Ulnar sided wrist problems represent a major challenge to orthopaedic surgeons. A variety of bony operations which may or may not be supplemented with soft tissue interposition, tenodesis and fusion of the distal radio-ulnar joint has been designed.

Problems have been weakness, snapping and instability of the distal ulna, impaction and pain, nonunion and regrowth of bone.

The operative technique presented here addresses these problems and consists in:
- hemiresection of the distal ulna
- pronator quadratus (PQ) interposition and
- stabilisation of the distal ulna to the volar capsule

Demographics:
- 30 wrists (28 patients) out of 39 (37)
  operated on between May 95 and Dec.
  99 were available for follow up
- mean age 56, range 26 - 83
- 21 females and 7 males
- 22 rheumatoid arthritis (RA), 1 psoriatic
  arthritis, 5 fracture sequelae, and 2 osteo-arthritis
- follow up 21 (10 - 61) months

Concurrent bony wrist operations:
- 15 wrist fusions
- 7 radio-scapho-lunate (RSL) fusions

Atrition ruptures were repaired with transfer to the adjacent extensor in 3 patients.

Results:
The majority of patients were very pleased with the result.

Asked whether satisfied or not 1 answered no, 26
yes, and 3 did not answer.

Pain relief was stated as the most important
feature of the operation but function also improved
massively.

Complications:
No major (long term) complications occurred.

Reoperations:
1 evaluation of a wound haematoma -
growth in swab, settled on antibiotics
2 samples for culture - no growth
2 removal of K-wires (RSL, fusion)
1 carpal tunnel release (10 months post-
operatively)

Discussion:
This technique is unique in combining 3 principles
- excision arthroplasty
- dynamic stabilisation and prevention of
radio-ulnar impingement by interposition
of the pronator quadratus muscle
- static stabilisation of the distal ulna to the
volar capsule and remnants of the
triangular fibrocartilage

Conclusion:
The operation is safe and efficient, provides good
pain motion and grip strength.

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