

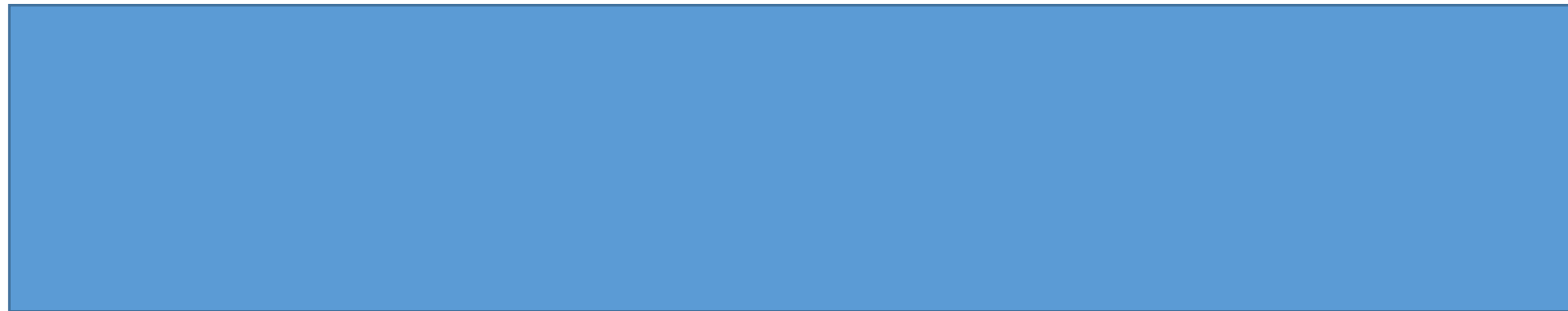
DISCLAIMER:

LIMITED LONGER TERM RESULTS ARE AVAILABLE FOR THIS PROCEDURE.

ANY USE OF THE TECHNIQUE IS AT THE DISCRETION OF THE TREATING SURGEON.

THE LACK OF WIDE SPREAD EXPERIENCE MUST BE CONSIDERED IN ANY DECISION TO USED THE PROCEDURE - AND SUCH DETAILS SHOULD BE DISCLOSED TO THE PATIENT.

ANAFAB Procedure for Scapho-lunate dissociation



September 2018

Scapho-lunate dissociation

A 3D anatomical model of a human wrist joint, rendered in a light beige color. The model is shown from a dorsal perspective, with the scaphoid and lunate bones clearly visible. The scaphoid is displaced dorsally and proximally relative to the lunate, illustrating a scapho-lunate dissociation. The surrounding carpal bones and the distal radius and ulna are also visible.

Characterized by:

Scapho-lunate diastasis

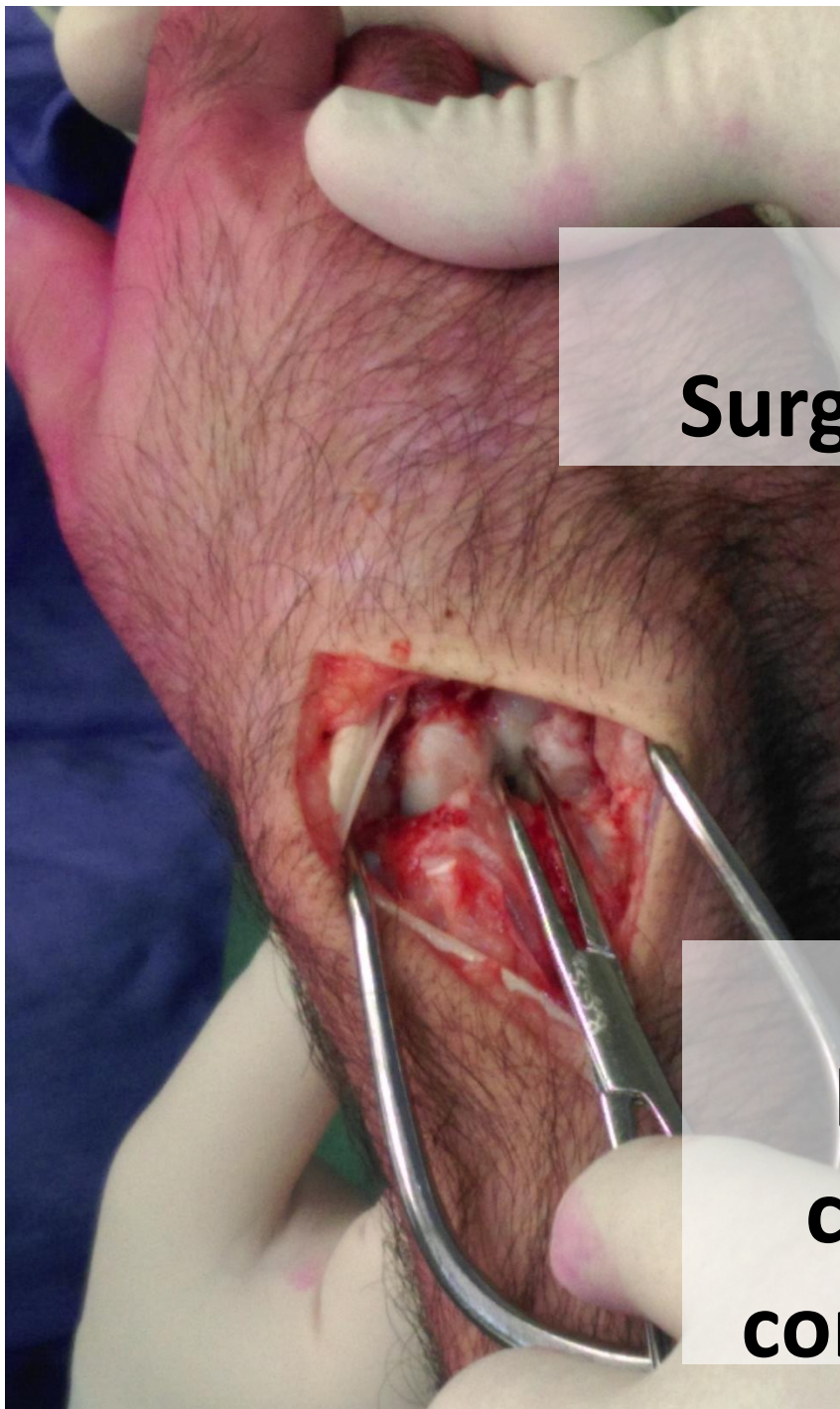
Dorsal scaphoid subluxation

Scaphoid flexion

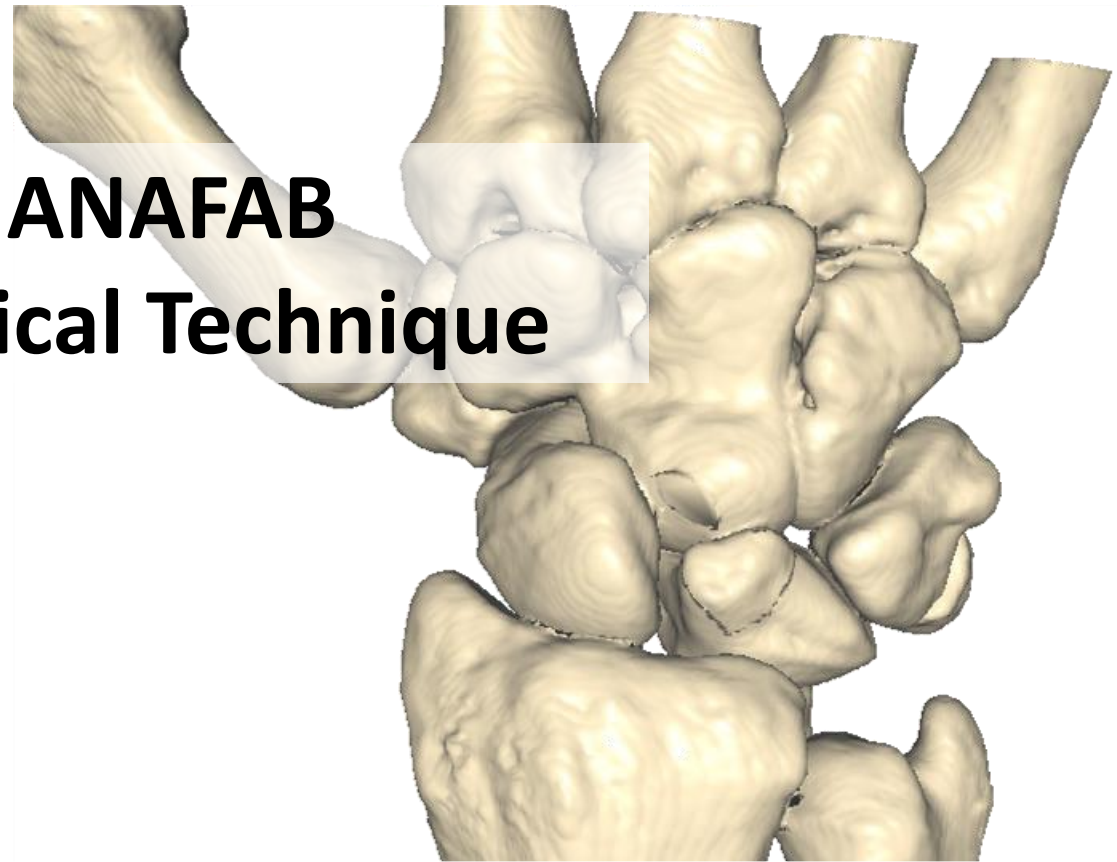
Lunate extension

Volar

Dorsal



ANAFAB Surgical Technique



**Dorsal
Longitudinal incision through 3rd
compartment, EPL left out and 4th
compartment elevated but left intact**

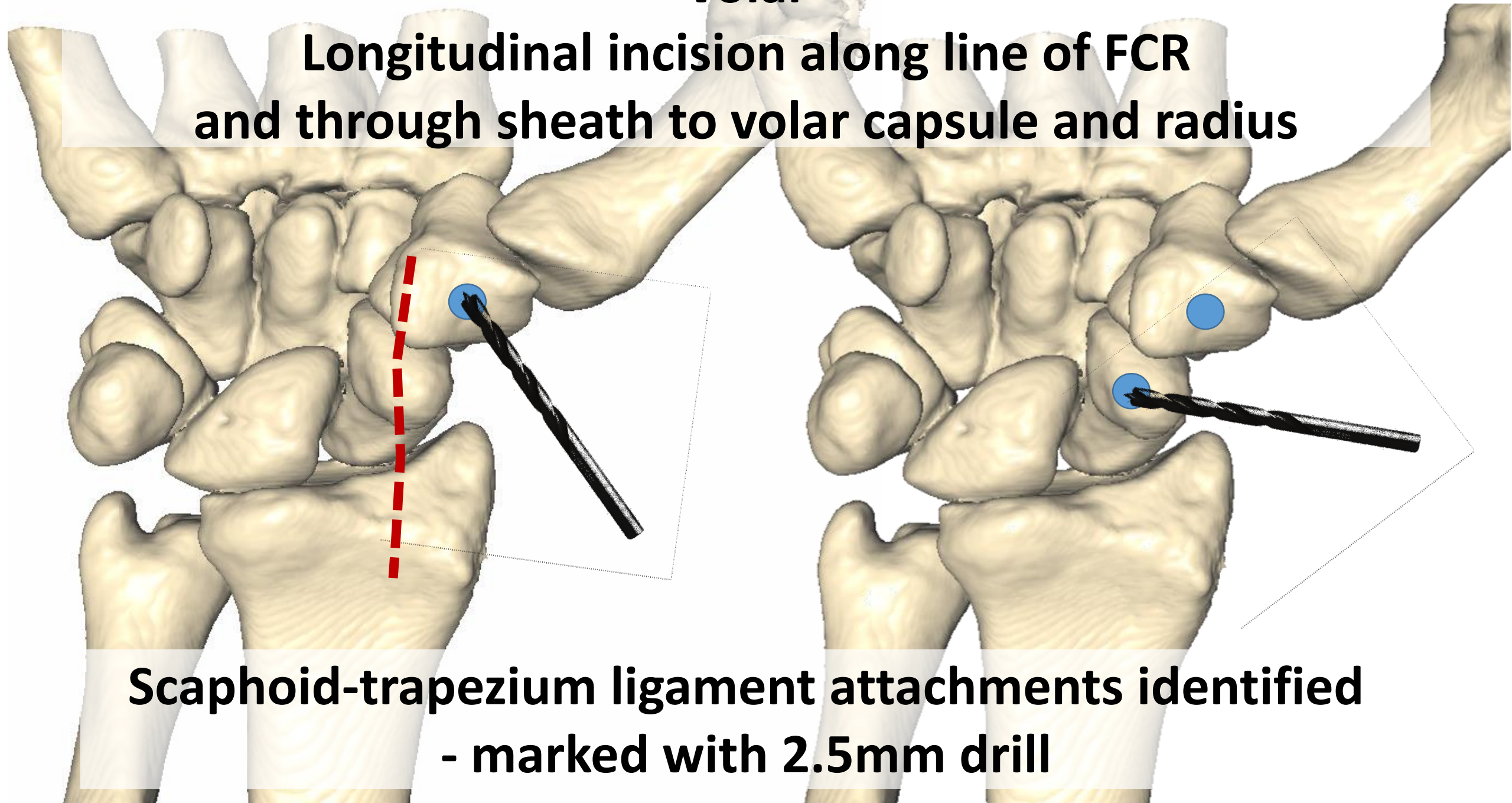


Dorsal

**Dorsal Scapho-lunate ligament attachments identified
- marked with 2.5mm drill**

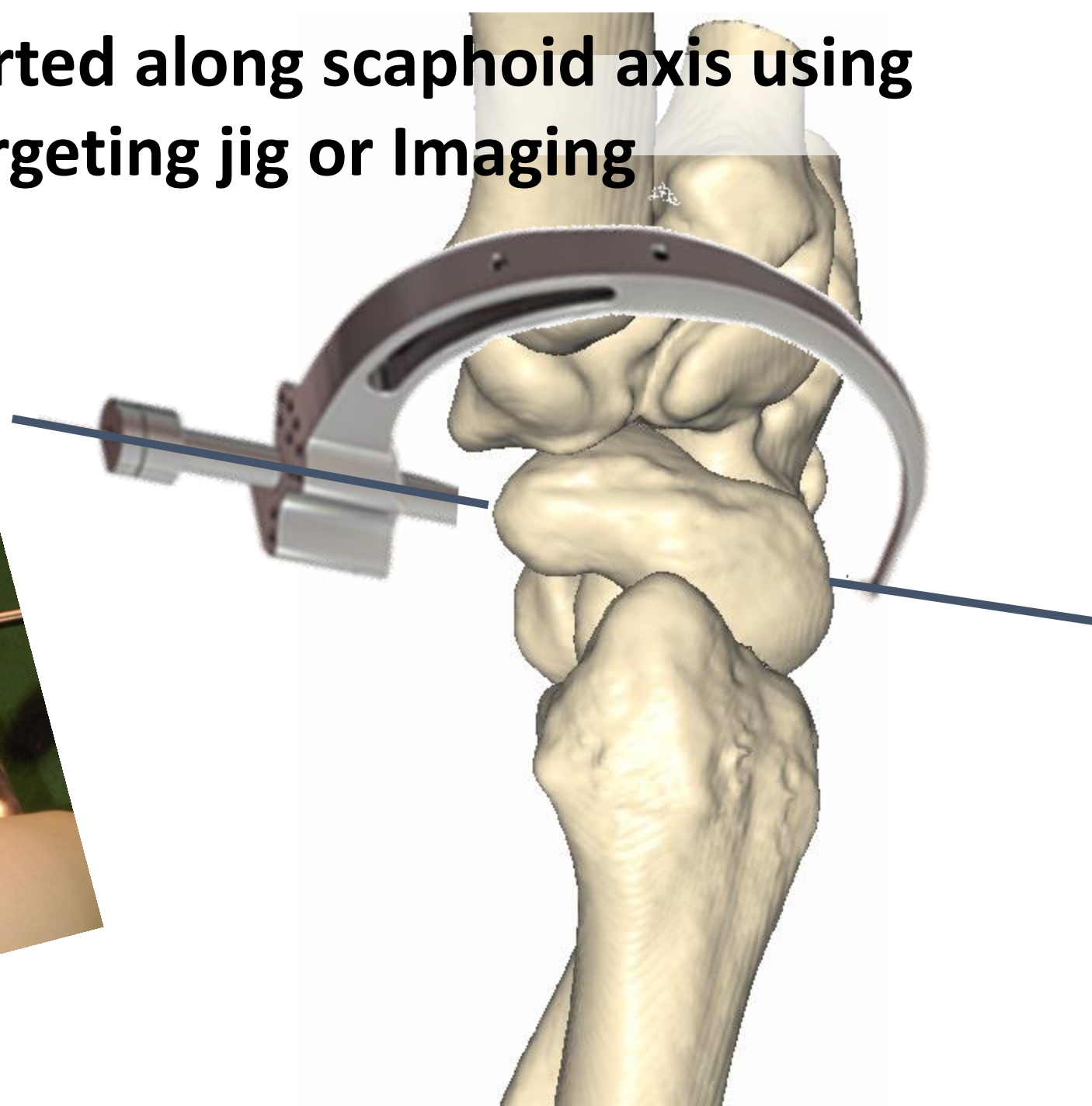
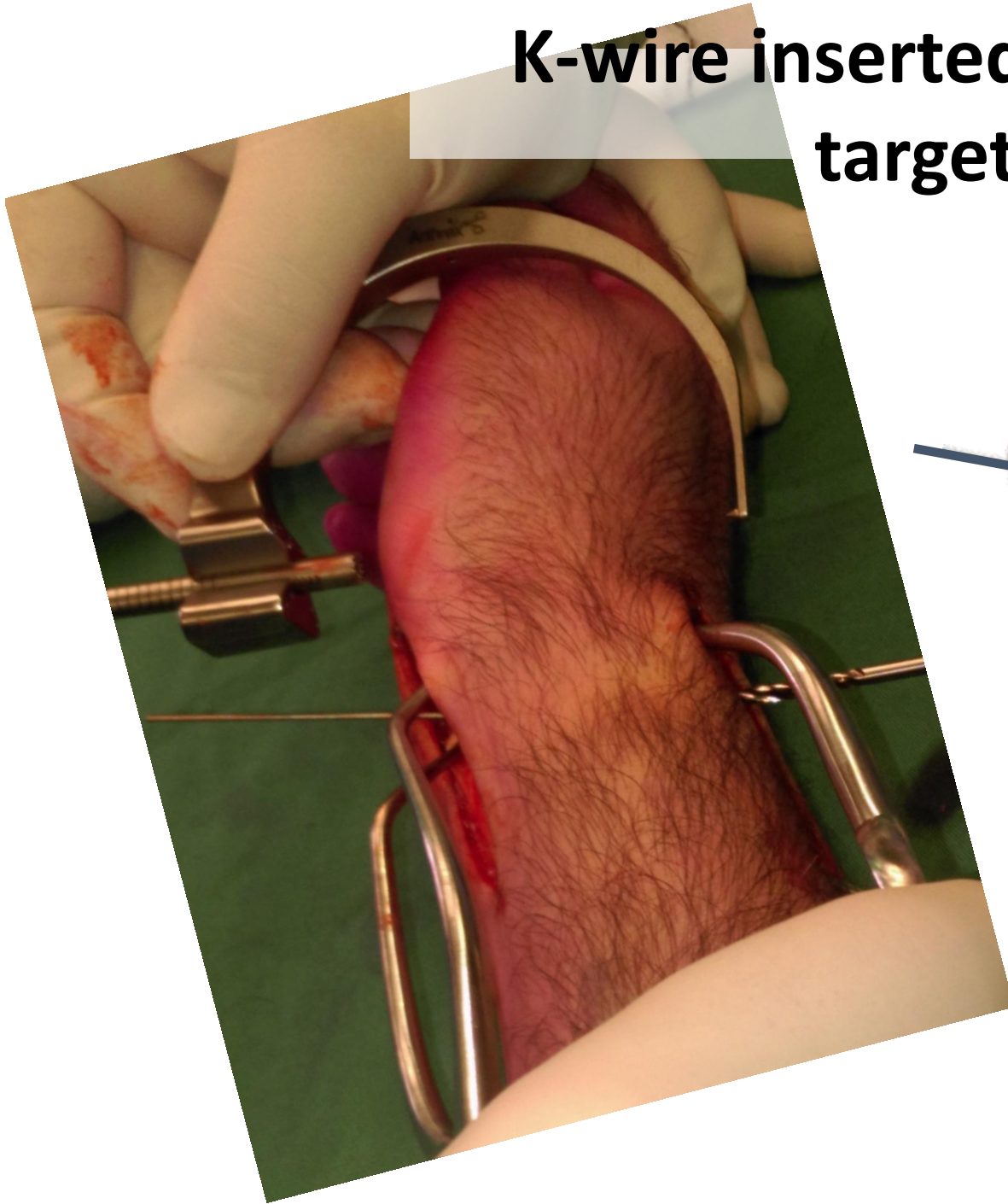
Volar

**Longitudinal incision along line of FCR
and through sheath to volar capsule and radius**

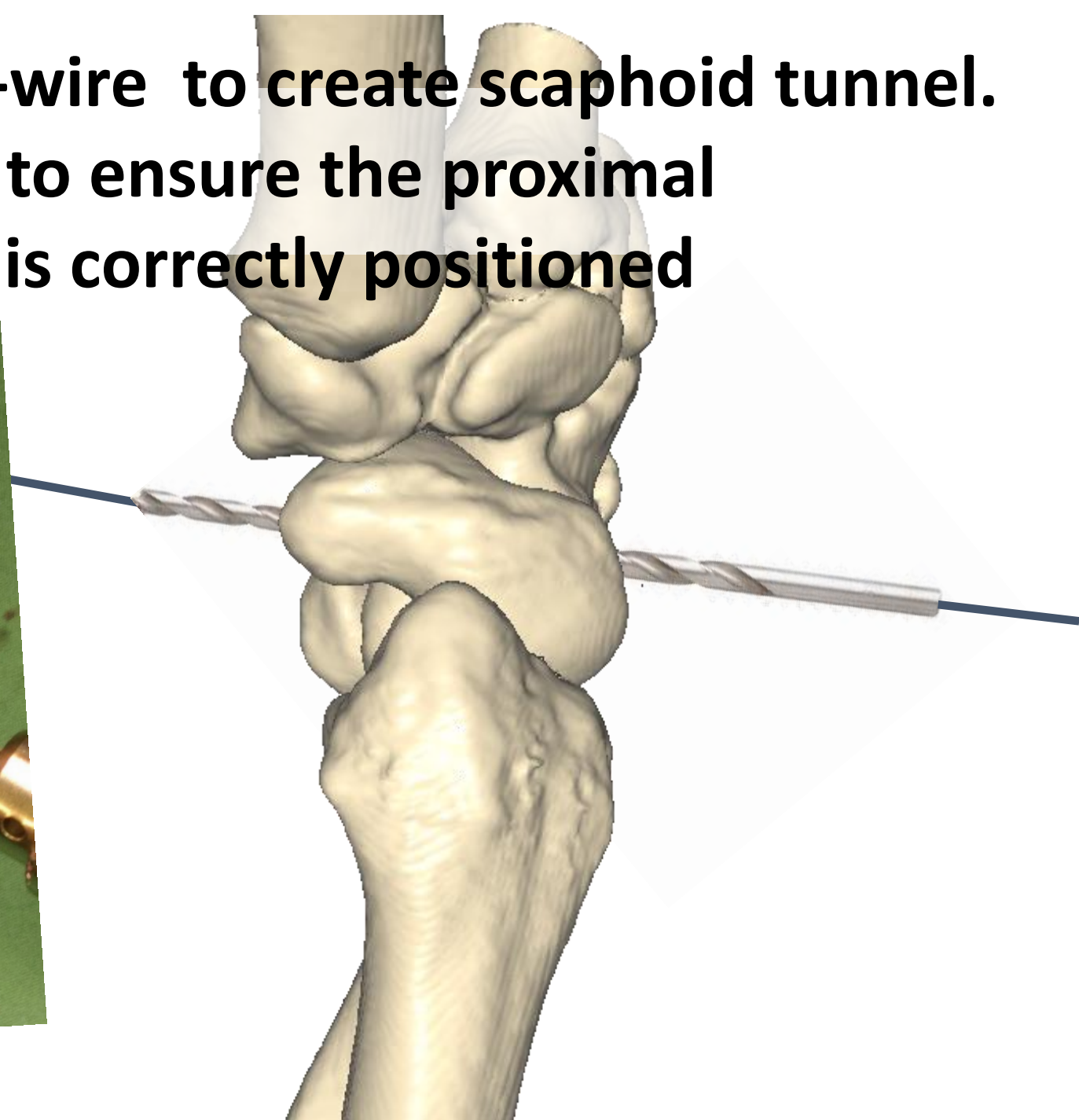


**Scaphoid-trapezium ligament attachments identified
- marked with 2.5mm drill**

K-wire inserted along scaphoid axis using targeting jig or Imaging



3mm cannulated drill over k-wire to create scaphoid tunnel.
Drill dorsal to volar to ensure the proximal
scaphoid drill hole is correctly positioned

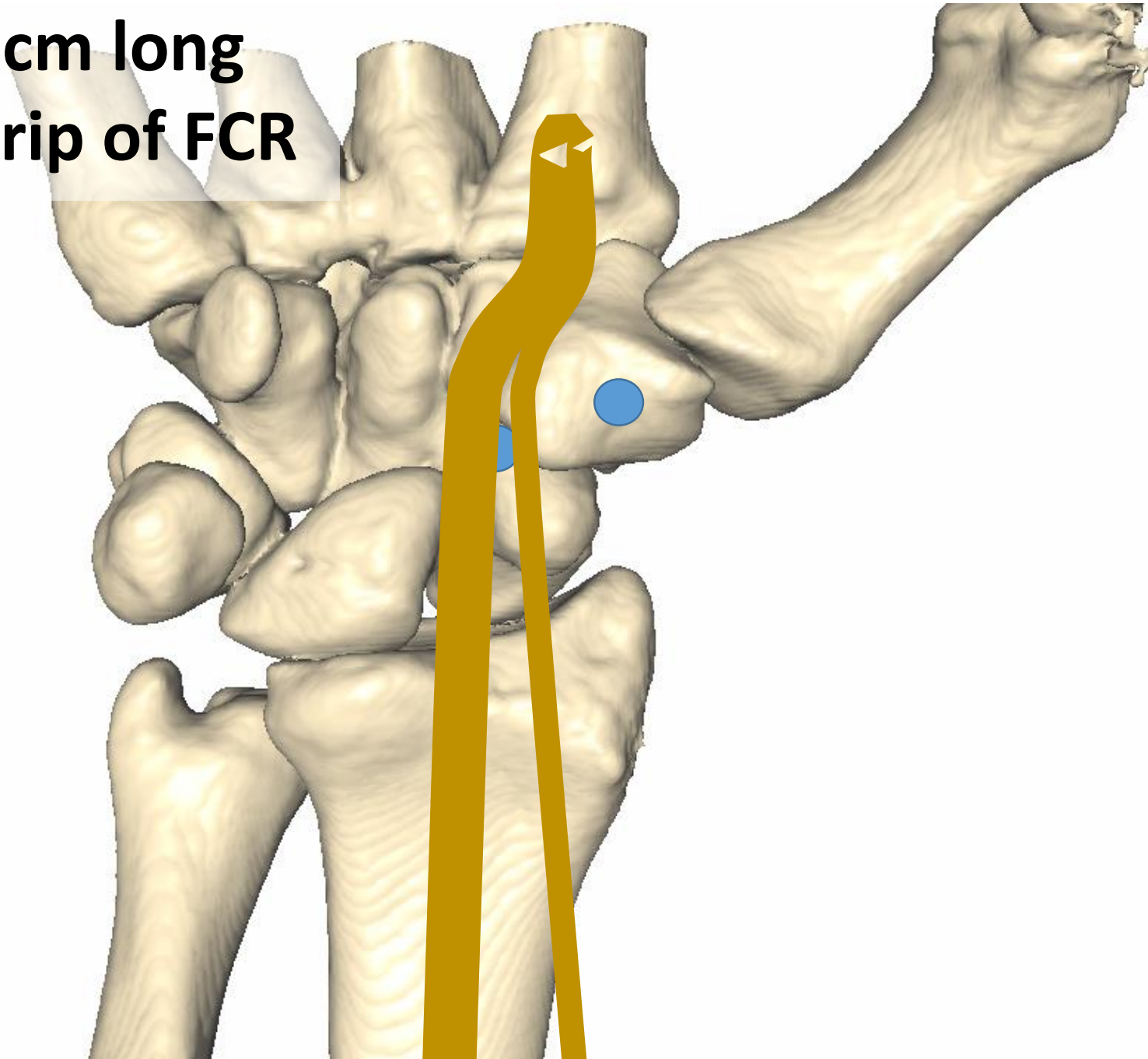




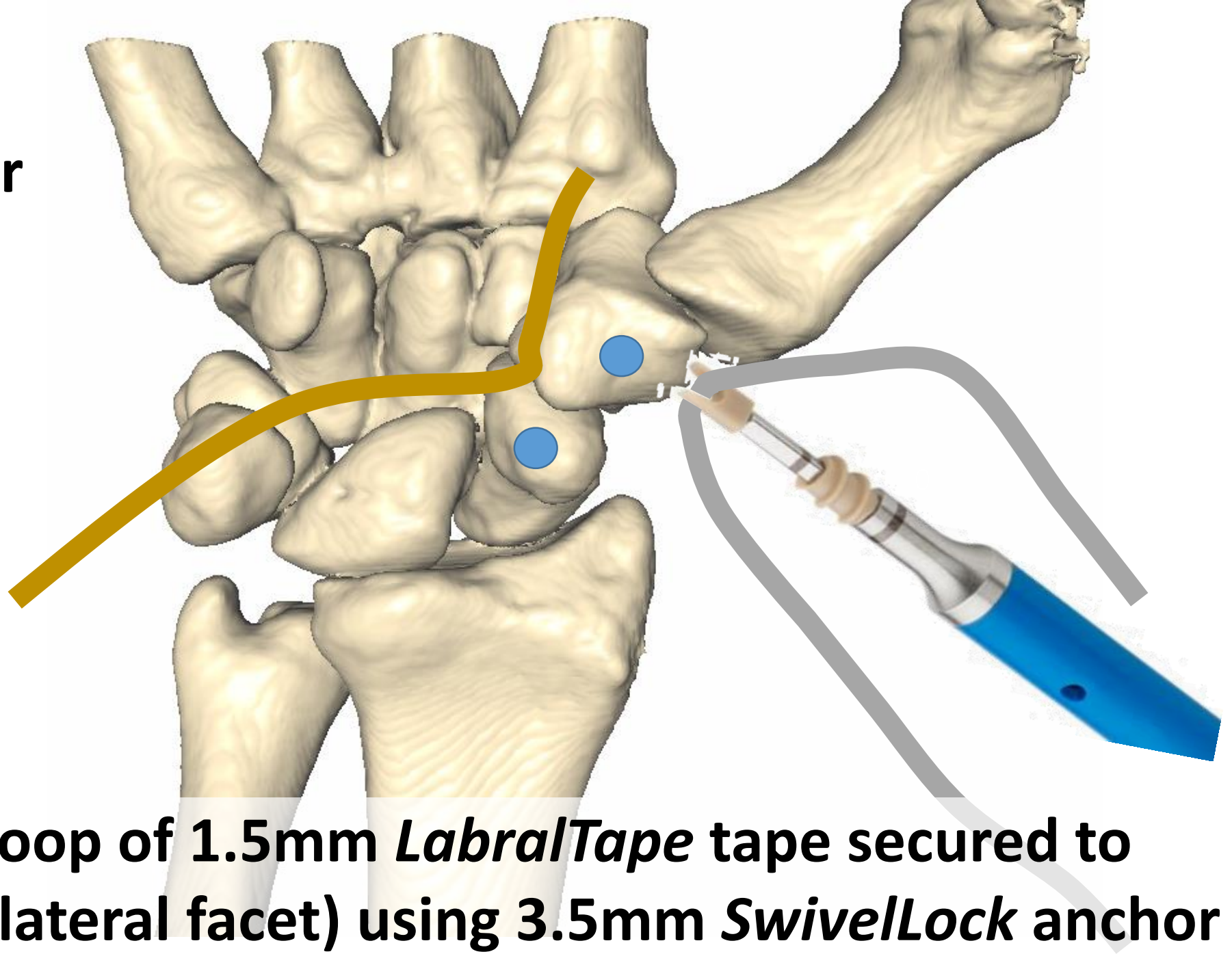
2.5mm wide 15cm long distally based strip of FCR - passing pin, and No.2 Nylon to strip, distal to proximal



**2.5mm wide 15cm long
distally based strip of FCR**



Volar



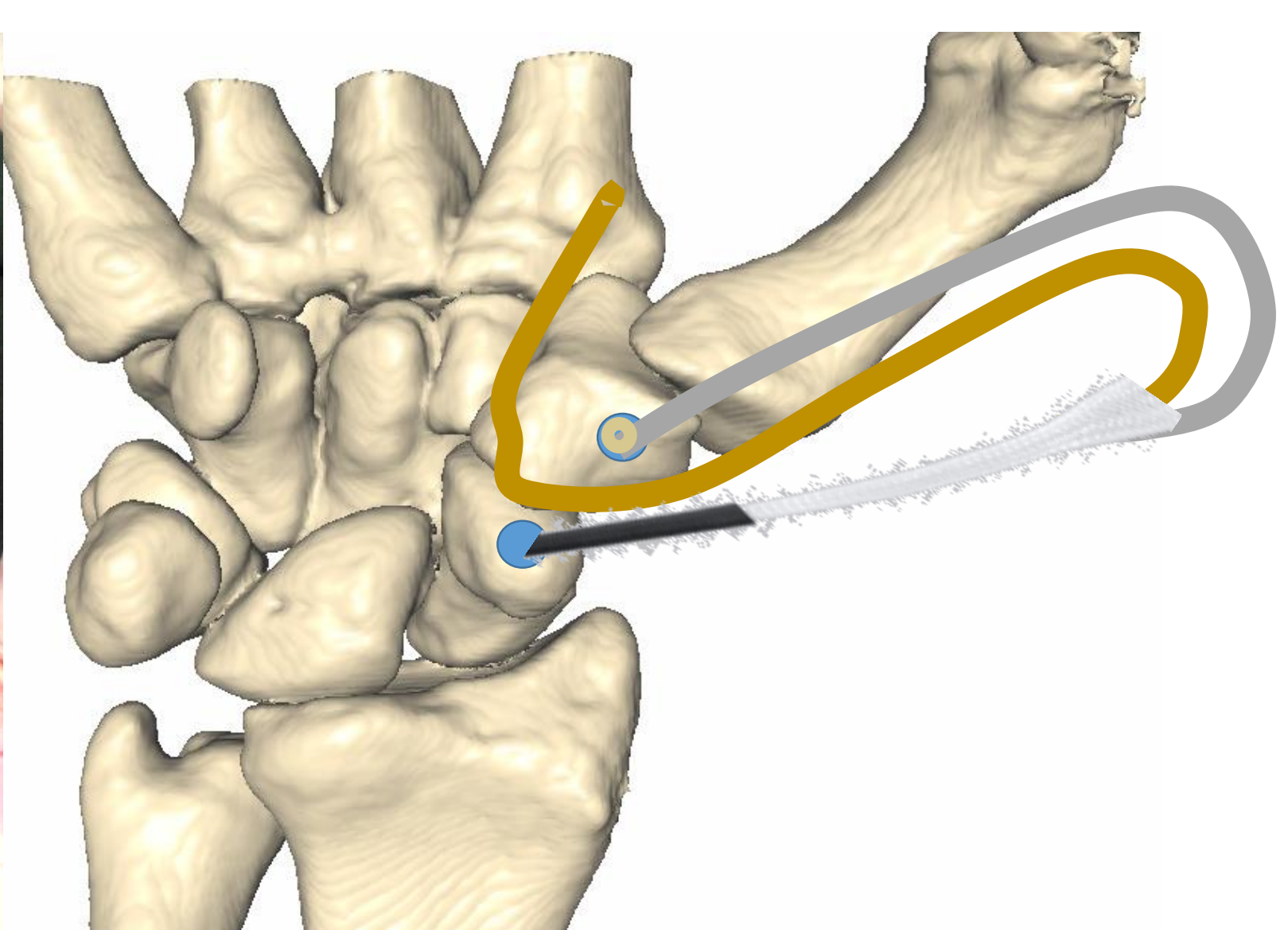
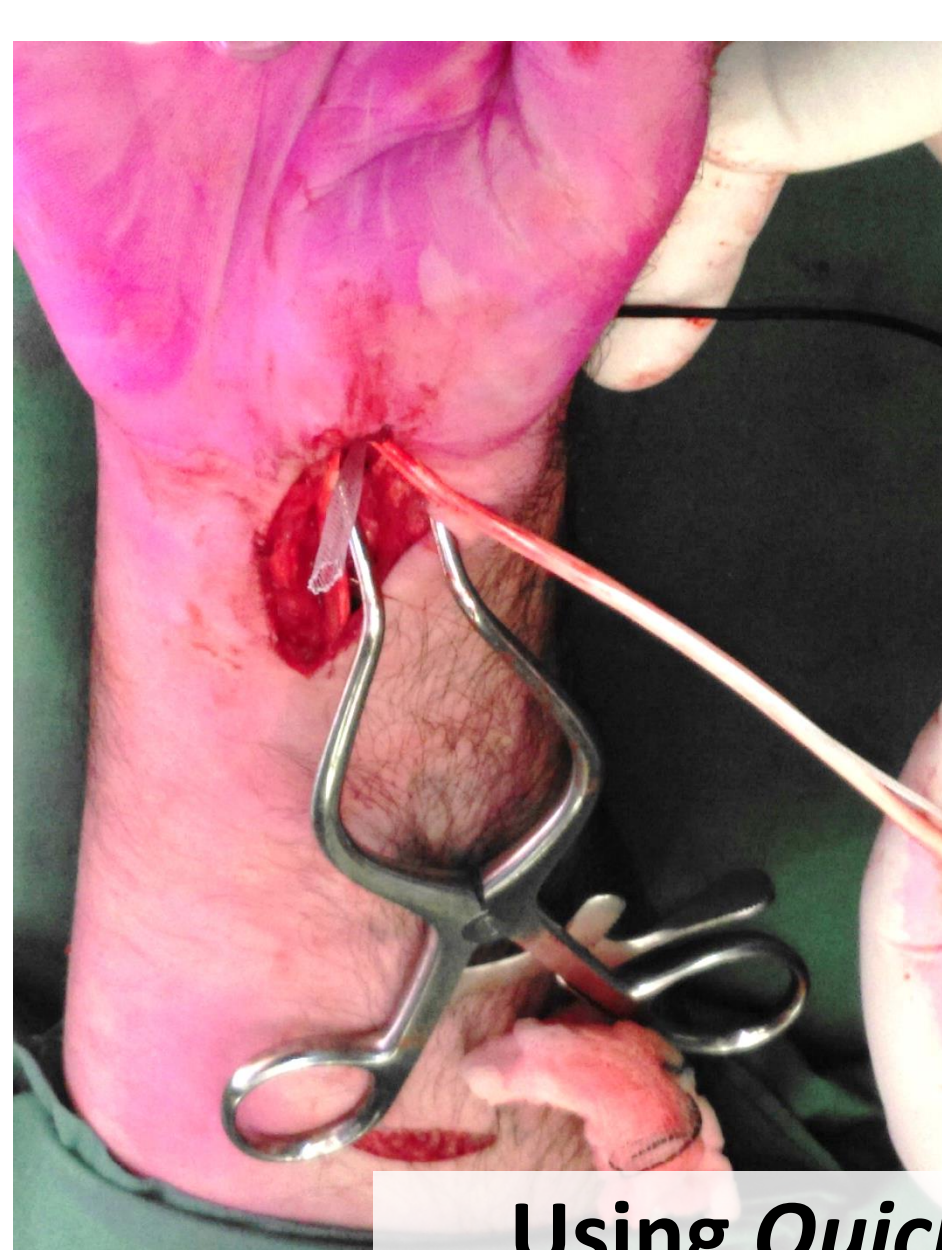
Double loop of 1.5mm *LabralTape* tape secured to Trapezium (lateral facet) using 3.5mm *SwivelLock* anchor



A 3D anatomical model of a human wrist joint, showing the distal radius, distal ulna, and the carpal bones. A thick yellow line, representing an FCR strip, originates from the base of the third metacarpal, passes over the trapezoid, and then curves around the scaphoid. Two blue dots are placed on the scaphoid: one at the base of the trapezoid and another on the proximal pole. A grey surgical instrument, likely a suture grasper, is shown holding the top dot. The text 'FCR strip' is positioned to the left of the yellow line, and '1.5mm 36" LabralTape (doubled)' is positioned to the right of the instrument.

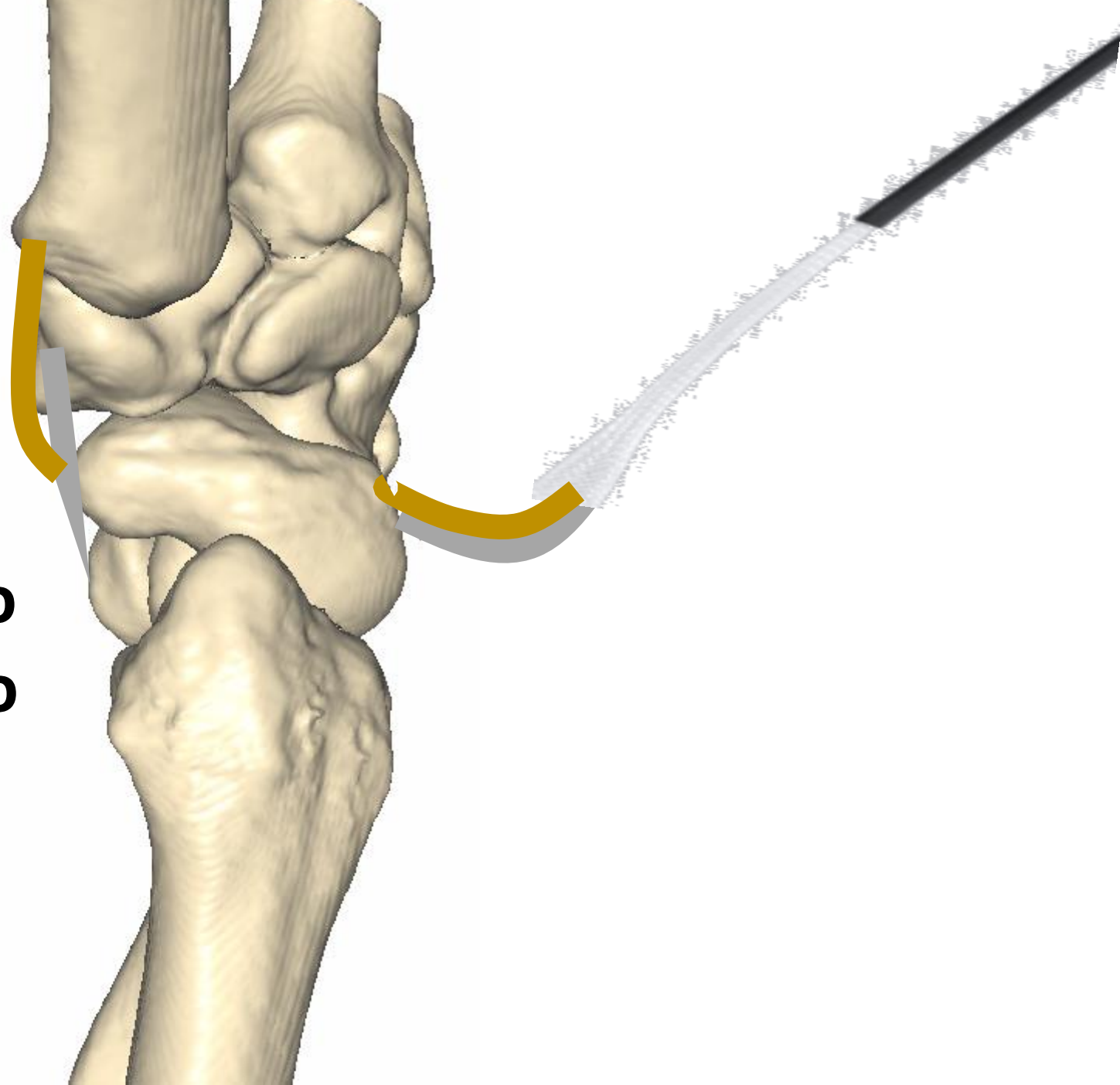
FCR strip

**1.5mm 36" *LabralTape*
(doubled)**

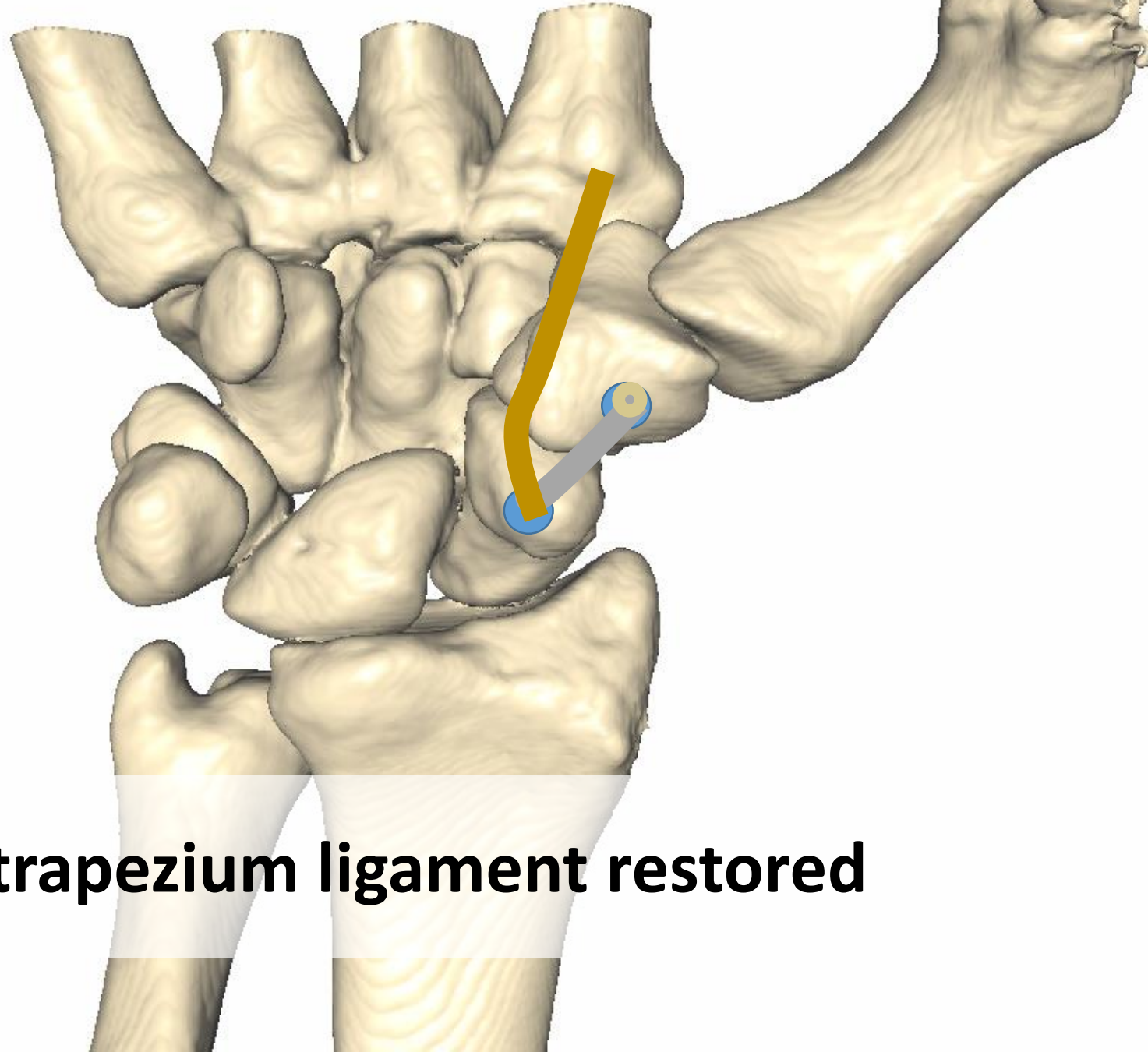


Using *Quick Pass* Tendon Shuttle, FCR strip and *LabralTape* passed volar to dorsal through scaphoid

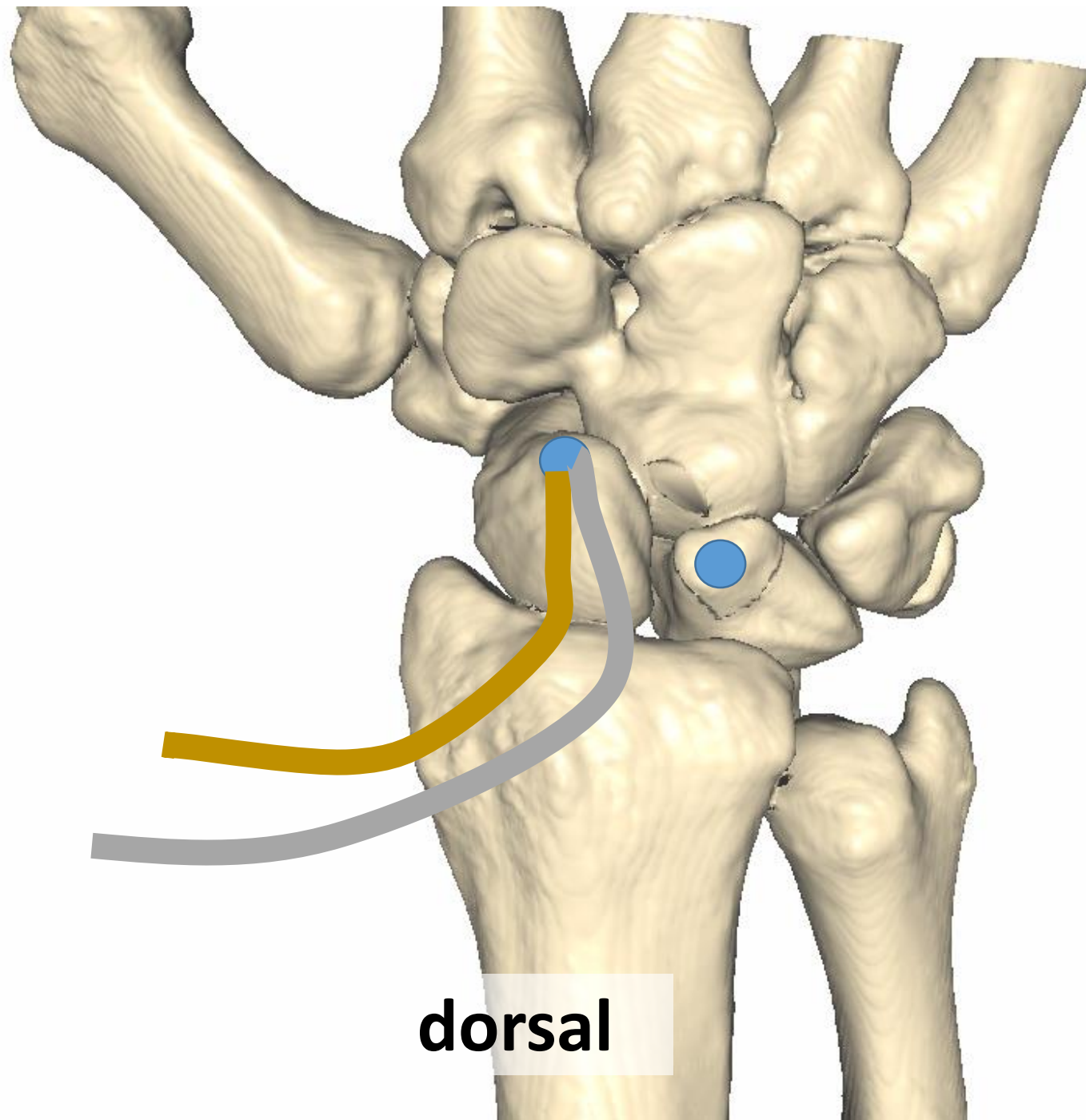
Using *Quick Pass* Tendon Shuttle, FCR strip and *LabralTape* passed volar to dorsal through scaphoid to dorsal wound



volar



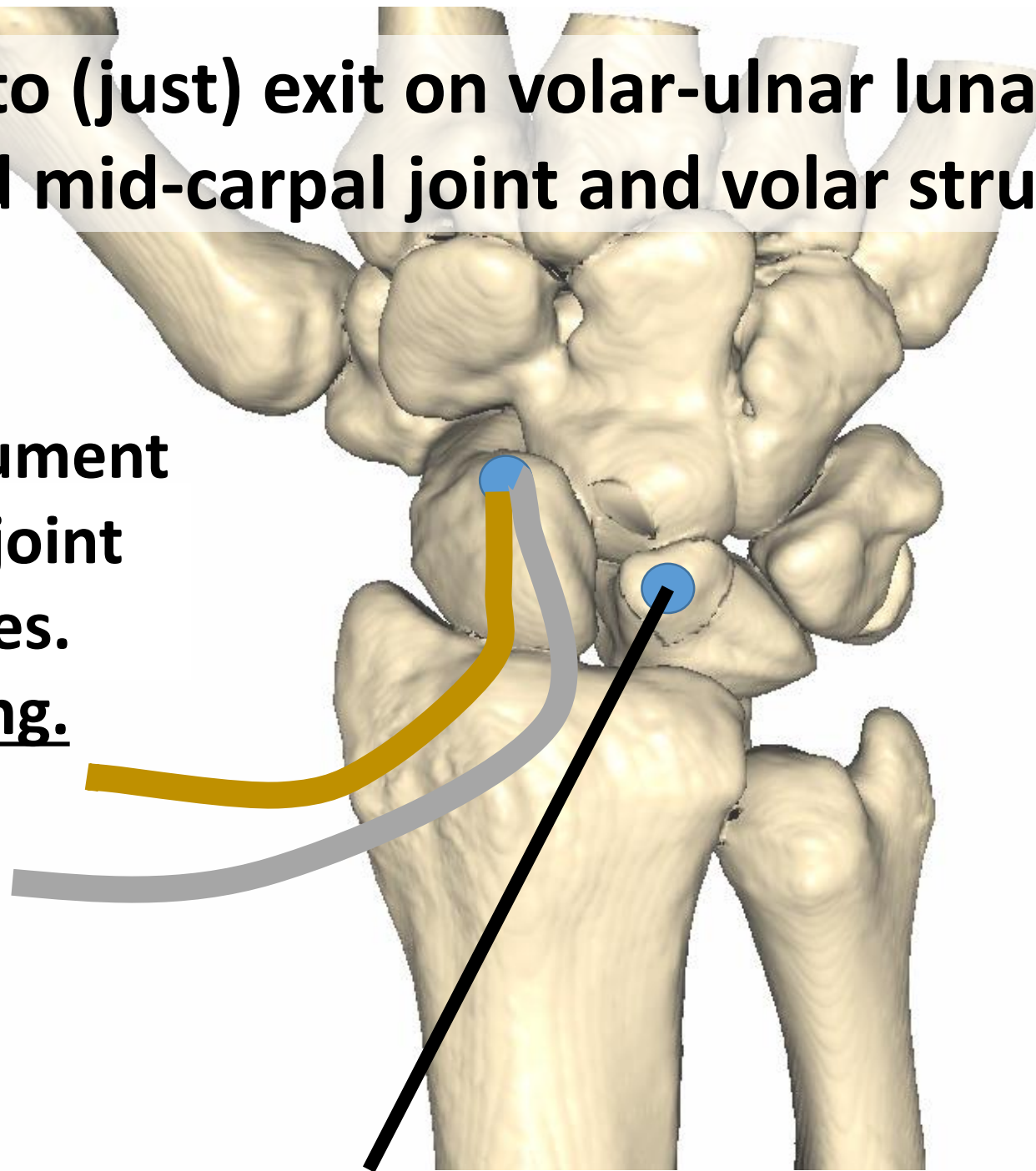
Scapho-trapezium ligament restored



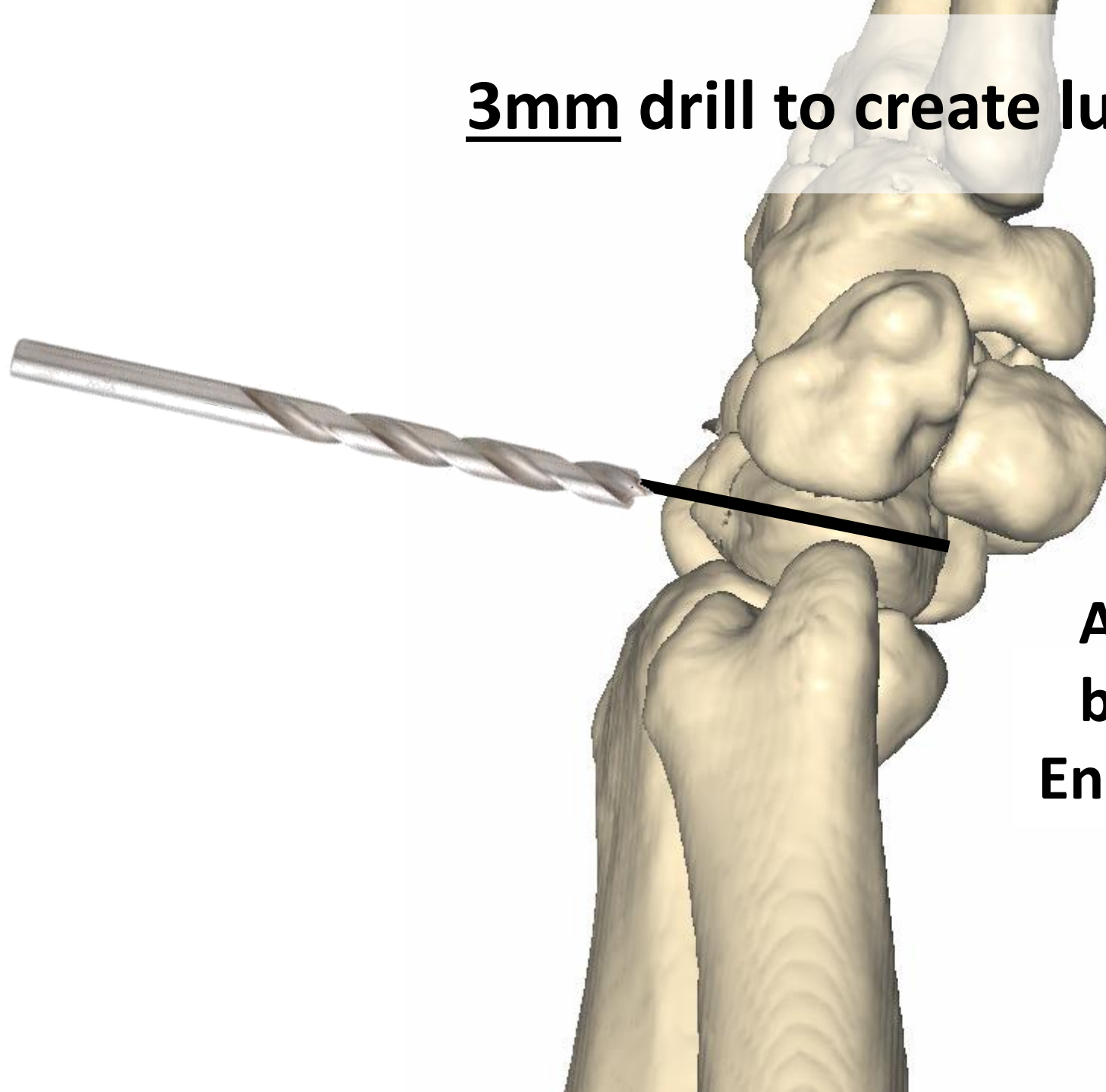
dorsal

K-wire inserted to (just) exit on volar-ulnar lunate surface
**** Care to avoid mid-carpal joint and volar structures ****

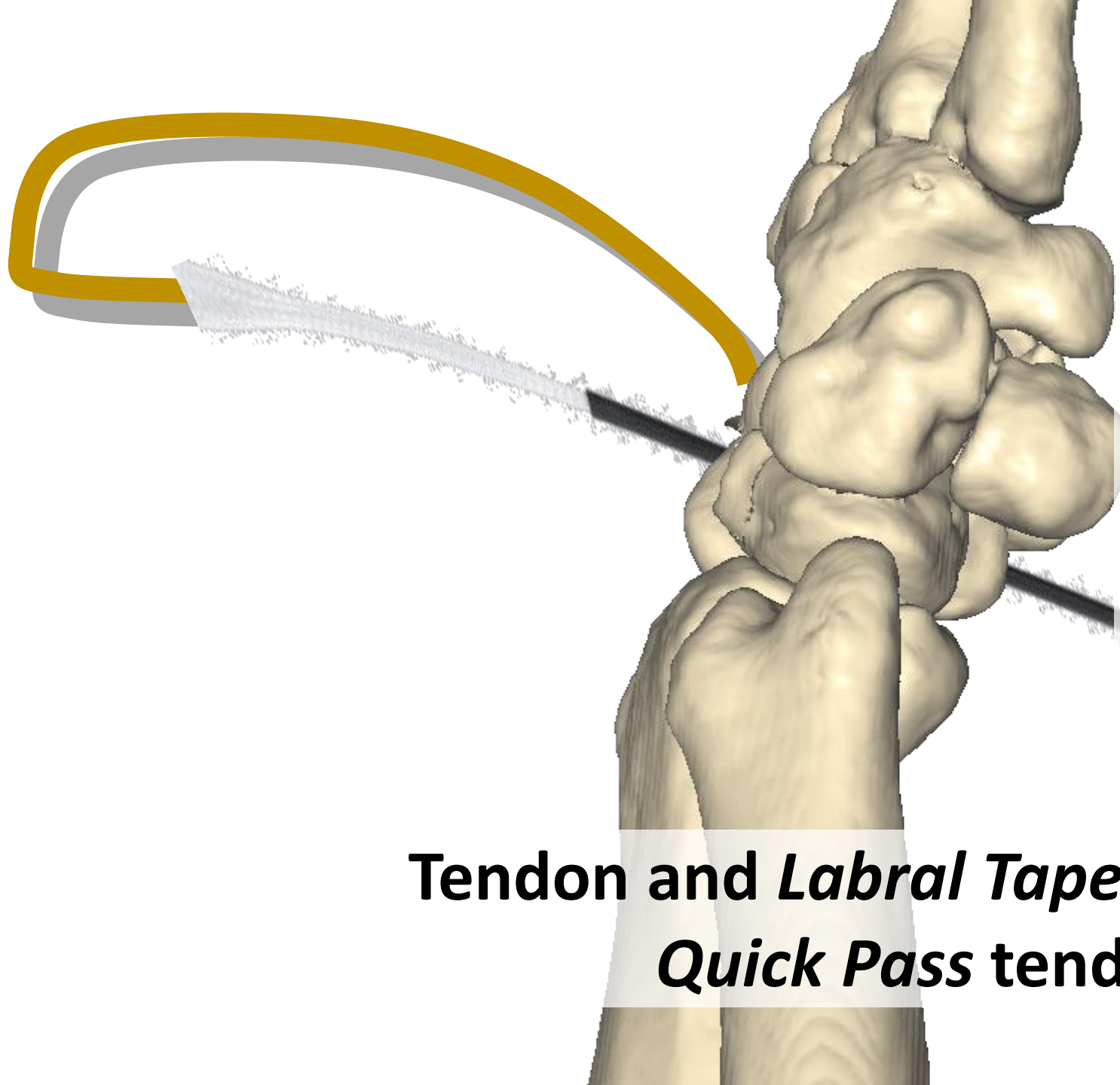
**Curved smooth instrument
through Midcarpal joint
protects and guides.
Check with imaging.**



3mm drill to create lunate tunnel



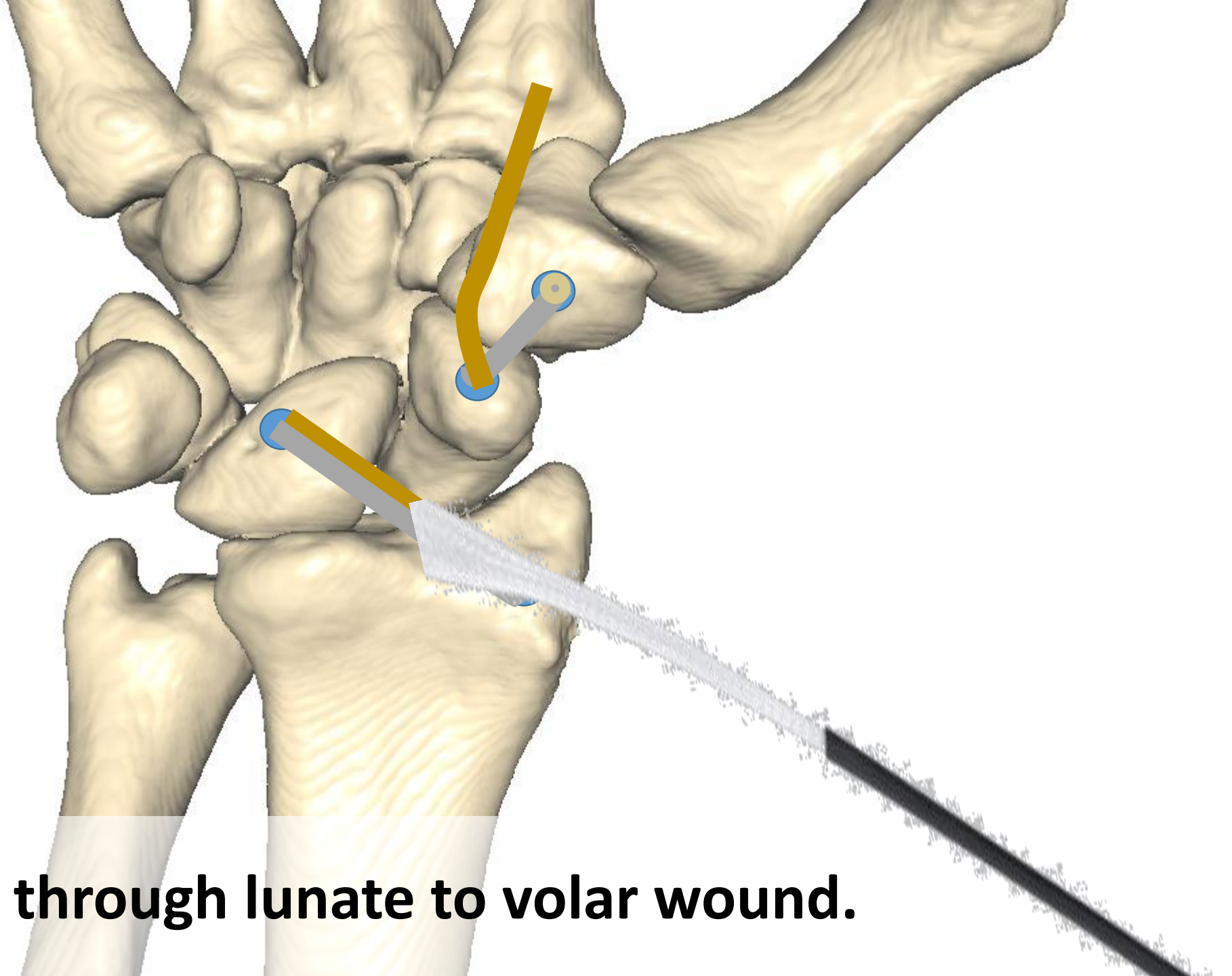
**Advance drill just to
breach volar cortex.
Ensure k-wire does not
advance!!!**



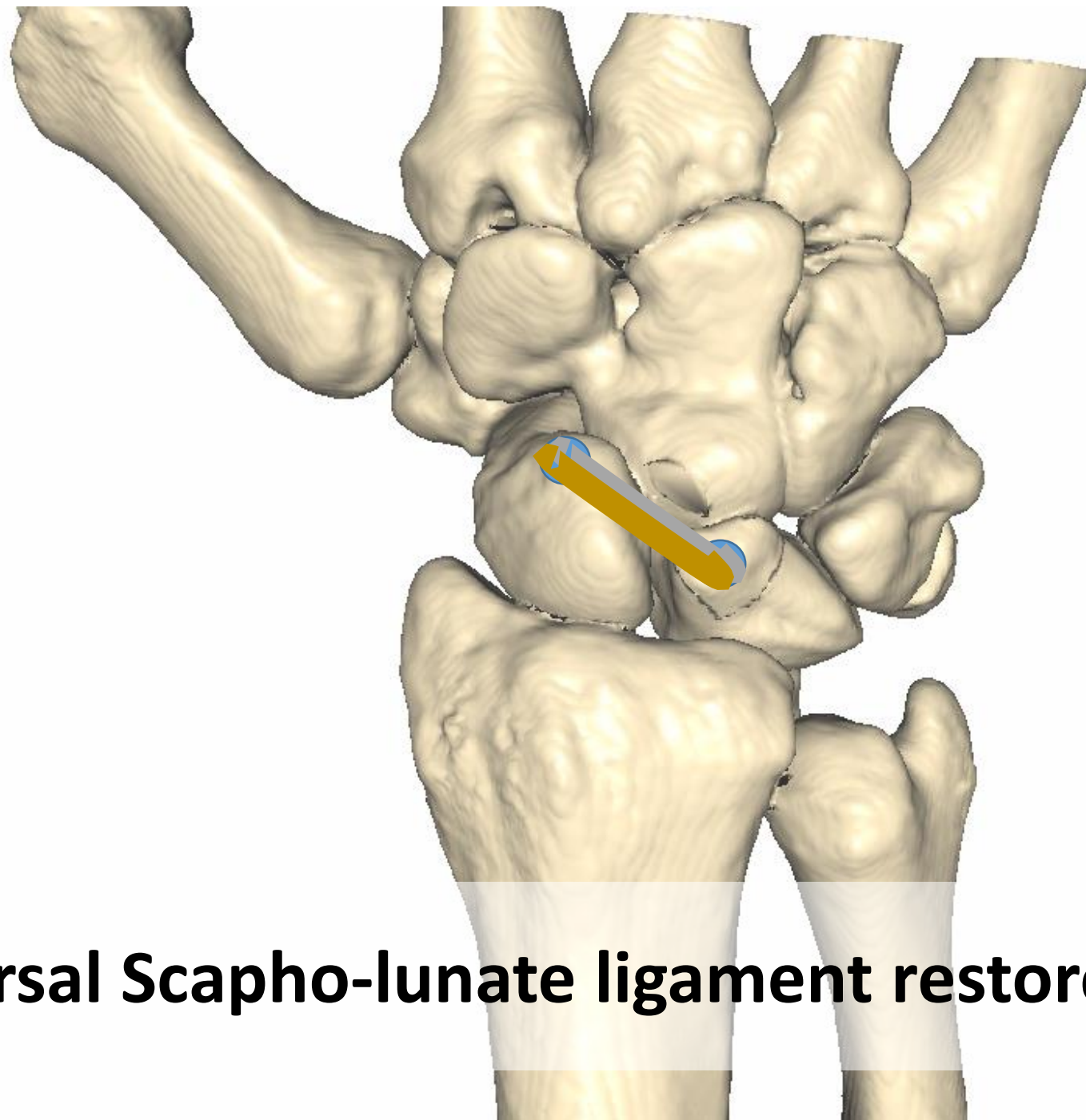
**Extend the volar FCR
wound and blunt dissect
across the volar capsule
and under the carpal tunnel
contents.**

**Locate and retrieve the
tendon shuttle as it exits
the volar lunate.**

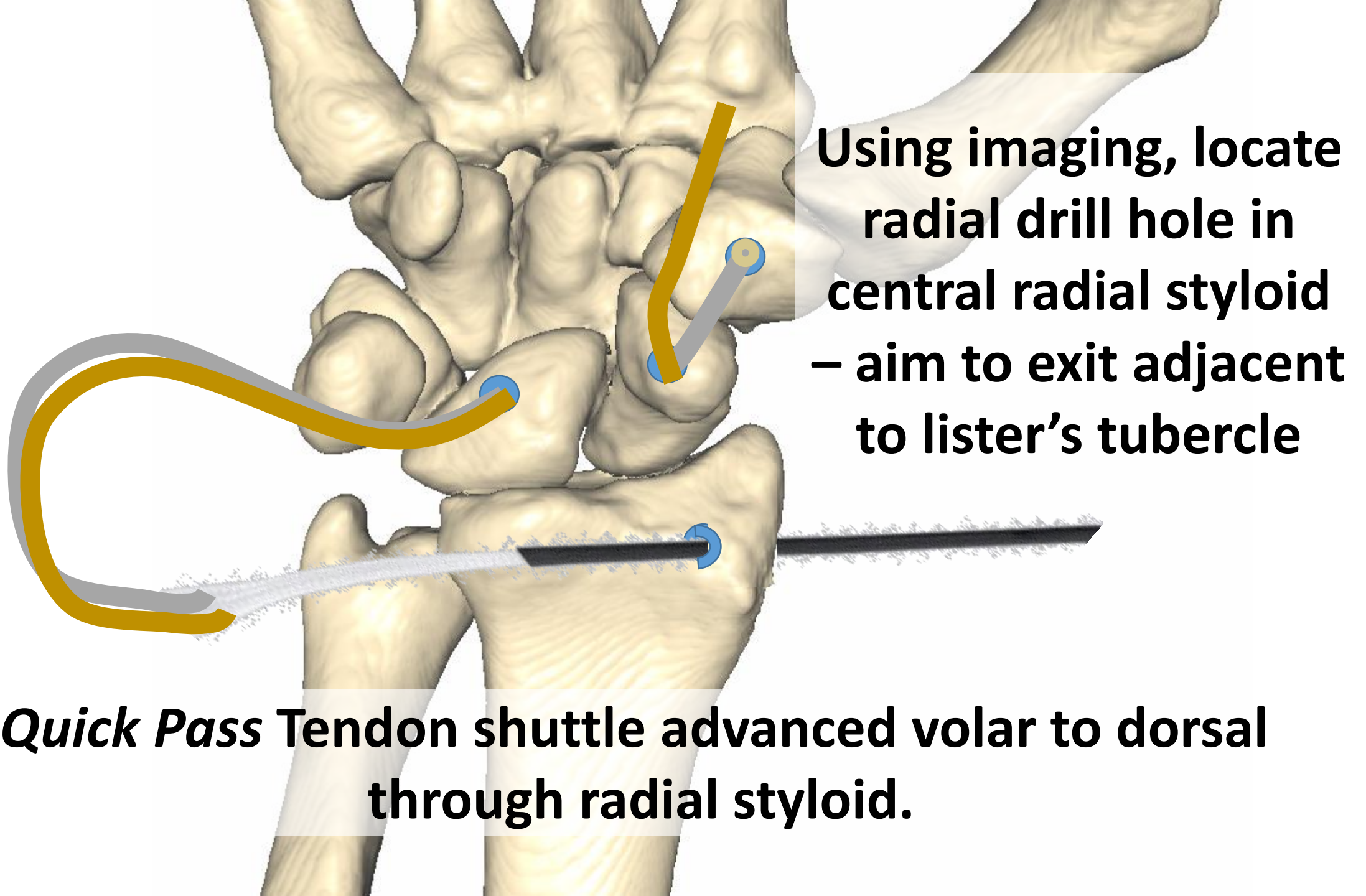
**Tendon and *Labral Tape* are then loaded into
Quick Pass tendon shuttle....**

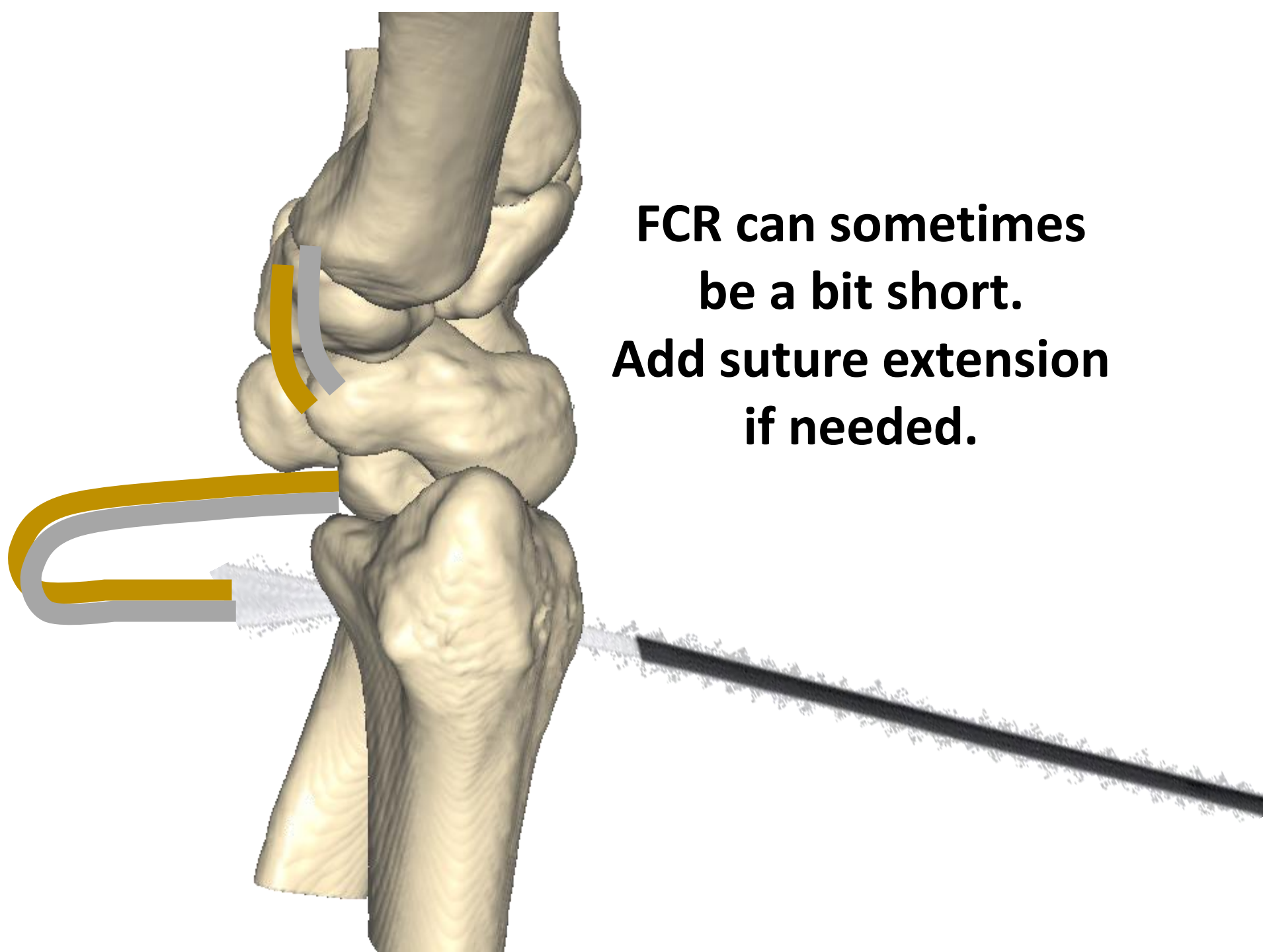


... and advanced through lunate to volar wound.

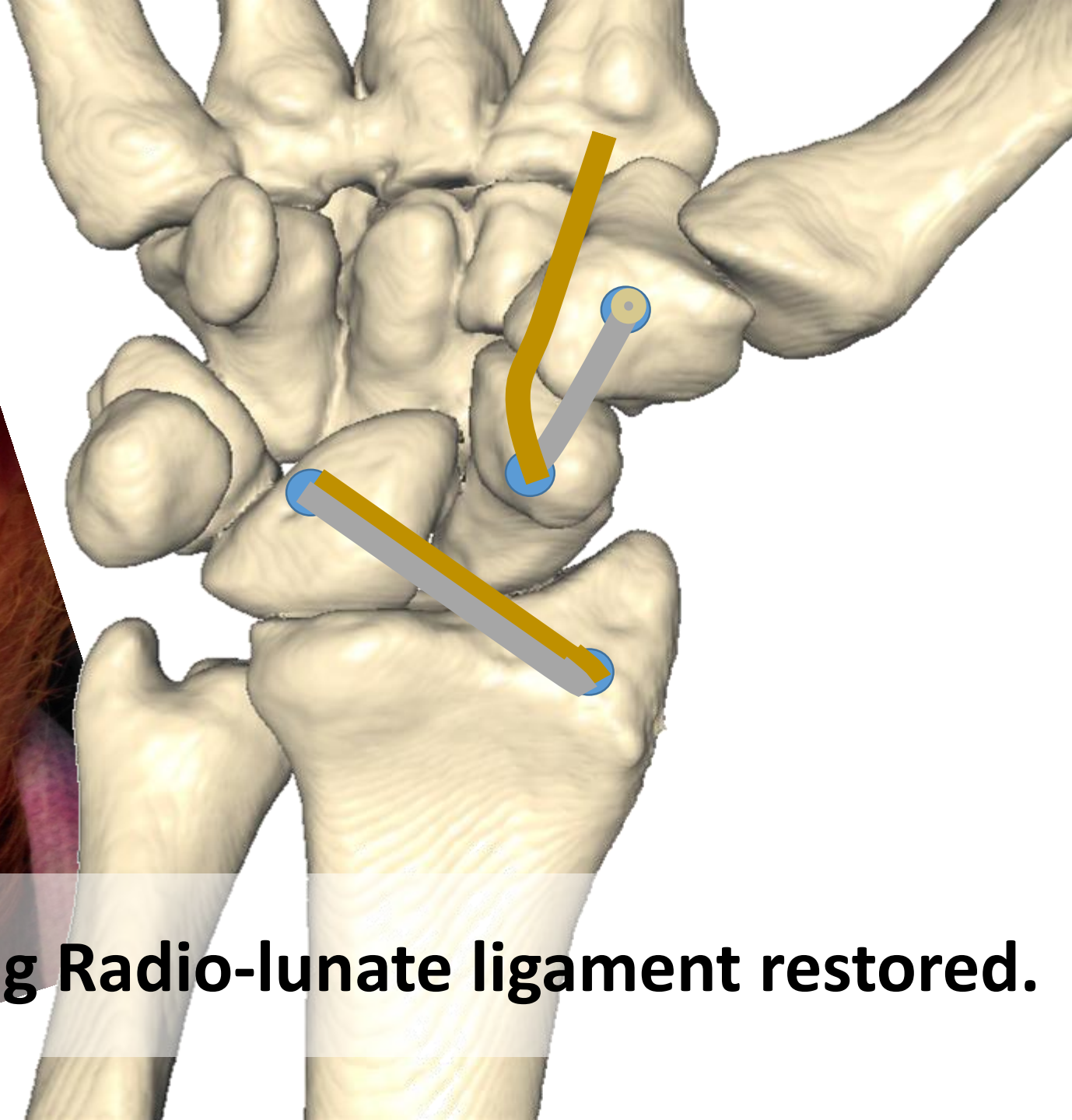
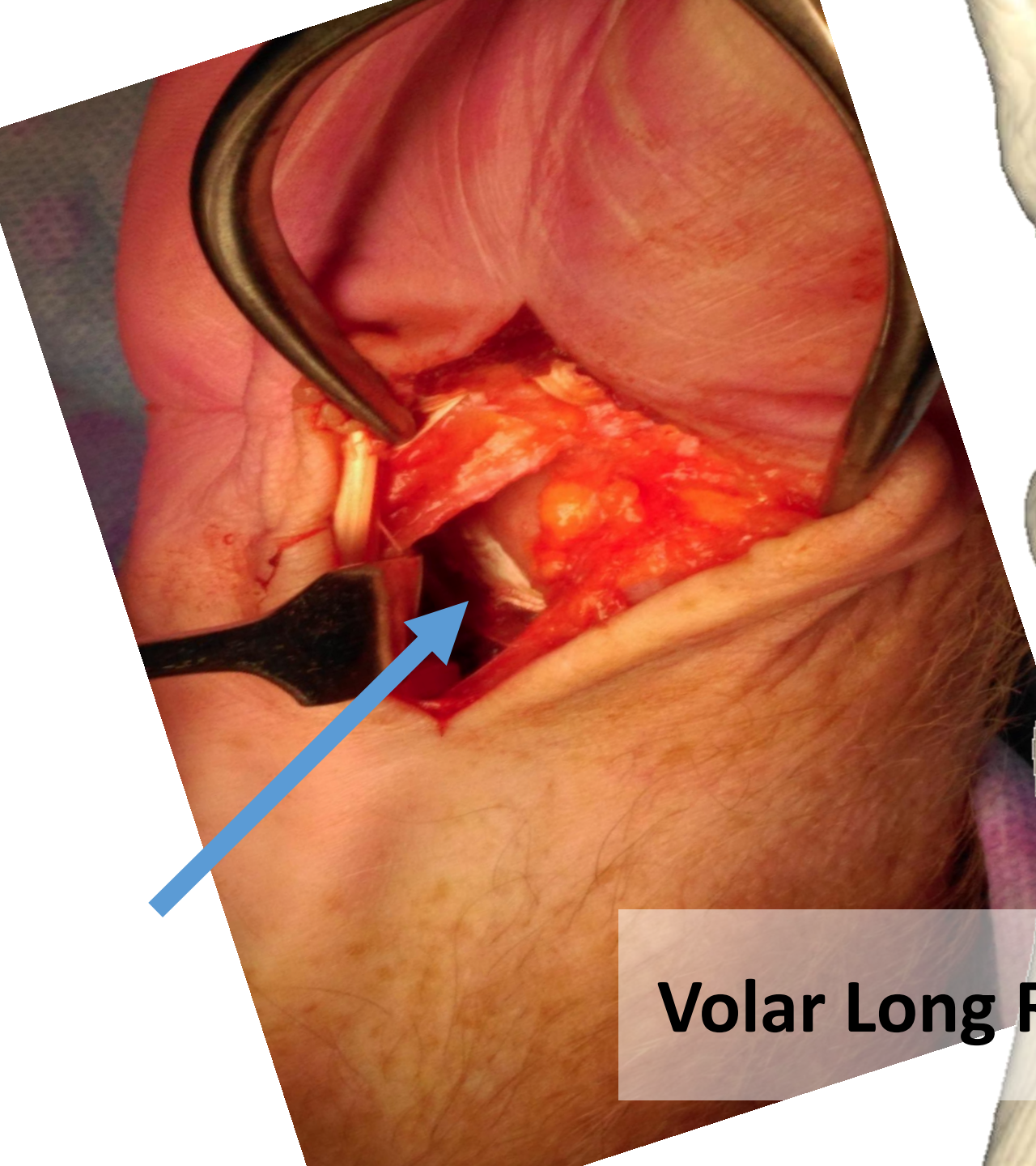


Dorsal Scapho-lunate ligament restored.



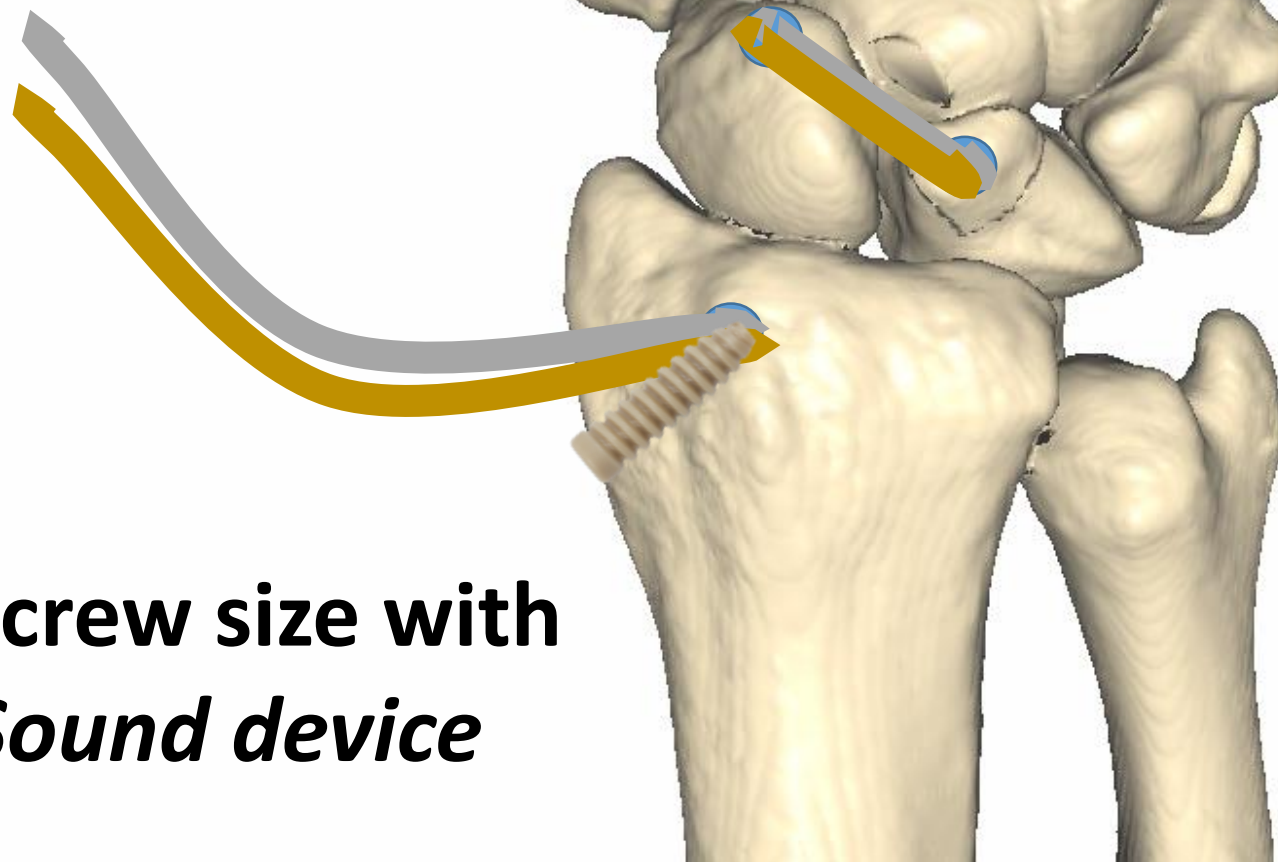


**FCR can sometimes
be a bit short.
Add suture extension
if needed.**



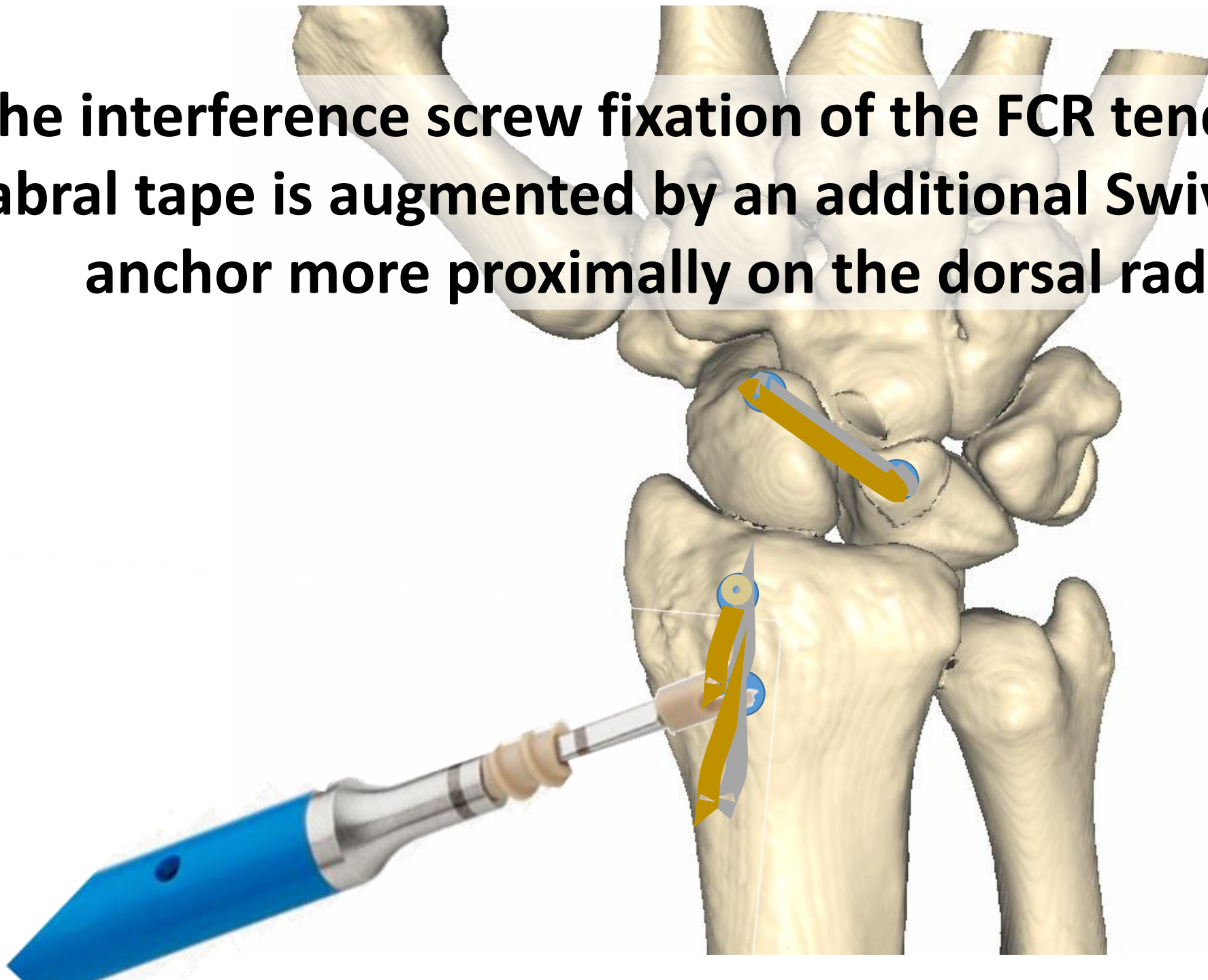
Volar Long Radio-lunate ligament restored.

**Apply adequate tension to FCR tendon and labral tape
to reduce carpal bones, and secure dorsally with
(3mm or 4 mm) interference screw**

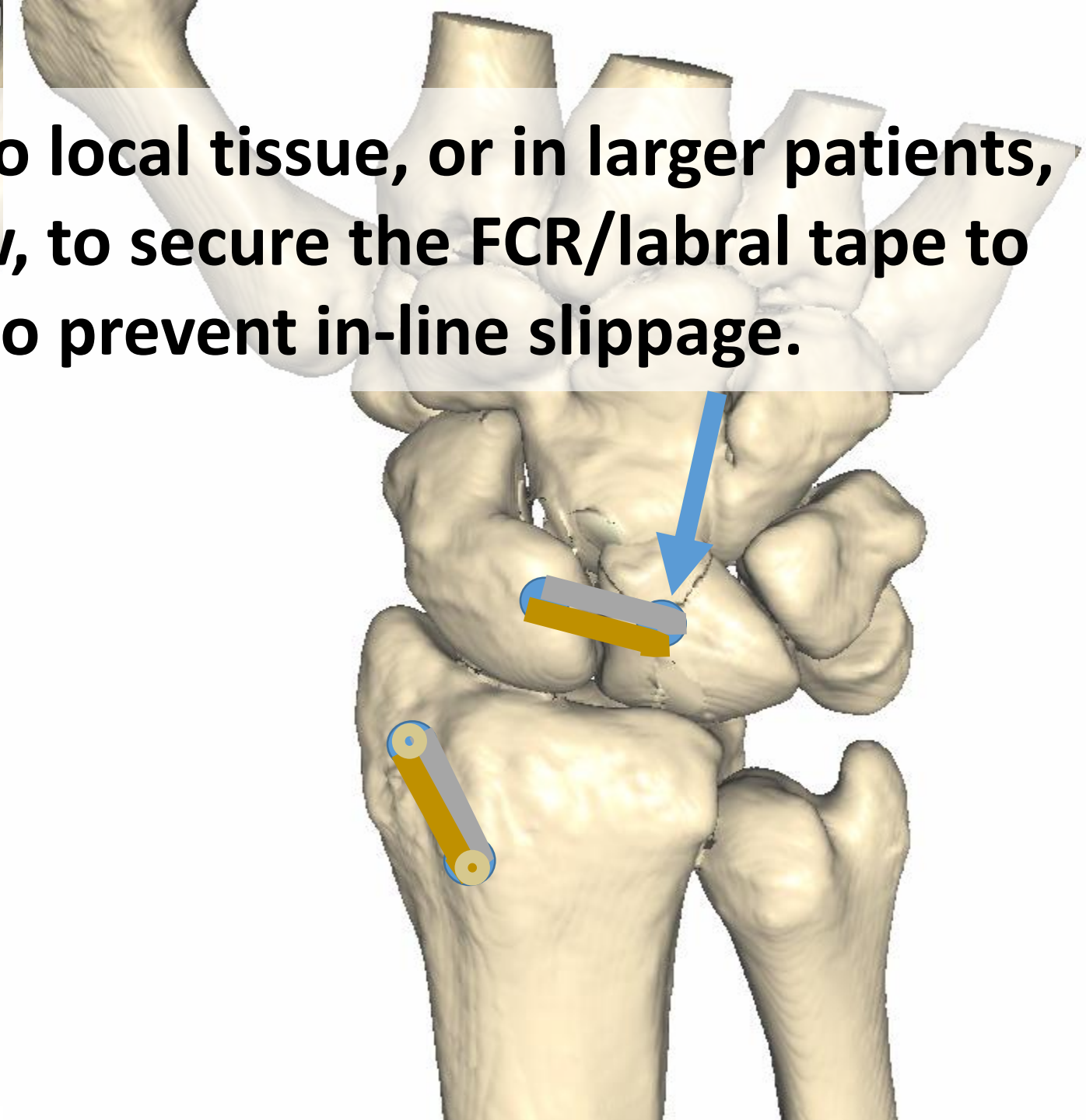


**Determine screw size with
*Stepped Sound device***

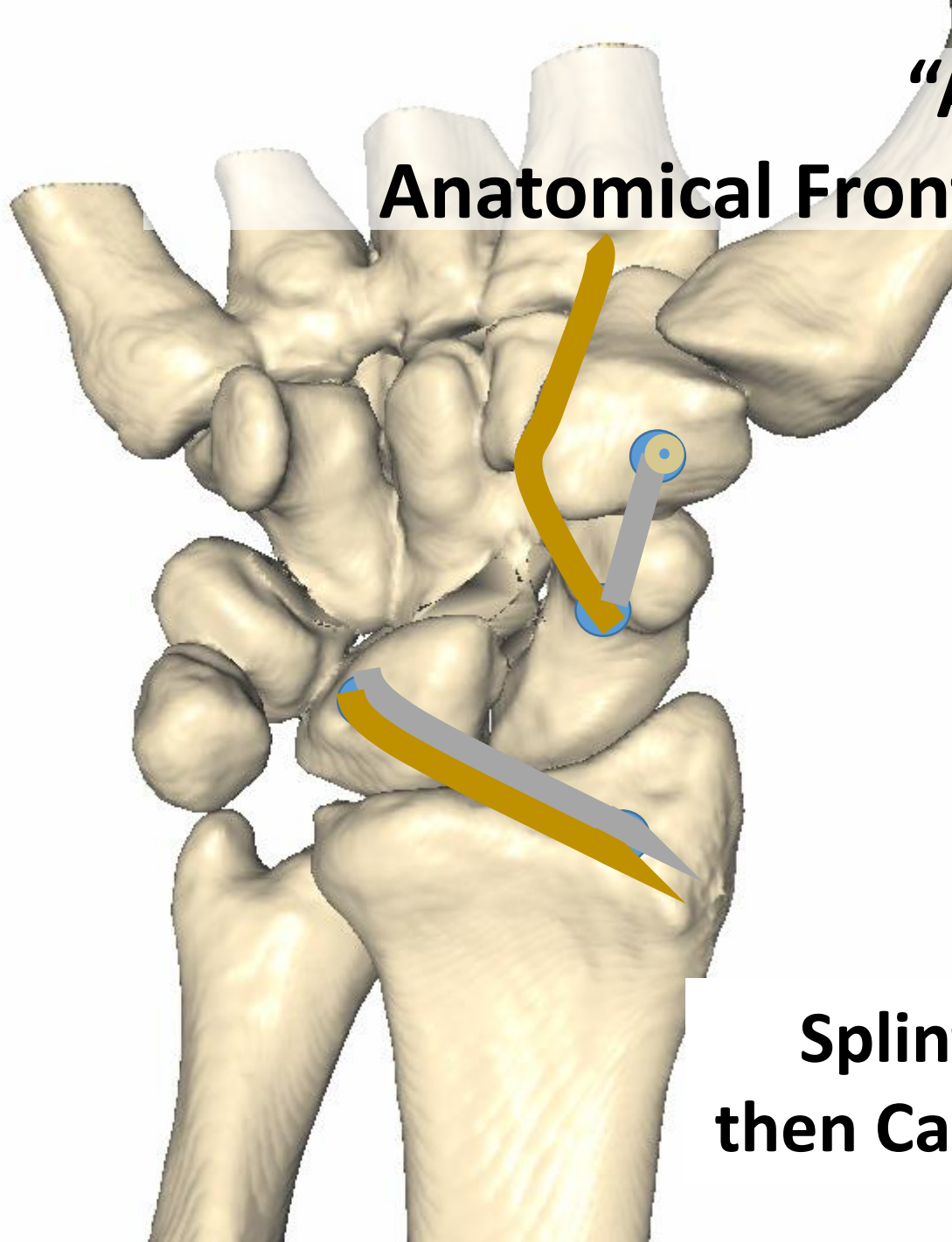
The interference screw fixation of the FCR tendon and labral tape is augmented by an additional Swivel-Lock anchor more proximally on the dorsal radius.



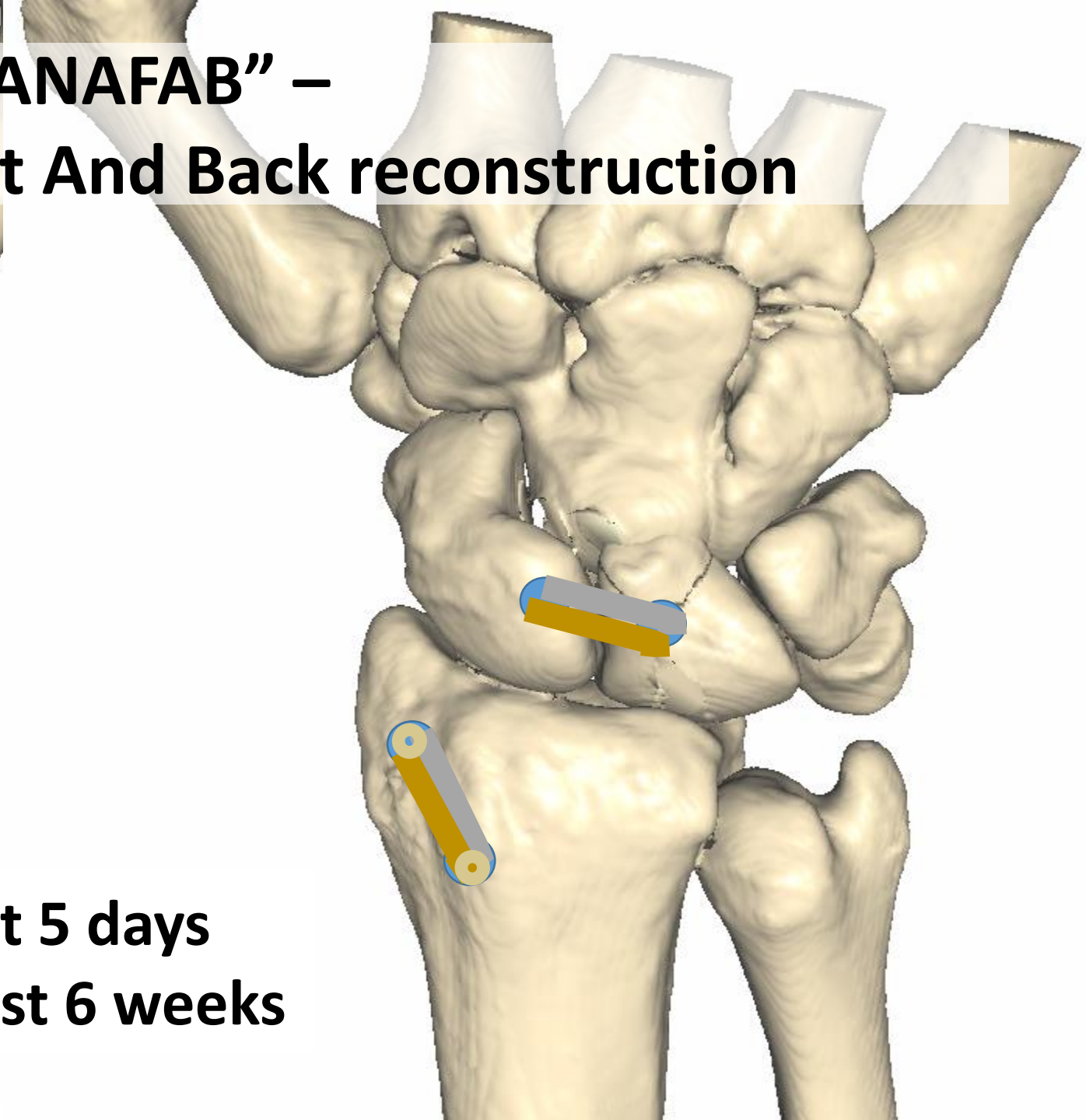
Add an additional suture to local tissue, or in larger patients, a small interference screw, to secure the FCR/labral tape to the dorsal lunate to prevent in-line slippage.



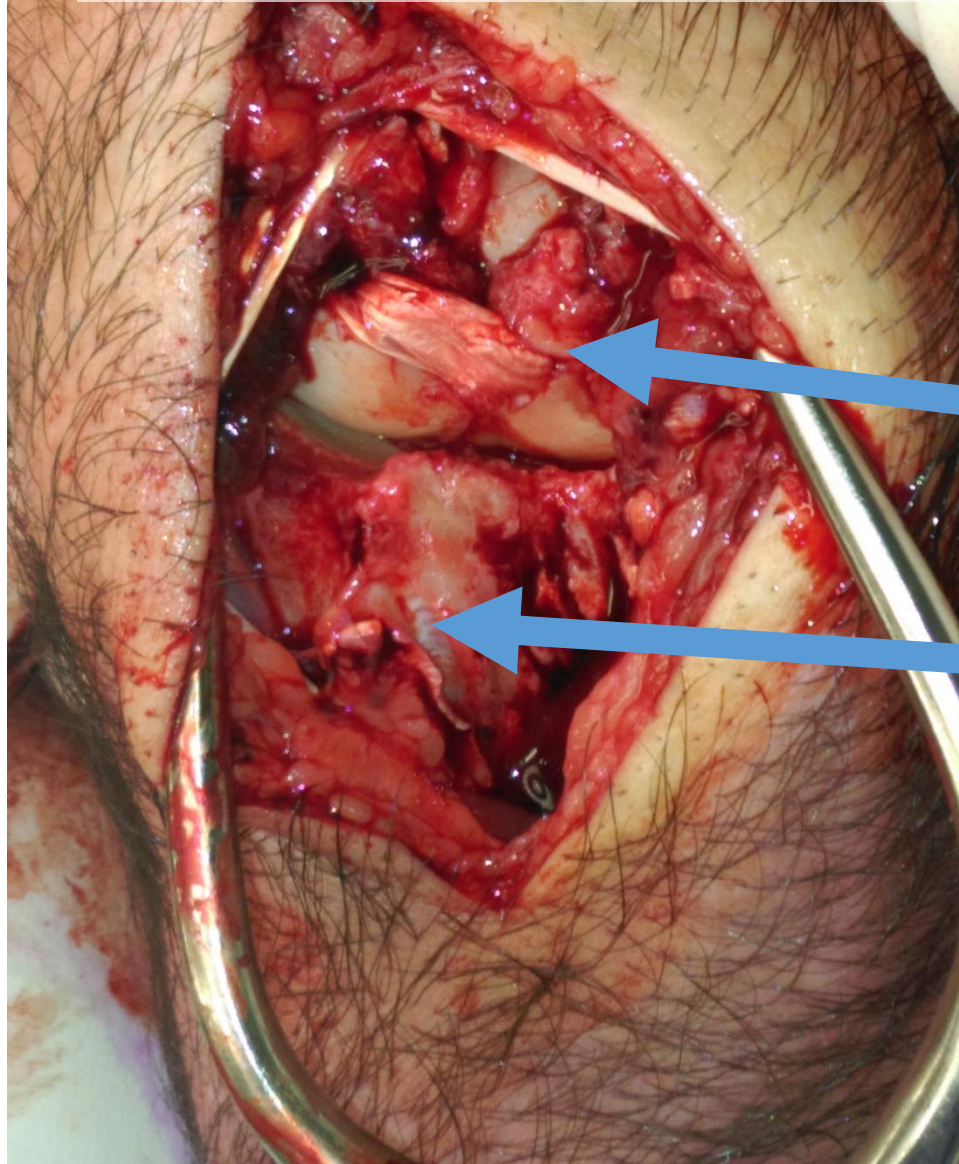
“ANAFAB” – Anatomical Front And Back reconstruction



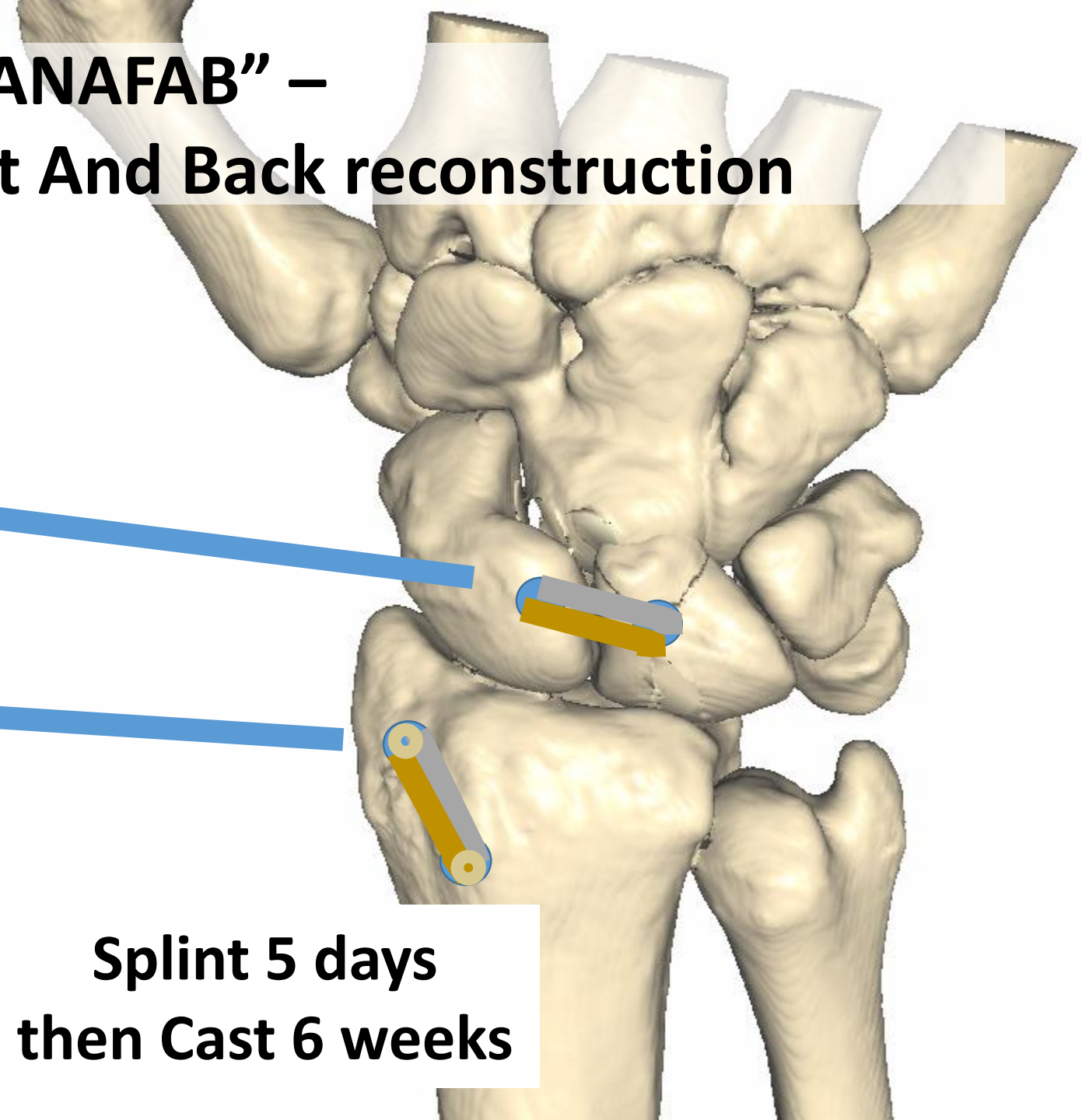
**Splint 5 days
then Cast 6 weeks**

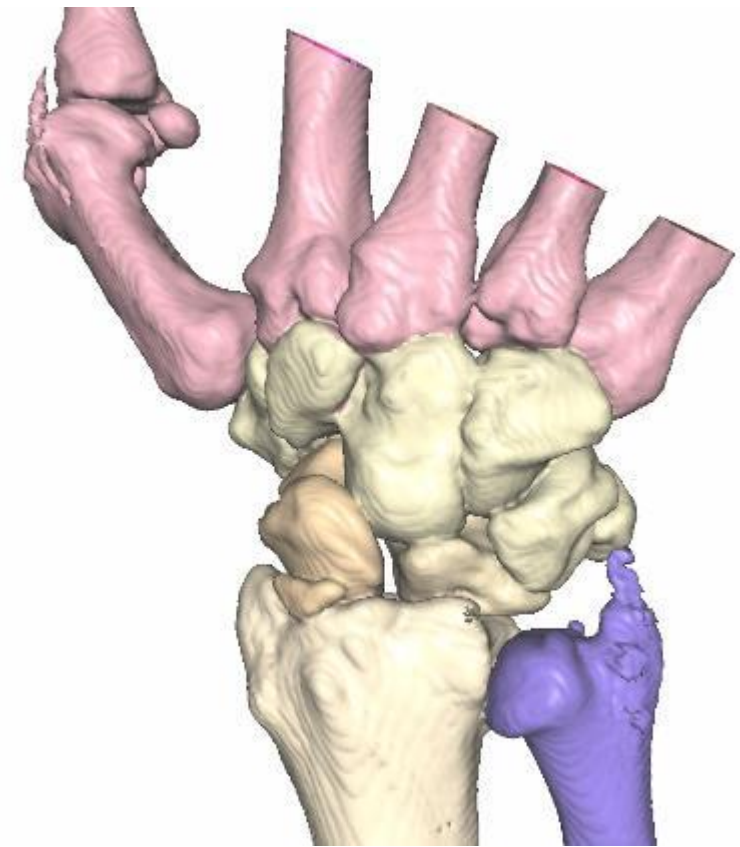


“ANAFAB” – Anatomical Front And Back reconstruction



**Splint 5 days
then Cast 6 weeks**





32 y.o. male
heavy FOOSH at football





Pre-repair



3 months Post repair

