

## WAFER RESECTION

Rotation of the forearm occurs between the radius and ulna bones though separate joints at the elbow and wrist regions. The latter is called the distal radio-ulnar joint (DRUJ). This joint is stabilised by ligaments and the triangular fibrocartilage (TFC), which has two roles. It helps to hold the radius and ulna bones together. It also transmits about one third of force passing across the wrist from the hand to forearm.

When the TFC is torn or damaged, it causes pain on the ulnar side of the wrist. This occurs particularly during the twisting movements that are called pronation and supination when clicking or popping sensations can occur. This type of problem is more common in people who have slightly long ulna bones, which can either be inborn or caused by fractures of the neighbouring radius bone. It is often impossible to repair across a torn or worn TFC but the symptoms can be helped by reducing the amount of force transmitted across it. This is achieved by removing the tip of the ulna as a “wafer”

The operation involves a cut on the wrist to allow access to the bone. It is performed as a day-case under general anaesthetic. Your hand will be placed in a bulky dressing, which includes a splint to protect the operation. Hand elevation is important to prevent swelling and stiffness of the fingers. Movement of the hand should be continued and you should either maintain or recover forearm rotation as shown in the diagram.

This dressing will be removed at 7-14 days after surgery. Once removed, it is permitted to get the hand wet in a bath or shower. At this stage, you can carefully remove your splint in the day to perform light activities and your exercises. The splint should be worn at night or in situations where the operation site may be knocked (shopping, in the street, children running about) until six weeks after operation. You will be able to increase your activities as common sense suggests (i.e. if it hurts, stop doing it!). Heavy unprotected twisting movements should be avoided in the early stages (steering wheel, screw-driver, bottle opener) as this puts great stress across the joint.

You must remember that the operation does not cure the TFC problem. It is only hoped to reduce the pain not necessarily abolish your symptoms. There may be other problems in the wrist joint which also cause pain. These will have been discussed before surgery. Possible complications include: -

**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 back of the wrist, which will be firm to touch and tender for some months. This can be helped by firm massage with the moisturizing cream.

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

**Technical** It is a fiddly operation and it is possible to remove too little bone (may need to be repeated), too much bone (damage to the DRUJ and later arthritis) or to fracture the styloid process (additional fixation needed during the operation).

**Stiffness** You may lose some of the mobility in the forearm/wrist as a result of the operation due to scarring around the joint.

**Tendonitis** Local tendons can become inflamed causing pain possibly necessitating further treatment.

**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.

