Foreword

Motion Preserving Procedures of the Wrist

Gregory Ian Bain, PhD, FRACS

J Wrist Surg 2012;1:93–94.

The special focus section covers a number of different methods of managing patients with SNAC- and SLAC-wrist. The various authors have recommended changes from the original 4 bone fusion technique. These include the 3 bone (triquetral excision), 4 1/2 bone fusion (proximal scaphoid included in the fusion mass), 5 bone (entire scaphoid included in the fusion mass). There is one paper on an isolated scaphoidectomy, with a capsulodesis, as the only form of stabilization of the midcarpal joint (i.e., 0 bone fusion). The surgical technique and rehabilitation is simpler with the scaphoidectomy than the other procedures. The concern is instability of the carpus with the scaphoid excised; however, if this is identified at the time of surgery, the surgeon can

perform a midcarpal fusion. With further research over the next 5 years, we will obtain a better understanding of the place of scaphoidectomy and capsulodesis.

There has been extensive research comparing the 4 bone fusion and the proximal row carpectomy. However, further comparative research is required to identify the place of each of the different procedures and the optimal method of fixation of the fusion mass.

Although some may see the motion preserving procedures of the wrist as a staged full wrist fusion, if the indications are accurately respected and the technique is well performed to prevent complications, then good long-term results can be obtained.