

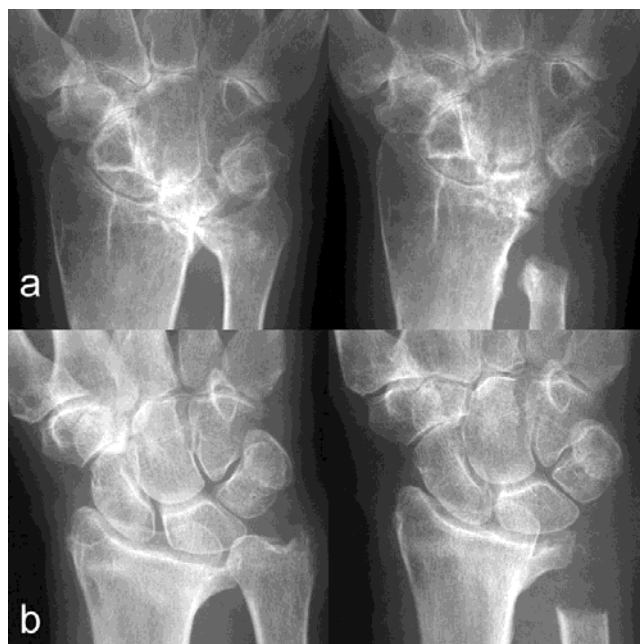
ULNAR HEAD EXCISION (DARRACH)

The forearm has two bones, the radius and ulna. These two bones are joined to the hand at the wrist joint. They are also held together at each end by joints that allow the radius bone to rotate around the ulna.

Several problems can cause damage to the lower of the radio-ulnar joints including rheumatoid arthritis, fractures and osteoarthritis. This results in one of a number of problems including (i) the ulna to come out of joint causing a painful lump on the back of your wrist, (ii) pain, (iii) restriction of forearm rotation (pronation and supination) and sometimes (iv) damage to the extensor tendons that straighten the fingers.

The end of your ulna bone has therefore been removed to (i) remove the painful lump, (ii) improve forearm rotation and (iii) protect your tendons.

The operation is usually performed as a day-case under regional anaesthetic (arm numb) and/or general anaesthetic (asleep).



Your hand will be placed in a bulky dressing that sometimes includes a plaster to protect the operation. This will usually be left in place for two weeks until you are reviewed. Hand elevation is important to prevent swelling and stiffness of the fingers.

If only the ulnar head has been removed movement of the hand should be continued and you should perform normal light activities. You should particularly practice rotating your forearm.

Once the hand is allowed out of a dressing or splint, it is safe to get the wound wet in a bath or shower. The wound and the surrounding skin often become very dry and will be more comfortable if a moisturizer is applied.

You can drive a car after 4 weeks as long as you are comfortable and have regained full finger movements. Timing of your return to work is variable according to your occupation and you should discuss this.

This operation may be combined with removing inflammation around the tendons (synovectomy) and repair of any damaged tendons. Rehabilitation is lengthier and more restricted under these circumstances and will be covered in an additional information sheet.

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.

Pain The operation can be quite painful initially. The soreness in the wrist area and discomfort during forearm movement will take 3 to 6 months to settle.

Clicking You may experience a clicking sensation during rotation of the forearm. This can persist but usually is nothing more than a minor irritation.

Nerve A small nerve running in the region can be damaged during the surgery and form a painful spot in the scar (neuroma) or a small area of numbness in the region. This complication is very rare but may require a further operation to correct.

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.

Pro-supination

