

Brachial Plexus Surgery

What to expect

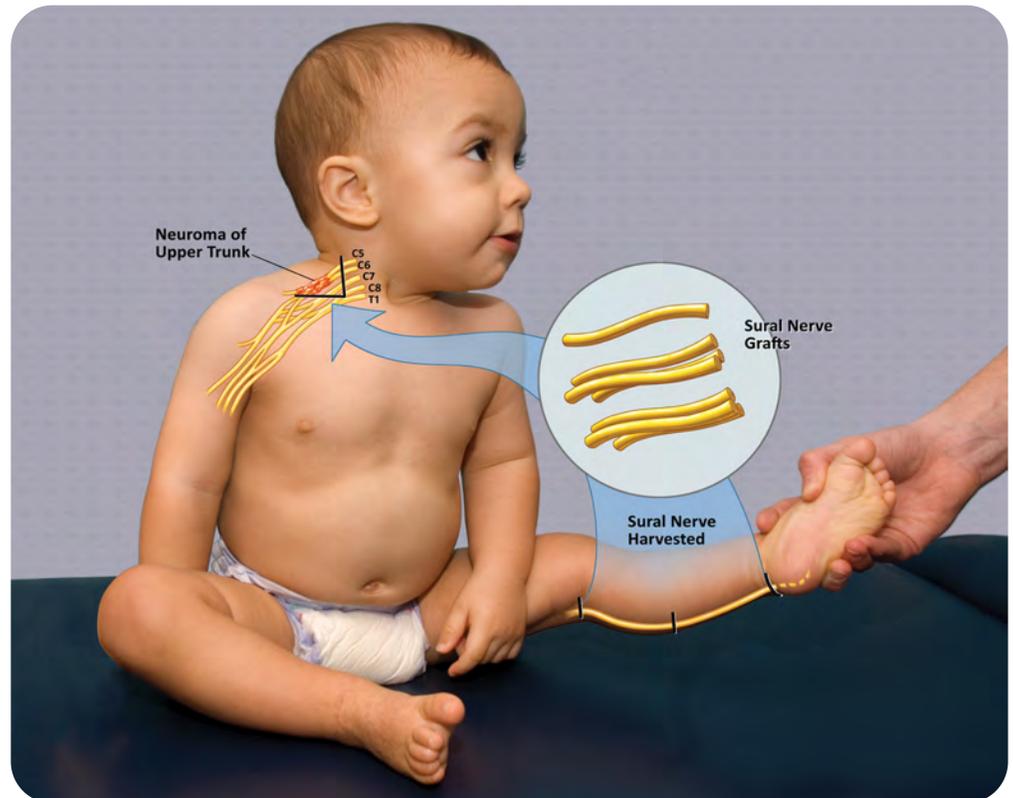
Why has surgery been offered for my child?

Some injuries to the nerves of the brachial plexus are serious enough that they may not get better on their own. The brachial plexus team may offer surgery to children with serious injuries to these nerves. We may only offer surgery if we think it gives your child a better chance to have more use of their arm than if it is left to recover on its own.

What are the different kinds of surgery for brachial plexus palsy?

Nerve graft

One treatment is to remove a part of the brachial plexus and replace it with some of the nerves from your child's legs. This is called a nerve graft. Doing a nerve graft leaves a small area of the legs—usually, the back of your child's heels—without feeling, but does not affect movement. This does not usually cause any problems.



Nerve graft surgery for brachial plexus palsy

To Learn More

- Brachial Plexus Clinic
206-987-4680
- Occupational and Physical Therapy
206-987-2113
- Ask your child's healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

Nerve transfer

Another treatment is to use parts of working nerves from other parts of the body to replace some of the damaged nerves. This is called a nerve transfer. Doing a nerve transfer takes away movement from some muscles. Usually, other muscles can work to make up for this.

What is best for my child?

Your child's brachial plexus team will begin surgery with a plan about whether a nerve graft or a nerve transfer will likely be best for your child.

During surgery, they will be able to look more closely at the nerves to make sure this is the right plan. Sometimes, they will find that they need to do both a nerve graft and a nerve transfer. No matter what, they will do the surgery that they think is most likely to help your child regain use of their arm.

How long will my child be in the hospital?

Most children stay in hospital for 1 day, but each child is different. Your child may need to stay longer or be able to go home earlier. We want to make sure they are comfortable and are eating and drinking before going home.

How do I care for my child after surgery?

Riding in the car

If your child is in a cast after surgery, it can be difficult to fit in their car seat. Riding in the car safely is very important. Having a cast is no exception. If needed, your nurse will help refer you to our car seat program for a car seat with low sides to accommodate their cast, called the Diono Radian. To learn more, read "Going Home with a Cast in a Diono Radian" seattlechildrens.org/pdf/PE3000.pdf.

For the first 3 weeks

- If your child is placed in a sling after surgery, they will have to wear it at all times for 3 weeks. It is OK to lift your child from under the arms. It is important to keep the sling clean and dry. Your child should avoid taking a bath. You may use a warm wet washcloth to wash your child's skin, working around the sling. If the sling gets very dirty you can call your child's nurse at the number in the "To Learn More" box on the next page.
- If your child is placed in a cast after surgery, they will have to wear it for 4 to 6 weeks. It is **not OK** to lift your child under the arms. Instead, scoop them up from under their body so they are fully supported. Never lift your child by their cast. You can use a warm washcloth to wash your child's skin, taking care to keep the cast totally dry at all times. Read the handout "Shoulder Spica Cast Care: For Upper Body Spica Casts" available at seattlechildrens.org/pdf/PE2358.pdf for more instructions.
- The Steri-Strip bandages on your child's neck and leg may fall off during the first 3 weeks. It is OK if they do, they will not need new bandages. After they fall off, you can gently clean the incisions with a washcloth and mild soap.
- For the first few weeks after surgery, your child should avoid time on their stomach. If they do lie down on their stomach, it is important to watch them carefully. They may have a hard time breathing.

- Your child should sleep on their back for the first 3 weeks after surgery. We may give you a special positioning wedge to keep your baby from rolling over during sleep.
- If your child has a fever or if any of the wounds are red, hot and swollen, call the brachial plexus team at the number in the “To Learn More” box.
- After a surgery, some pain and discomfort is normal. This usually gets better in a few days. You know your child best. We encourage you to take an active part in your child’s recovery. Your child will need pain medicine for a few days after the surgery to help with the pain and soreness around the incisions. In addition to medicine prescribed for pain, we encourage you to use coping strategies to treat pain and provide support (for example: toys, books, music, warm packs, relaxation breathing). No matter the level of your child’s pain, your care team will listen to your concerns and respond. Read “Acute Pain: Prevent and relieve pain from a surgery or medical procedure” seattlechildrens.org/pdf/PE503.pdf.

After 3 weeks

- If your child is in a sling, we will remove it in clinic.
- Avoid raising your child’s arm all the way over their head. It is OK to raise your child’s arm part of the way, but not higher than the shoulder to dress and bathe them. Keep their arm on the inside of their shirt at all times.
- It is OK for your child to roll, play and do any other activity they would like.

After 5 weeks

- If your child is in a cast, we will remove it in clinic. For information about what it is like to have the cast removed, see “Cast Care” seattlechildrens.org/pdf/PE002.pdf.
- Your child will start therapy again.
- It is OK to raise your child’s arm above their head.
- You can start your child’s exercises again. Read the booklet “Brachial Plexus Palsy: A Therapy Guide for Your Baby” seattlechildrens.org/pdf/PE604.pdf to show you how to do these.
- Start using Vaseline or lotion to massage your child’s scars for a few minutes each day. Read the handout “Scar Care” seattlechildrens.org/pdf/PE2043.pdf for more instructions.
- Start using a silicone gel product, such as Cimeosil, on incisions as long as they are clean (no scabbing or stitches visible). Re-apply Cimeosil after bathing. Continue using for 6 to 8 weeks.
- Carefully protect your child’s incisions from the sun, especially for the first year. Sun exposure will make your child’s scar more noticeable. Read the handout “Sun Safety” at seattlechildrens.org/pdf/PE597.pdf.

When will my child be able to use their arm?

Changes will happen slowly over time, so your child's arm will not be better right away. Most of the recovery happens during the first year after surgery. Sometimes, your child's arm can keep getting better during the second year, too. During this time, it is important to keep doing exercises with your child.

Your child will see the brachial plexus program therapist regularly to check on how your child is doing. Your child will also come to clinic every 6 to 12 months to see the rest of the brachial plexus team.