

Malignant hyperthermia muscle biopsy.
Surgery -related information.

It is essential that we do your malignant hyperthermia muscle biopsy not only for the sake of diagnosis of malignant hyperthermia but to be safe in terms of the surgery.

To have the appropriate muscle biopsy for testing for malignant hyperthermia a small piece of muscle (2 x 4 cm) it taken from your left inner thigh from the vastus medialis obliquus muscle.

This is done through incision of approximately 3 to 4 cm in length on the inner thigh under anaesthesia. The incision is closed with absorbable sutures under the skin and generally these sutures does not need to be removed. Some persons that are sensitive to the dissolvable sutures might need removal of the sutures on the ends of the wound at around two weeks post op.

Muscle is a very vascular tissue and thus the largest risk of complication post operatively is that of formation of a haematoma (collection of blood) in the area. If this happens it can take quite some time to resolve.

It is thus essential that several post op guidelines be followed.

On the day of surgery, it is essential that after the operation you only get out of bed and walk with the aid of a physiotherapist. The local anaesthetic that is used surrounding the surgery site also causes some muscle weakness and this can cause you to feel that you cannot lock your knee and that your knee might give way under you causing you to fall. This should be avoided at all costs, and we advise for the first 24 hours that you only walk with assistance. Generally, after this period normal walking without any assistance is expected.

A bulky compressive dressing will it be applied around your thigh and this dressing needs to stay in place for at least seven days. This applies mild compression and limits the risk of developing bleeding.

After seven days this dressing can be removed which will reveal the plaster over the surgical site. This can be cleaned but needs to stay dry for at least two weeks from the surgery.

During the first two weeks it is essential to apply ice to the surgical site through the compressive dressing and later wrapped in a towel over the surgical dressing. Ice can be applied for 20 min on/off intervals at least 6 times per day.

During the first two weeks the wound should stay completely dry, and a coverage of gladwrap should be applied from above to below the dressing during showering.

During the first two weeks it is essential that normal walking is allowed but no excessive walking or especially excessive stair climbing. Climbing stairs is allowed but slowly and

not multiple times per day. Travel for prolonged period with a knee in a bent position should also be avoided.

After the first two weeks the wound should be left open without any dressings and the wound can get wet with normal showering but should still not be submerged in water for a prolonged period until approximately week four (thus no bathing or swimming).

No exercise should be done for six weeks following your surgery as this will have a risk of causing bleeding under the skin.

If there is any query about the wound, you are kindly welcome to contact us at sent photographs via WhatsApp. We will then advise if any special treatment is required. No ointments should be applied to the wound for the first six weeks, and only dry dressings should be applied. If there is any increased temperature around the wound this is normal and should be treated with rest and ice packs.

After six weeks when there is no further scabs vitamin E oil should be applied daily with gentle massage in a circular fashion for approximately 10 minutes per day. This will ensure the formation of minimal scar tissue. This should be continued for at least a further 6 weeks.

Exercise after 6 weeks should be introduced and increased gradually and slowly.

Normal Exercise should be expected by 10-12 weeks post-surgery.