

MASSOKINESITHERAPY AND WOUNDS

Progress in surgery and the corresponding demands made by patients have encouraged us to study wound care in orthopaedic surgery as well as reparative and aesthetic surgery.

Ten years» specialised practice in this field and follow-up of hundreds of patients enable us to assert categorically that very few wounds fall outside our competence. For this reason the masseur-kinesitherapist is an integral member of the reparative and aesthetic surgery team, provided that s/he is skilled in these domains, and thus has a perfect command of the art of massage as well as the whole range of techniques which we have detailed elsewhere¹.

Psychological support

Treatment of this kind obviously begins with an appraisal to determine the kind of lesion we are being asked to treat as well as the approximate duration of the treatment and to identify the techniques to be used. The advice given at this first session is important and will seek to gain the trust of the patient, who generally has difficulty dealing with the way other people look at him or her, in the case of facial wounds for example, and will respond to this embarrassment by adopting some form of camouflage or even living as a semi-recluse.

The importance of this psychological support is no less great later in the course of treatment, particularly when it becomes necessary to insist that the treatment should be continued until it is complete, the spontaneous reaction of many patients being to interrupt the treatment as soon as the first results are obtained.

Pre-surgical treatment

It is important to recall here that any secondary surgery involves the creation of a new wound, and thus replaces one unsightly wound with another wound.

In this context, of planned surgery, the masseur-kinesitherapist may be called upon to perform pre-operative treatment. The purpose of this treatment is to combat retractions and obtain maximum suppling up of the integuments in order to facilitate the surgical operation. This result can only be obtained by using the whole range of massokinesitherapy techniques we have at our disposal. Such treatment may, depending on the type of lesion and the extent of the surgery programmed, last several months with sessions two or three times a week.

Post-surgical complement

are of concern to us, whatever the type of surgery and the region involved. The surgeon's request and patient's demand are that by the end of the massokinesitherapy treatment the optimum result should be achieved, with minimum scarring and if possible neither adhesion nor retraction. Such a result is most often possible but only if certain conditions are met, i.e. if the patient is referred to us within a reasonable time: one month after removal of the sutures, and if the patient follows his or her treatment assiduously and until the final result is achieved.

Techniques implemented

The basic technique is and will always remain massage. This has already been described by our predecessors: BOIGEY (1957), MORICE (1963) and dealt with in more detail and more specifically in more recent publications, by BERKOVITZ (1981) and by this author.

The fundamental actions remain petrissage, palpation and rolling or JACQUET LEROY pinching, and of course effleurage at the beginning of the session; equally, the sedative role of carefully used vibration should not be underestimated.

This list would not be complete if we did not mention manual lymph drainage which remains the preferential anti-oedema treatment.

For our part, we reserve a special place for vacuomobilisations which combine the mechanical effect of movement of the cupping glass in given pulls and directions, and the effect of aspiration according to a pressure chosen as a function of the type of wound or lesion which we are to deal with.

We should also briefly mention what we consider as complementary techniques (although in some cases they may play a considerable role in the treatment):

- physiotherapy,
- water micro-jet,
- compressions,
- muscle retraining.

Results

Experience allows us to assert that the only objective and irrefutable assessment of this kind of treatment is judiciously chosen photography. This moreover allows the patient to become aware of the progress achieved, as «selective memory» means that s/he will have forgotten the exact appearance of the wound in the beginning; it also makes it easier to quantify more accurately the improvements still required. Moreover, for the patient, seeing the wound as it

was might help him or her come to terms with the scar, or, in other circumstances, might provide encouragement in accepting further treatment.

The aim of this paper is to make our colleagues aware of the immense scope for this kind of treatment, provided it is carefully practised by skilled therapists (cf. Prof. SOUYRIS 1988); it should be recalled that this applies to reparative surgery but also to orthopaedic or even cancer surgery. As regards aesthetic surgery, which is expanding rapidly, it should not be forgotten that it is not covered by social security organisations.