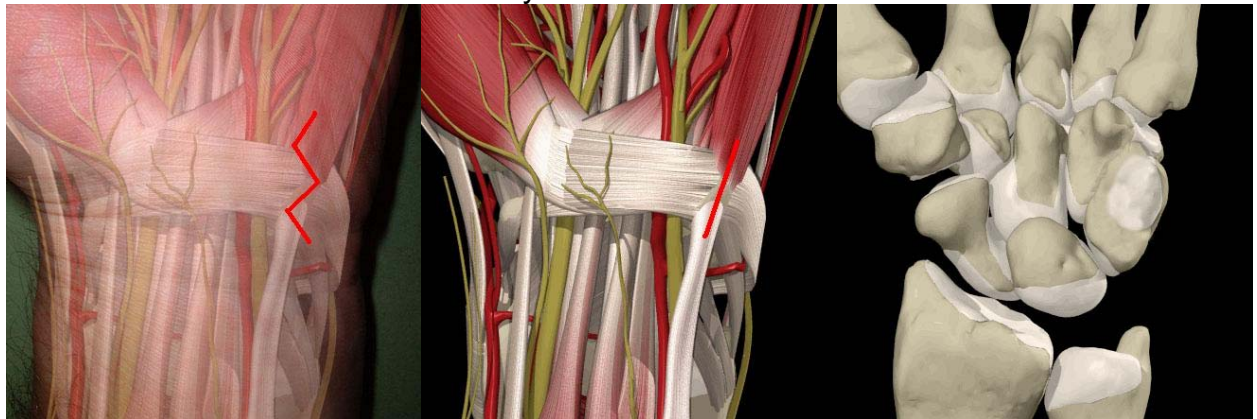
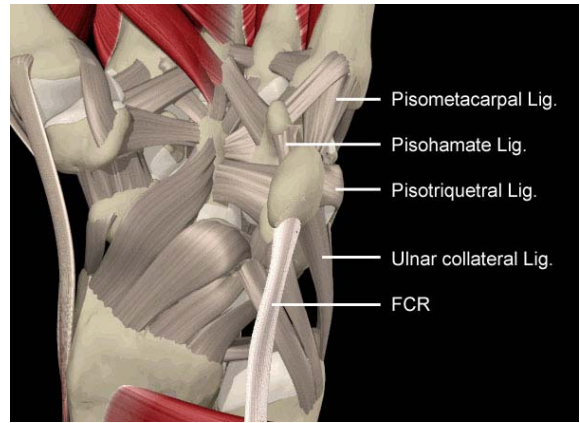


PISIFORM EXCISION

Anatomy	Sesamoid bone within FCU
Pathology	Degenerative arthritis of the piso-triquetral joint
Causes	Age related degeneration Trauma
Surgical options	Excision
Requirements	Hand set
Objective	Removal of the degenerate joint to abolish pain
Technique	RA/GA Arm/forearm tourniquet Volar zig-zag or mid ulnar curved approach Unnecessary to look for or dissect ulnar nerve but be careful Dissect out pisiform sharply and remove whole Try to avoid nibbling out the pisiform piecemeal Close the skin only



Rehabilitation	Bulky dressing for comfort Reduce dressing between 2 and 7 days Mobilise and concentrate on scar desensitisation
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Complications	Rare Infection Nerve injury Scar sensitivity Stiffness CRPS
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Outcome	Generally very good No effect on wrist mechanics
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Reference	Belliappa PP, Burke FD. Excision of the pisiform in piso-triquetral osteoarthritis. J Hand Surg 1992, 17B, 133-6. Lam et al. Wrist function after excision of the pisiform. J Hand Surg 2003, 28B, 69-72. Pierre et al. Excision of the pisiform for pisotriquetral pain: report of 15 cases (Fr). Chir Main 2003, 22,37-42.
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