

# SCAPHO-LUNATE STABILISATION

The wrist is a joint between the forearm bones (radius and ulna) and the eight carpal bones, which are arranged in two rows.

Movement occurs by changes in alignment between the bones and is controlled by a complex arrangement of ligaments that connect the bones together. Damage to these ligaments causes altered patterns of movement.

The most commonly injured ligament is that between the scaphoid and lunate bones. The two bones become unlinked (disassociated). The scaphoid rotates and the joint opens up if the wrist is stressed by gripping.

The treatment depends on the precise injury and its timing. Once six weeks has passed, ligaments tend to be irreparable and the ligament requires reconstruction. Treatment of wrist ligament injuries is very difficult and very often the wrist will not recover completely. There is the possibility that you will need further surgery in your lifetime because of continued pain and/or the development of arthritis.

There are a number of techniques for reconstruction. These involve use of adjacent ligaments and/or tendons to mimic the effect of the damaged ligament. These are never as good as the original ligament and therefore total stability is often not achieved. Their intention is mainly to correct the rotation of the scaphoid by pulling it backwards as shown in the bottom diagram.

The operation is usually performed under general anaesthetic (asleep). It involves a cut on the back of the wrist and usually a smaller cut on the front. Sometimes wires are inserted through or under the skin to temporarily hold the bones in position. When you wake up the wrist will be in a dressing that includes a plaster to protect the reconstruction.

**Two weeks** You will be reviewed in clinic. The stitches will be dissolving. Your wrist is placed in a thermoplastic splint by the hand therapists for a further two weeks.

**Four weeks** If progress is satisfactory, you will start gentle active movements of the wrist. The splint will be worn at all other times

**Six weeks** You will continue your active exercises but you may remove your splint for light activities such as reading, writing, computer. Any wires would be removed at about this time.

**Eight weeks onwards** You can step up your activities according to common sense (if it hurts – stop) but you must not perform high power activities such as gardening, sport (if in doubt – don't)

**Twelve weeks** The ligament reconstruction is now as strong as it is ever going to be and you can begin to return to all normal activities. The wrist will be slow to settle.

**Six months** Your final outcome should now be apparent.

**Wound** Possible problems include swelling, bruising, bleeding, blood collection under the wound (haematoma), infection and splitting of the wound (dehiscence).

**Scar** You will have a scar on the wrist, which will be firm to touch and tender for some months. This can be helped by firm massage with the moisturizing cream.

**Function** Recovery from this operation can be slow and it may be 6 months before you can resume heavy activities. You will probably be able to drive a car after 10 weeks as long as you are comfortable and you have regained full finger movements. Timing of your return to work is variable according to your occupation and you should discuss this.

**Stiffness** You will lose some of the mobility in the wrist as a direct result of the reconstruction.

**Regional pain syndrome** About 5% (1 in 20) of people are sensitive to hand surgery and their hand may become swollen, painful and stiff after the operation. This problem cannot be predicted, is variable in severity and is principally treated with physiotherapy.

**Neuroma** A small nerve running in the region can occasionally be damaged during the surgery and either cause numbness on the back of the thumb or form a painful spot in the scar (neuroma). The latter complication may require a further operation to correct it.

