

vibration, and compression/distraction (Fedorczyk & Michlovitz, 1995). Some of these modalities require formal therapy attendance on a regular basis, for example, ultrasound and laser treatment. Other modalities, such as TENS and desensitisation exercises, can be carried out independently at home. Response to these modalities varies enormously from patient to patient. Clinical experience shows that a therapeutic medium that gives significant relief to one patient can exacerbate the symptoms of another patient with a similar presentation.

Pain management often involves using modalities on a trial and error basis and requires a programme that is tailor-made for each patient. Because pain conditions can run a protracted course, it is desirable that patients use self-help strategies that ensure decreasing reliance on formal attendance at a therapy clinic.

Opsite Flexifix

One method that helps allow patients to manage their pain and hypersensitivity is the use of Opsite Flexifix (Smith and Nephew, Sydney, Australia). Opsite dressings have been known to relieve pain when applied to wounds (Neal, Whalley, Flowers & Wilson, 1981). Pain relief from the contact of Opsite on unbroken skin in diabetic patients with painful neuropathy had been anecdotal until a study undertaken by the Diabetic Department of King's College Hospital in London concluded that Opsite reduced pain in a significant number of patients with painful diabetic neuropathy (Foster, Eaton, McConville & Edmonds, 1994).

What is Opsite?

Opsite is an adherent polyurethane film which is waterproof and permeable to oxygen and water vapour. Apart from being used as a dressing, it can be worn as a protective film to prevent skin maceration where incontinence is a problem. The history of its development spans half a century. The first clinical trials using Opsite were carried out in 1948 comparing occlusive and non-occlusive dressings and their effect on wound healing. In 1996 Opsite became available in the form of a non-sterile roll (10 metre) of 5-cm and 10-cm widths and is known as Opsite Flexifix. It is used in conjunction with Skin-Prep (Smith and Nephew) wipes which help facilitate adhesion of the film to the skin. The 5-cm roll is more appropriate for use on hands (Fig. 1).



Figure 1. Opsite Flexifix is available in rolls of two sizes. The 5-cm roll is more suitable for use on hands.

Genesis of Opsite use on hand patients

A workshop on 'Wound Management' organized by the New South Wales Hand Therapy Interest Group in 1998 revealed that Opsite dressings were being used in Victoria as a pain-relieving measure on the feet of patients with chronic diabetic neuropathy.

This was of personal interest to one of the authors who has a close relative with this condition. Response to the application of Opsite Flexifix over the area of neuropathic pain was immediate and marked with the relative reporting a 50% improvement in the burning/stabbing pain in her feet. This resulted in improved sleeping patterns and an increased sense of well-being.

Although the pain of neuropathy results from a disease process rather than direct nerve or soft tissue injury, the types of symptoms often described by patients with hand injuries are common to both pathologies, that is shooting (lancinating), burning (causalgic), pins and needles (paraesthesia) or the extreme light contact discomfort known as allodynia (Boscheinen-Morrin, Davey & Conolly, 1992).

This, then, became the impetus for trialling Opsite Flexifix with patients being seen in one hand therapy practice in Sydney. These patients had pain that was either unresponsive to the usual treatment modalities or that was not sufficiently controlled with these measures.