
Ulnocarpal Abutment Surgical Treatment

THE ULNAR SHORTENING OSTEOTOMY OPERATION

Ulnocarpal Abutment causes damage to the Triangular Fibrocartilagenous Cartilage Complex (TFCC) and joint cartilage. The TFCC sits on the end of the ulna bone and normally has two roles. It is partially responsible for holding the ulna and radius bones together and also transmits a third of the force applied on the wrist to the hand and forearm. When the TFCC is torn or the cartilage is damaged pain will be felt on the ulnar side of the wrist.

The operation for this is called the Ulnar Shortening Osteotomy and involves cutting the ulnar bone in the forearm removing a thin slice and then fixing the bone together with a plate and screws. This will significantly reduce the amount of force passing through the ulnar side of the wrist when it is used as it is transferred to the radius bone. The operation will also tighten up the supporting soft tissue structures on the ulnar side of the wrist which can make the joint more stable.

AFTER THE OPERATION

There will be a dressing and padded bandage with a plaster cast applied to the operated arm. It is important to keep the dressings clean and dry and to reduce swelling, keep the arm elevated. Begin moving any joints that are not immobilised to prevent stiffness and to reduce discomfort, take pain killers. Within two weeks after the operation, an appointment will be made for a wound check, dressing change and a new plaster cast to be fitted by a hand therapist. The plaster will be fully removed eight weeks after the operation and a splint will be provided. An X-ray will be taken to see if the bone cut has healed. You should be able to use the wrist normally after three months following the operation.

It will be 8-10 weeks before you can consider to drive again and must only do so if you feel safe to do so. Time off work will also vary considering your occupation. If your job involves heavy lifting or intensive labour, you may not be fully fit to work for up to four months.

RISKS OF SURGERY

Generally, this procedure is considered to be effective and low risk. However, some people may have problems. Local swelling around the surgical site can persist for several months but can be helped by massaging the tissues. The arm may also become stiff but this can be reduced by keeping the arm elevated and moving all the free joints as soon as possible. Occasionally patients are troubled by more swelling and stiffness than average. In this case Complex Regional Pain Syndrome (CRPS) is sometimes the cause. There may be some irritation caused by the plate but this usually settles with its removal. Infection is also rare.

FOR ANY PROBLEMS OR FURTHER INFORMATION CONTACT:

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Note: These instructions are to serve as guideline and are subject to vary depending on the individual.