hand and arm elevated.
- **Active movement** - Clients can perform their tendon gliding exercises whilst the limb is elevated above heart level.
- **Compression** - The use of light compression such as isotoner gloves, tubigrip or circumferential bandaging reduces space available for oedema and supporting the circulatory system. **Contraindications of compression, such as circulation and sensory issues need to be considered.**

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