

## WRIST DENERVATION

Indications	Post distal radial fracture SLAC SNAC Keinboch's?
In whom	Reasonably wrist ROM Requirement for preservation of ROM (need to work in confined space) Able to understand procedure Happy to accept further surgery if needed
Pre-op work-up	Diagnostic blocks – AIN, PIN, SRN, DCBrUN Consent – high failure rate, durability
Procedure	<p>Limited    Single dorsal incision               AION, PION, Dp branches SRN &amp; DCBrUN               GA, day case, early return to work</p> <p>Full         Four incisions               Above + Lat ABCN, PCBrMN, Dorsal RN to Index finger               GA / regional, Day case</p>
Post-op	No drains Bandage only Patient led mobilisation No restrictions once wound(s) healed
Results	<p>Personal                    50% excellent – back to full manual work                                   30% improved – not back to heavy work                                   20% little benefit</p> <p>Deteriorates with time Progression of disease?</p> <p>Published – 70% &gt; 70% decrease in pain</p>
Complications	Failure Cutaneous nerve damage Painful neuromata? <b>No</b> Charcot joints
References	<p>Buck-Gramko, D (1977). Denervation of the wrist joint. J Hand Surg, 2: 1: 54-61</p> <p>Ferreres, S et al (1995). Wrist Denervation – anatomical considerations. J Hand Surg, 20B: 6: 761-768</p> <p>Ferreres, S et al (1995). Wrist Denervation – surgical considerations. J Hand Surg, 20B: 6: 769-772</p> <p>Fukumoto, K et al (1993). An anatomic study of the innervation of the wrist joint and Wilhelm's technique for denervation. J Hand Surg, 18A: 3: 484-489</p> <p>Grechenig, W et al (1998) Denervation of the radiocarpal joint. J Bone Joint Surg, 80B: 3: 504-507</p> <p>Ishida, O et al Long-term results of denervation of the wrist joint for chronic wrist pain. J Hand Surg, 18B: 1: 76-80</p>