

Table 1. Data analysis of patients using Opsite Flexifix dressing

	No. cases	Visual analogue scale score		t-value	Degrees of freedom	P-value
		Mean	SD			
Pre Opsite	42	7.5952	1.7539	15.594	41	< 0.001
Post Opsite	42	4.1429	1.1385			

Wearing time mean \pm SD = 7.9286 \pm 7.6266 weeks.

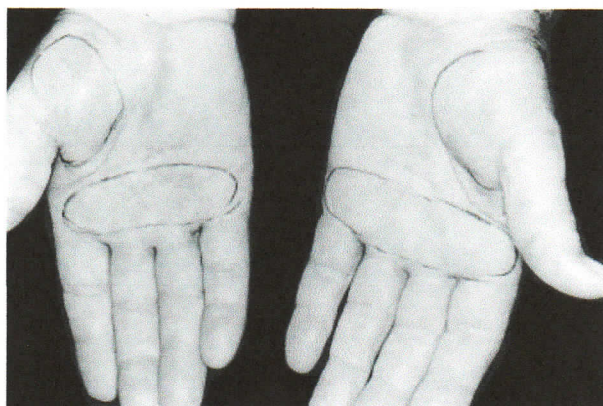


Figure 2. A 60-year-old man who developed bilateral chronic regional pain syndrome following open carpal tunnel decompression. The areas of causalgic pain where Opsite has been applied are outlined.

conducted to determine if there was any statistical change before and immediately after the application of Opsite (Table 1). A highly significant decrease in pain ($P < 0.001$) occurred immediately the Opsite film was applied.

DISCUSSION

It is thought that Opsite may work in one of two ways. First, the Opsite may act as a protective barrier to painful stimuli. Second, Opsite may act in a similar way to TENS in that continuous contact of the film with the skin may stimulate the large, light touch A-beta afferent fibres and, in doing so, inhibit the nociceptive activity of the small A-delta and C-fibres, in other words, Melzack and Wall's 'gate-control' theory (Melzack, 1973).

The latter of these is the more likely explanation. Patients consistently reported pain relief as soon as the film was in contact with the skin (i.e. in the absence of painful stimuli). This was particularly the case with

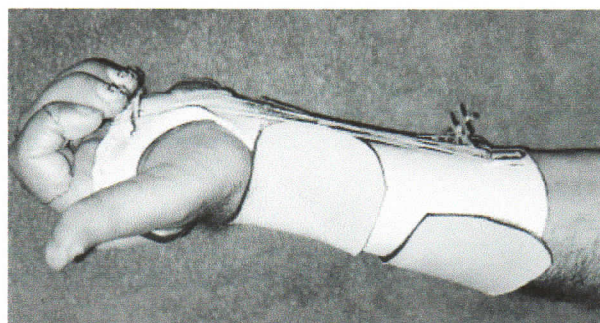


Figure 3. A 58-year-old man who sustained a circular saw injury that necessitated replantation of the middle and ring fingers and digital nerve repair to the index finger. The paraesthesia associated with nerve regeneration was significantly reduced when Opsite covered the area of discomfort, which is outlined.

patients experiencing burning pain associated with chronic regional pain syndrome types 1 or 2 (Koman, Poehling & Smith, 1999; Fig. 2) or the paraesthesia associated with nerve regeneration following repair (Fig. 3).

It is also unlikely that a material which allows perception of the finest Semmes-Weinstein monofilament (used to test 'light touch-deep pressure' sensibility in the nerve-injured hand) would provide protection against painful stimuli in the way that has been observed with the cushioning effect of silicone gel or neoprene. While these thicker materials act as a shock absorber to sudden contact, they do not in themselves usually confer the same pain reduction effect as Opsite film appears to.

Clinical observations and indications for use of Opsite Flexifix

Opsite Flexifix is well tolerated by the skin. It is almost undetectable when in place and because of its sheerness and elasticity, it can be applied across joint creases without