

## PRONATOR QUADRATUS STABILISATION

Indications	Prevention or correction of distal radioulnar instability
Surgical options	Numerous reconstructions using ECU and/or FCU Pronator quadratus interposition
Requirements	Standard hand surgery instruments Curved osteotome
Objective	Create soft-tissue cushion between radius and ulna Reduce dorsal subluxation of ulna
Technique	Dorsoulnar incision from styloid to 6 cm proximal Protect dorsal branch of ulnar nerve Expose distal ulna subperiosteally in 5/6 interval Resect ulnar head Sharply dissect origin of pronator quadratus from anterior and radial aspect of ulna (curved osteotome helpful) Deliver muscle belly through interosseous space Suture to ECU sheath and periosteum under maximum tension in supination
Rehabilitation	Bulky bandage Above-elbow splint 4-6 weeks in mid-supination Thumb and fingers mobile Intermittent splintage and gentle supination 2-3 weeks Then active assisted exercises and strengthening
Complications	Infection Ulnar stump instability Ulnar stump impingement Dorsal branch of ulnar nerve damage Extensor tendon adhesions
Caveat	Description of this procedure does not constitute a recommendation for its use
Reference	Ruby LK et al. The pronator quadratus interposition transfer: an adjunct to resection arthroplasty of the distal radioulnar joint. J Hand Surg [Am] 1996; 21: 60-5.