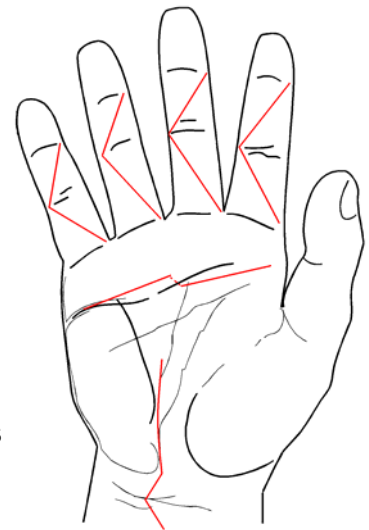


FLEXOR TENDON RECONSTRUCTION

Indications	Swelling Nodule Pain Flexion lag Triggering Tendon rupture
Triggering	I Localised areas of disease Catching in flexion II Nodules in distal palm Finger catches in flexion III FDP nodule at A2 level Locks in extension IV Generalised tenosynovitis Restricted motion (flexion lag)
Synovectomy	Single zone Digit Palm Carpal tunnel Multi-zone
Technical	Avoid A1 pulley release FDS slip excision FDS tenodesis (for swan neck) Beware anterior interosseous palsy
Post-op	Early active mobilisation Differential glide manoeuvres/blocking splints Resting splints
Complications	Infection Stiffness Digital nerve damage RSD Tendon rupture Recurrence
Results (Eiken et al.)	235 Procedures in 139 Patients 57 Carpal tunnel 77 Palm 101 Palm & Digital
	Post-operative ROM Increased 52% Unchanged 30% Reduced 18%



A1 release
(De Jeger)

	A1 release	A1 preservation
Digits	55	45
MCPJ subluxation	49%	11%
Bowstringing	7%	0%
Ulnar deviation	14°	7°
TAM	186°	197°
Triggering (digits)	2	5

FLEXOR TENDON RECONSTRUCTION

	Excision	Preservation
FDS slip excision (Wheeler)		
Digits	32	30
Recurrent synovitis	2	13
Recurrent triggering	3	7
Re-operation	1	8

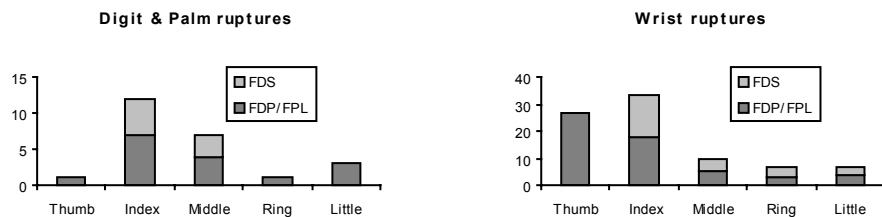
Flexor rupture (Ertel)
 115 ruptures in 43 Rheumatoid hands
 Wrist 91
 Palm 4
 Digit 20

Mechanism	Wrist	Digit & Palm
Ruptures	91	24
Attrition	61	0
Invasion	30	24

Sites of attrition

Scaphoid	44
Trapezium	5
Distal ulna	5
Hamate	4
Lunate	1
Radius	1

Tendons ruptured



Treatment

Treat cause
 Repair
 Grafting
 Buddying
 Transfer
 Arthrodesis
 Tenodesis

Transfer problems

Joints to be moved may be stiff or unstable
 Transfer passes through a bed that is scarred or irregular
 Transferred units may be weakened
 Tenodesis effect of adjacent joints compromised by stiffness

Rehabilitation

Active-passive flexor principle
 More flexible approach
 Weaves stronger than repairs
 Compliant patients (cf trauma)
 Risk of stiffness

FLEXOR TENDON RECONSTRUCTION

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