The WIRE Trial - National Practice Survey

Thank you for completing this survey. The WIRE Trial asks the question, "should Kirschner wires be buried or not buried after emergency hand fracture fixation in adults?" As part of the feasibility work, we are conducting a clinician survey to identify variation in practice around the country.

Your details

Please select your specialty

- Plastic surgery
- Orthopaedic surgery

Please select your grade

- Consultant (or equivalent)
- Junior doctor
Please select your hospital

- Aberdeen Royal Infirmary
- Addenbrooke's Hospital
- Bradford Royal Infirmary
- Broomfield Hospital
- Cardiff University Hospital Wales
- Castle Hill Hospital
- Charing Cross Hospital
- Chelsea and Westminster Hospital
- Cheltenham General Hospital
- City Hospital, Birmingham
- City Hospital, Nottingham
- Cumberland Infirmary
- Derriford Hospital
- Freeman Hospital
- George Elliot Hospital
- Glasgow Royal Infirmary
- Gloucester Royal Hospital
- Good Hope Hospital
- Hammersmith Hospital
- Hinchingbrooke Hospital
- Hull Royal Infirmary
- James Cook University Hospital
- John Radcliffe Hospital
- Kettering General Hospital
- Leeds General Infirmary
- Leicester Royal Infirmary
- Lincoln County Hospital
- Mater Misericordiae Hospital, Dublin
- Morriston Hospital
- New Pinderfields Hospital
- Ninewells Hospital
- Norfolk and Norwich University Hospital
- North Tyneside General
- Northampton General Hospital
- Northern General Hospital
- Nuffield Orthopaedic Centre, Oxford
- Peterborough City Hospital
- Pulvertaft Hand Centre
- Queen Alexandra Hospital
- Queen Elizabeth Hospital
- Queen Victoria Hospital
- Queen's Medical Centre
- Royal Berkshire Hospital
- Royal Cornwall Hospital
- Royal Devon and Exeter Hospital
- Royal Free Hospital
- Royal Hallamshire Hospital
- Royal Hospital for Sick Children
- Royal Manchester Children's Hospital
- Royal Marsden Hospital
- Royal Preston Hospital
- Royal Stoke Hospital
- Royal Sussex County Hospital
- Royal Victoria Hospital
- Royal Victoria Infirmary
- Russells Hall Hospital
- Salisbury District Hospital
- Sandwell District Hospital
- Solihull Hospital
- Southampton General Hospital
- Southmead Hospital
- St George's Hospital
- St John's Hospital at Howden
- St Mary's Hospital
- St Thomas' Hospital
- St James's Hospital, Dublin
- Stoke Mandeville Hospital
- Sunderland Royal Hospital
- The Christie Hospital
- The Countess of Chester Hospital
○ The Lister Hospital
○ The Robert Jones and Agnes Hunt Orthopaedic Hospital
○ The Royal London Hospital
○ The University Hospital of North Tees
○ Ulster Hospital
○ University Hospital Coventry
○ University Hospital of North Durham
○ University Hospital of South Manchester
○ Wansbeck General Hospital
○ Warwick Hospital
○ Wexham Park Hospital
○ Whiston Hospital
○ Wrightington Hospital
○ Wynhenshawe Hospital
○ Other

Please state your hospital
**Your current clinical practice**

**For the purposes of this survey:** buried K wires are cut to sit beneath the skin and non-buried K wires are left protruding from the skin at the end of the procedure.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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</thead>
</table>
| Is there a prevailing preference for type of hand fracture fixation in your unit? | - No preference / case dependent
- K wire fixation
- ORIF with screws / plates |
| For fractures managed with K wires, is there a prevailing preference for burying K wires in your unit? | - No preference / case dependent
- Bury
- Not bury |
| What is your personal preference for burying K wires?                   | - No preference / case dependent
- Bury
- Not bury |
## Antibiotics

Do you routinely give prophylactic antibiotics on induction when fixing hand fractures with K wires?

- [ ] Yes, always
- [ ] Yes, sometimes
- [x] Never

Do you routinely give a post-operative course of prophylactic antibiotics after fixing hand fractures with K wires?

- [ ] Yes
- [x] No
**Following uncomplicated fracture fixation, when would you usually remove the K wires?**

<table>
<thead>
<tr>
<th></th>
<th>1 week</th>
<th>2 weeks</th>
<th>3 weeks</th>
<th>4 weeks</th>
<th>5 weeks</th>
<th>6 weeks</th>
<th>7 weeks</th>
<th>8 weeks</th>
<th>&gt;8 weeks</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phalangeal fracture: buried K wires</td>
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<tr>
<td>Phalangeal fracture: non-buried K wires</td>
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<tr>
<td>Metacarpal fracture: buried K wires</td>
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<tr>
<td>Metacarpal fracture: non-buried K wires</td>
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</tbody>
</table>
Wire removal and follow-up

In your practice, where are buried K wires usually removed? (Select all that apply)

- Outpatient clinic room
- Procedure room in clinic / dressing clinic
- Hand therapy
- Minor operations theatre
- Day surgery theatres
- Main theatres
- Other
- N/A

Please specify where you remove your buried K wires.

In your practice, where are non-buried K wires usually removed? (Select all that apply)

- Outpatient clinic room
- Procedure room in clinic / dressing clinic
- Hand therapy
- Minor operations theatre
- Day surgery theatres
- Main theatres
- Other
- N/A

Please specify where you remove your non-buried K wires.

How long do you follow-up patients after uncomplicated K wire fixation?

- 1 week
- 2 weeks
- 3 weeks
- 4 weeks (1 month)
- 6 weeks
- 8 weeks (2 months)
- 10 weeks
- 12 weeks (3 months)
- 4 months
- 6 months
- 6-12 months
- > 12 months
(i.e. total length of care before discharge to GP)
How important are the following factors in influencing your decision to bury or not bury K wires?
(1 = not important at all, 9 = extremely important)

<table>
<thead>
<tr>
<th>Factor</th>
<th>1 (not important at all)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9 (extremely important)</th>
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</thead>
<tbody>
<tr>
<td>Risk of pin site infection</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>Risk of bone infection</td>
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<tr>
<td>Pain</td>
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<td>Ease of dressing change</td>
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<td>Ease of hand therapy</td>
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<td>Final cosmesis (e.g. scars)</td>
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<td>Likelihood of K wire being removed early</td>
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<tr>
<td>Ease of K wire removal</td>
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<td>Number of patient admissions and appointments</td>
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<td>Cost of treatment to patient (e.g. time of work / travel)</td>
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<tr>
<td>Cost of treatment to NHS</td>
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<tr>
<td>NHS resources (e.g. theatre time to remove K wires)</td>
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</table>

Do you have any other reasons to bury or not bury K wires? ______________________________________________________________________________________
How important are the following outcomes relating to emergency hand fracture fixation with any form of K wiring?
(1 = not important at all, 9 = extremely important)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>1 (not important at all)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9 (extremely important)</th>
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<tbody>
<tr>
<td>Pin site infection</td>
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<td>Osteomyelitis</td>
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<td>Early wire removal secondary to complication</td>
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<td>Wire migration/displacement</td>
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<td>Pain</td>
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<td>Cosmesis</td>
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<td>Range of movement</td>
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<tr>
<td>Grip strength</td>
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<td>Validated patient outcome score (e.g. DASH)</td>
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<td>Patient-reported satisfaction with the outcome</td>
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<tr>
<td>Quality of life</td>
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<td>Return to normal activities</td>
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Are there any other outcomes that you feel are important?
Additional comments

Do you have any additional comments about K wire fixation of hand fractures?