Fasciotomy

Fasciotomy is surgery on the fiber-like connective tissue, called fascia, that covers muscles. The procedure reduces the pressure that has built up inside the fascia in a specific area of your body. This is often the lower part of your legs or arms.

This procedure is a recommended treatment for compartment syndrome. This is a condition where pressure has built up inside fascia. This can cause severe pain and swelling. It can be hard to move an arm or leg that is affected. Also, blood flow in that part of the body can become blocked. If compartment syndrome is not treated, nerve damage could result. However, a fasciotomy can relieve the pain and restore blood flow.

Fasciotomy is also used to treat plantar fasciitis. In that condition, fascia on the bottom of the feet has become inflamed (the body's way of reacting to injury or infection). Fasciotomy can be either an emergency or planned procedure.

BEFORE THE PROCEDURE

- Do not use aspirin or non-steroidal anti-inflammatory drugs (NSAIDs) for pain relief before the surgery. This includes over-the-counter drugs such as ibuprofen and naproxen as well as prescription drugs. Ask your healthcare provider how you might manage pain without increasing surgery risks.
- Do not take vitamin E for two weeks before the surgery.
- If you take blood-thinning medicine, ask your healthcare provider about when you should stop taking them.
- You will be asked to stop eating and drinking fluids about 8 hours before your procedure.
- You might be asked to shower or wash with a special antibacterial soap before the procedure.
- Make sure you arrive at least an hour before your procedure, or at whatever time your surgeon recommends. This will give you time to check in and fill out any needed paperwork.
- If your surgery will be an outpatient procedure, you will be able to go home the same day. Make arrangements in advance for someone to drive you home.

LET YOUR CAREGIVER KNOW ABOUT:

- Any allergies.
- All medicine you are taking, including:
  - Herbs, eyedrops, over-the-counter medicine and creams.
  - Blood thinners (*anticoagulants*), aspirin or other drugs that could affect blood clotting.
- Use of steroids (by mouth or as creams).
- Previous problems with anesthetics, including local anesthetics.
- Possibility of pregnancy, if this applies.
- Any history of blood clots.
- Any history of bleeding or other blood problems.
- Previous surgery.
- Smoking history.
- Other health problems.

THE PROCEDURE

The exact procedure will depend on the location of the affected fascia. You will be asleep (*under general anesthesia*) or just the location near the surgical site will be numbed (*regional anesthesia*). Ask your surgeon about the details for your procedure.

The area of the fascia will be cleaned and sterilized. The surgeon will make a cut (*incision*) or several incisions to separate the affected fascia.

- The wound will then be cleaned and, often, it will then be closed. Stitches might be used to close the wound.

- Or, the surgeon will use skin stretching devices or skins grafts to close it.
- Sometimes the wound is not closed immediately. Instead, a dressing is used to keep the wound clean while the area of the fascia heals. The wound is then closed later, either in the surgeon's office or during a follow-up surgery.

RISKS AND COMPLICATIONS

Short-term possibilities include:

- Excessive bleeding.
- Pain.
- Total or partial loss of feeling at the wound site.
- Hematoma, a pooling of blood in the wound.
- Infection at the surgery site. If a skin graft is done, the site of the skin that was taken to cover the wound also could become infected.
- Slow healing.

Longer-term possibilities include:

- Scarring.
- Skin damage.
- A return of the condition that led to fasciotomy.
- A change in the muscles where the fascia was cut.
- Damage to blood vessels in the area.

AFTER SURGERY

Sometimes fasciotomy is an outpatient procedure. That means you can go home the same day. Other times it requires an overnight stay in the hospital. Ask your surgeon what will happen in your case.

After surgery, you will be taught how to care for the dressing on your wound. That area of the body should be immobilized (not moved) for about 24 hours. Your healthcare team will tell you specifically what you should do. Then, you should be able to begin gentle exercises. You will need to return to the surgeon's office, clinic or hospital to have the dressing changed. At that point, the surgeon will decide whether anything more needs to be done to close any open wounds.

Physical or occupational therapy might be recommended. A return to normal functioning could take two to three months.

HOME CARE INSTRUCTIONS

- Take any prescription pain medicine and nausea medicine that your surgeon prescribed. Follow the directions carefully and take all of the medicine.
- Ask your surgeon whether you can take over-the-counter medicines for pain, discomfort or fever. Do not take aspirin unless your healthcare provider says to. Aspirin increases the chances of bleeding.
- Do not get the wound wet for the first few days after surgery (or until the surgeon tells you it is OK).
- If the fasciotomy was done on a leg or foot, avoid standing or walking for long periods. Your healthcare provider will tell you when you can resume normal activity.
- If it was done on your hand or arm, avoid tasks that involve lifting, carrying, gripping or twisting. Again, your healthcare provider will tell you when you are clear to resume these activities.

SEEK MEDICAL CARE IF:

- The wound becomes red or swollen or leaks fluid or blood.
- Your pain increases.
- You become nauseous or throw up for more than two days after the surgery.
- You develop a fever of more than 100.5°F (38.1 ° C).

- You have pain or difficulty moving the affected limb.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your leg or arm starts to swell.
- You develop a fever of 102.0°F (38.9 ° C) or higher.

Document Released: 03/16/2010 Document Re-Released: 03/14/2011
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