**Autonomic changes**
- Skin: discolouration, shiny
- Nails: dry, brittle
- If signs are present in conjunction with pain and swelling without direct nerve damage, consider reflex sympathetic dystrophy
- Sudeck’s atrophy: for treatment consider mobilisation and medication for pain

**Principles of care for peripheral nerve injuries**

*Paralysed stage:*
- Prevent oedema & maintain circulation – posture/mobility
- Control pain – meds/TENS
- Maintain power of unaffected muscles
- Maintain PROM where appropriate

*Encourage function*

*Recovery stage*
- Synergistic muscle action
- Middle → outer/inner range
- Overflow
- Sensory re-education

**Factors affecting outcome following surgery – Nerve autograft**

*Uncontrollable*
- Age – children ↑ recovery
- Site / level of lesion – peripheral ↑ severe
- Type of nerve
- Mechanism of injury

*Controllable*
- Delay between injury & repair – sooner ↑ rec.
- Treatment of associated injuries – vascular, T1, organs – particularly distal
- Prevention of contractures
- Care of insensitive skin – careful handling
- Advisability of nerve repair

**Differences between CNS & PNS – different cell types**
- Time course for CNS is longer – slower clearance rate of myelin
- Proper guidance for the axon sprouts is lacking in the CNS. Oligodendroglia do not form a single pathway (As Schwann cells do), instead they myelinate many axons
- Microglia are needed to remove debris but they are slower than macrophages
- There may be different growth factors and inhibitors (myelin debris causes inhibition) which affect the CNS & PNS differently
- Glial scars formed by astrocytes in the CNS