Anterior transposition of the ulnar nerve utilising a fascial sling

D MAHADEVAN, HG DAVID

Department of Orthopaedics, Plymouth Hospitals NHS Trust, Derriford Hospital, Plymouth, UK

CORRESPONDENCE TO

D Mahadevan, Department of Orthopaedics, Plymouth Hospitals NHS Trust, Derriford Hospital, Derriford Road, Plymouth PL6 8DH, UK. E: m.deven@gmail.com

BACKGROUND

The optimal management of ulnar nerve compression is contentious with a variety of procedures available from simple decompression to anterior transposition of the nerve (subcutaneous, submuscular and intramuscular techniques).¹ We describe a simple adjunct to the anterior subcutaneous transposition which we believe has clear advantages over the standard technique.

TECHNIQUE

The ulnar nerve is released in the standard fashion and mobilised. In those cases where a decision has been made to perform an anterior subcutaneous transposition, the distal portion of the medial intermuscular septum is excised and the anterior skin

Figure 1 Incisions made on the flexor-pronator mass fascia.

Figure 2 Fascial limbs elevated.

Figure 3 Fascial limbs secured over ulnar nerve.

flap is then raised. Three parallel incisions approximately 1.5 cm in length and 0.7 cm apart are made on the flexor-pronator mass fascia in the line of the fibres (Fig. 1). The fascia is elevated as two fascial limbs hinged opposite one another (Fig. 2). The nerve is then transposed anteriorly and held in place by suturing one fascial limb to the other (Fig. 3). Subcutaneous tissue and skin are then closed and dressings applied.

DISCUSSION

With this technique, the ulnar nerve is visualised throughout thus preventing inadvertent damage to the nerve caused by suture placement, kinking or compression. It furthermore allows visualisation of the nerve during a trial of flexion and extension of the elbow to ensure both stability and freedom of movement. It is a simple and reproducible technique that we would recommend to others.

Reference

1. Kleinman WB. Cubital tunnel syndrome: anterior transposition as a logical approach to complete nerve decompression. *J Hand Surg Am* 1999; **24**: 886–97.

Tendon transfers through a bony tunnel using a Frazier tip sucker

GG JONES, MR EDWARDS, SK SINGH

Department of Foot and Ankle Surgery, Guy's and St Thomas' Hospitals, London, UK

CORRESPONDENCE TO

GG Jones, Department of Foot and Ankle Surgery, Guy's and St Thomas' Hospitals, London SE1 7EH, UK. E: ggj@doctors.org.uk

BACKGROUND

Tendon transfers in the foot¹ (and upper-limb) can involve the passing of a tendon through a bony tunnel. However, the old adage: 'You can't push a rope' is apt in this regard. Traditionally, a needle is passed through the tunnel, sutured to the tendon, and