# DARRACH PROCEDURE

**Indications**
- DRUJ pain due to incongruity or arthritis
- Low-demand patients

**Pathology**
- Rheumatoid arthritis
- Osteoarthritis(post-traumatic DRUJ incongruity)

**Surgical options**
- Ulnar head excision
- Darrach variants
  - Hemiresection/interposition arthroplasty (Bowers)
  - Matched resection (Watson)
  - Sauve-Kapandji procedure
  - Ulnar head prosthesis

**Requirements**
- Fine bone cutters
- Rongeurs

**Objective**
- Excise ulnar head
- Create stable radius/ulnar relationship

**Technique**
- RA or GA
- Upper arm tourniquet
- Dorsal midline or dorso-ulnar approach
- Protect dorsal branch of ulnar nerve
- Reflect extensor retinaculum
- Protect EDM tendon
- Dorsal capsular incision
- Sub-periosteal exposure of ulnar head
- Divide base of styloid and leave *in situ*
- Sub-periosteal ulnar head resection
- Trim stump to bullet configuration
- Check for crepitus-free rotation
- Double-breasted capsular repair
- Close retinaculum over repair (deep to compart#3-5 tendons RA)
- Check stability
- Closure in layers

**Rehabilitation**
- Bulky bandage
- Plaster slab 2 weeks
- Thumb and fingers mobile
- Encourage forearm rotation, especially supination
- ±Removable splint 2-4 weeks

**Complications**
- Infection
- Ulnar stump instability
- Ulnar stump impingement
- Dorsal branch ulnar nerve damage
- Extensor tendon adhesions

**Reference**

Lichtman DM et al. The indications for and techniques and outcomes of ablative procedures of the distal ulna. The Darrach resection, hemiresection, matched resection, and Sauve-Kapandji procedure. Hand Clinics 1998; 14: 265-77.

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