

DISCLAIMER:

LIMITED LONGER TERM RESULTS ARE AVAILABLE FOR THIS PROCEDURE.

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

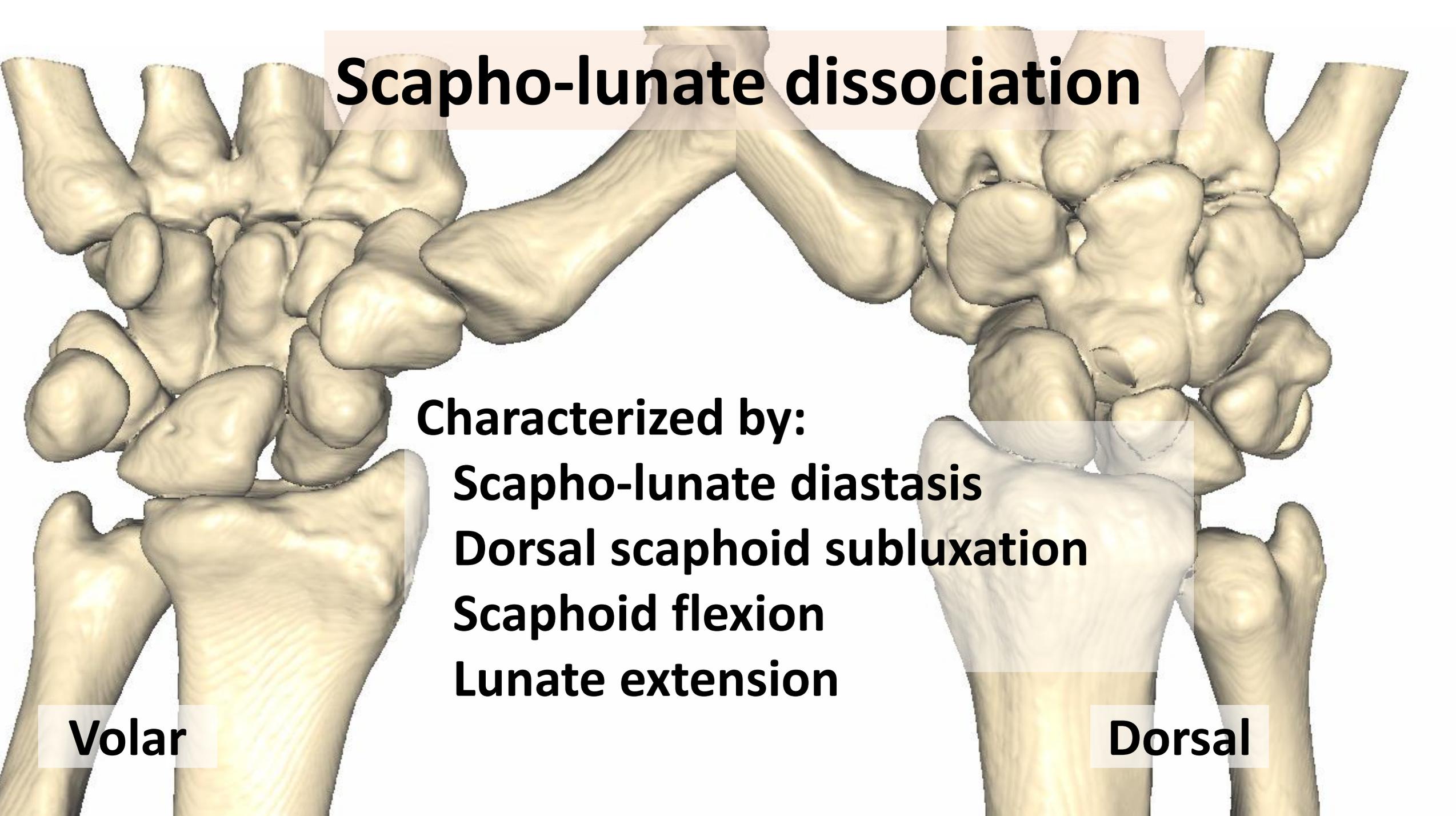
THE LACK OF WIDE SPREAD EXPERIENCE MUST BE CONSIDERED IN ANY DECISION TO USED THE PROCEDURE - AND SUCH DETAILS SHOULD BE DISCLOSED TO THE PATIENT.

ANAFAB Procedure for Scapho-lunate dissociation



September 2018

Scapho-lunate dissociation



Characterized by:

Scapho-lunate diastasis

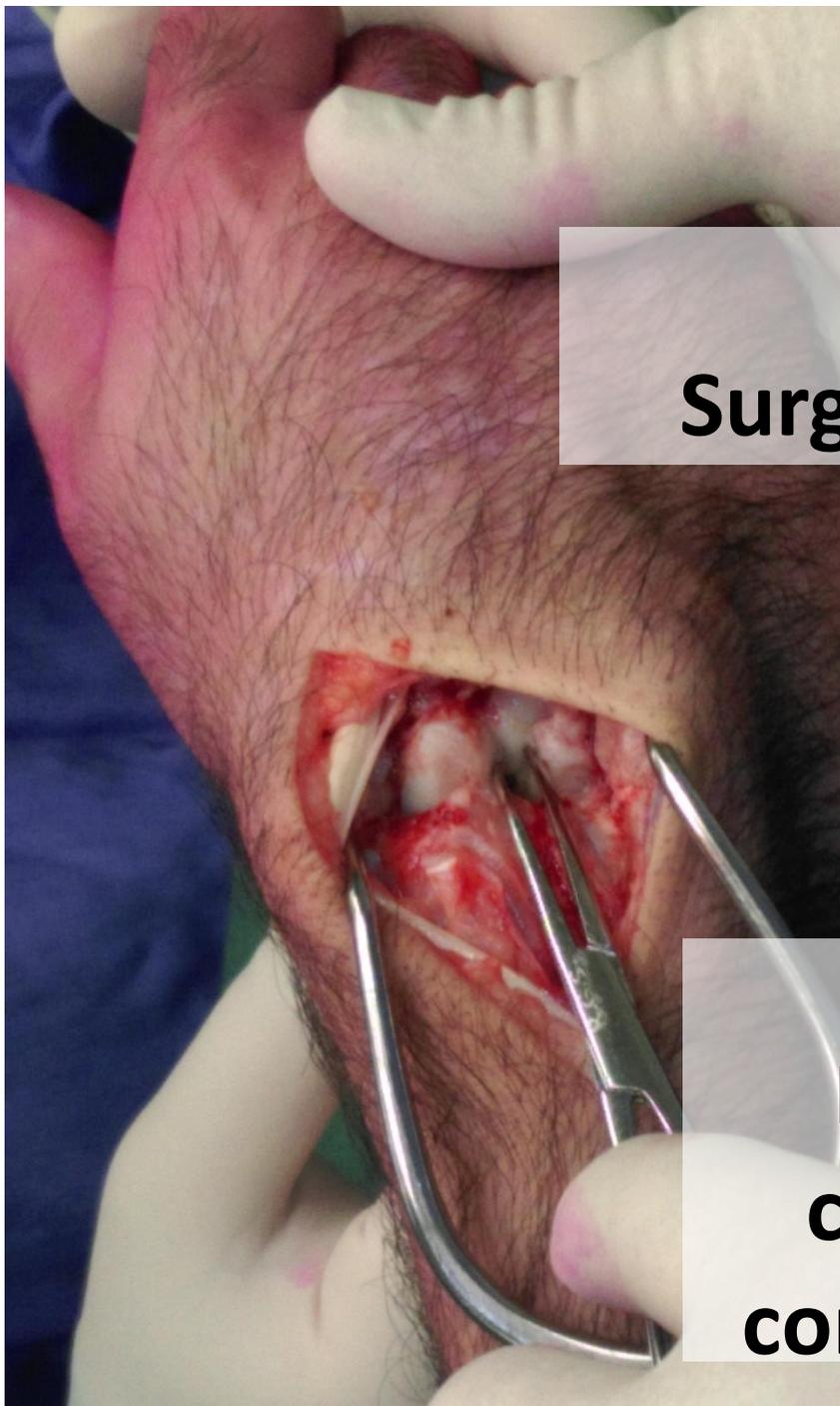
Dorsal scaphoid subluxation

Scaphoid flexion

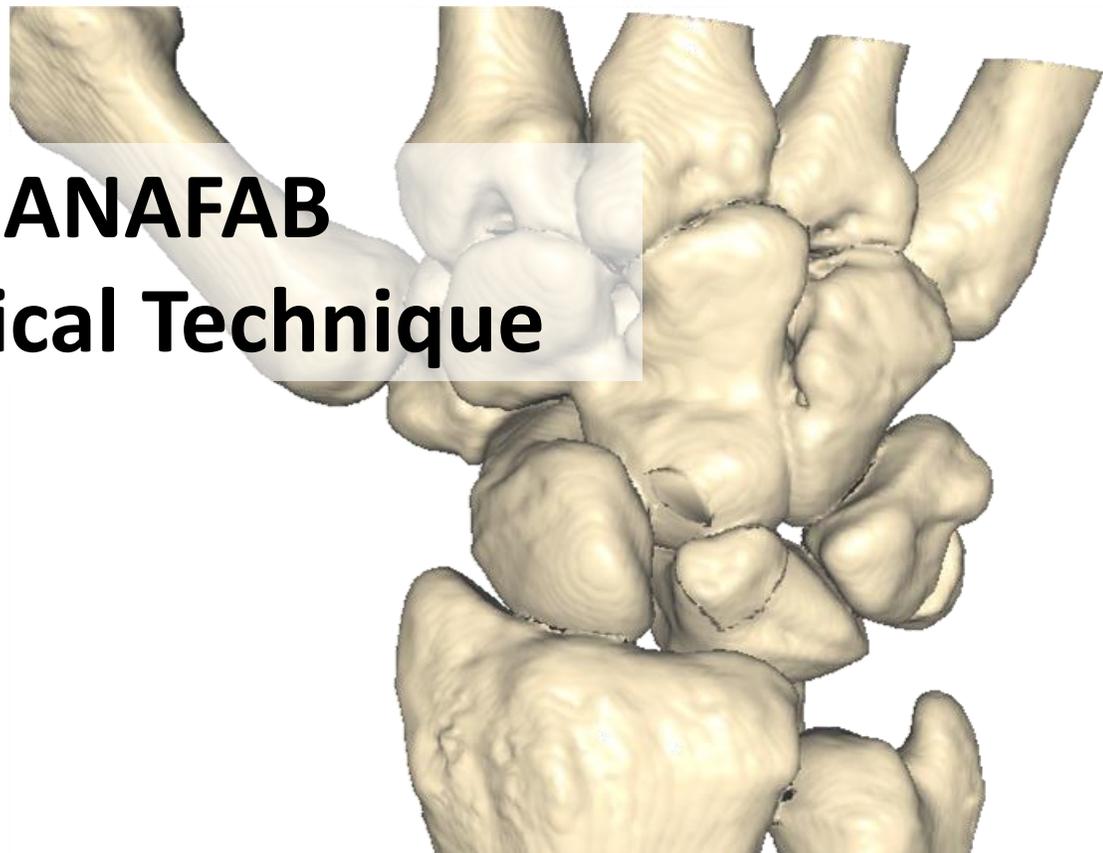
Lunate extension

Volar

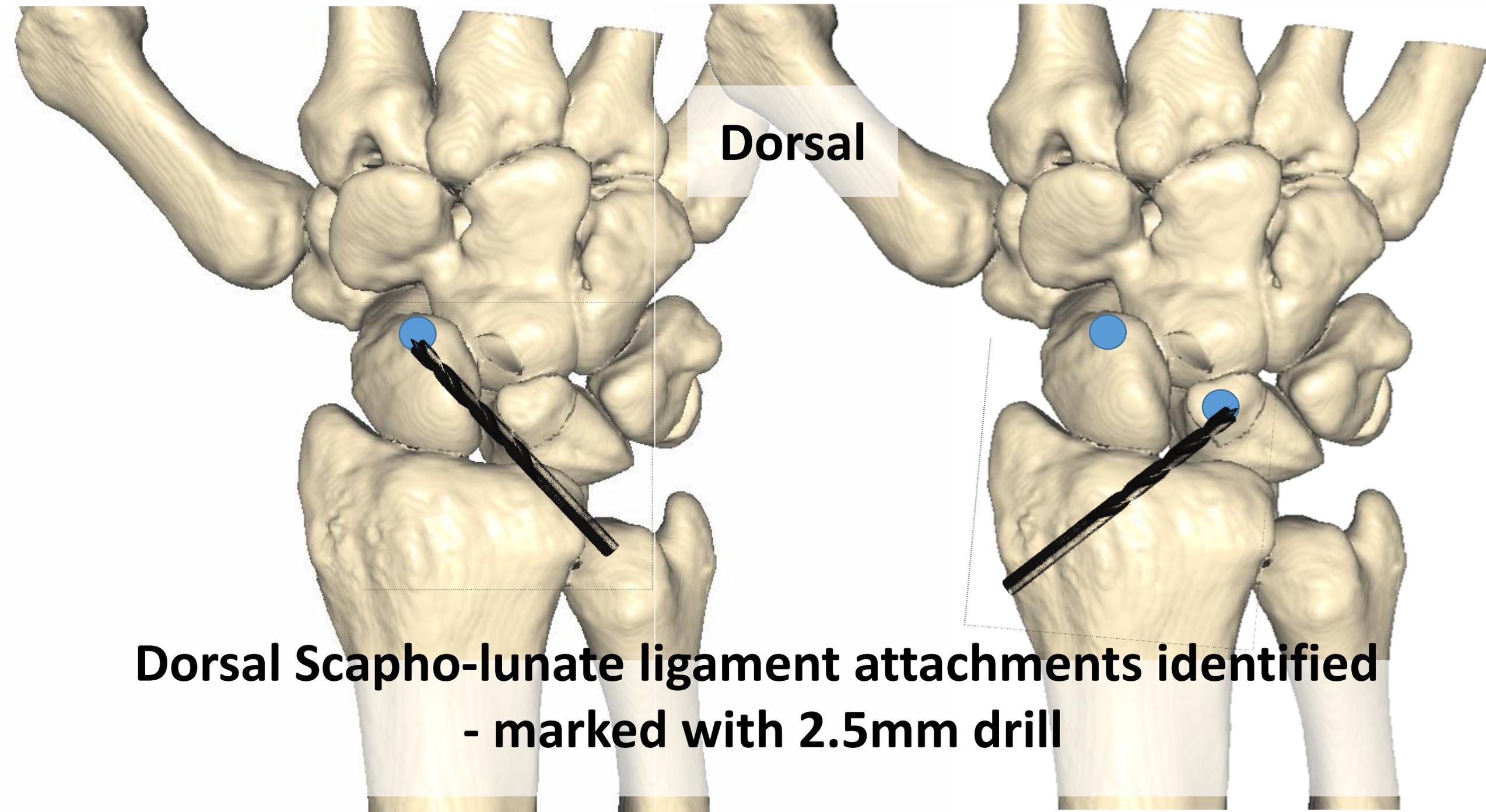
Dorsal



**ANAFAB
Surgical Technique**



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

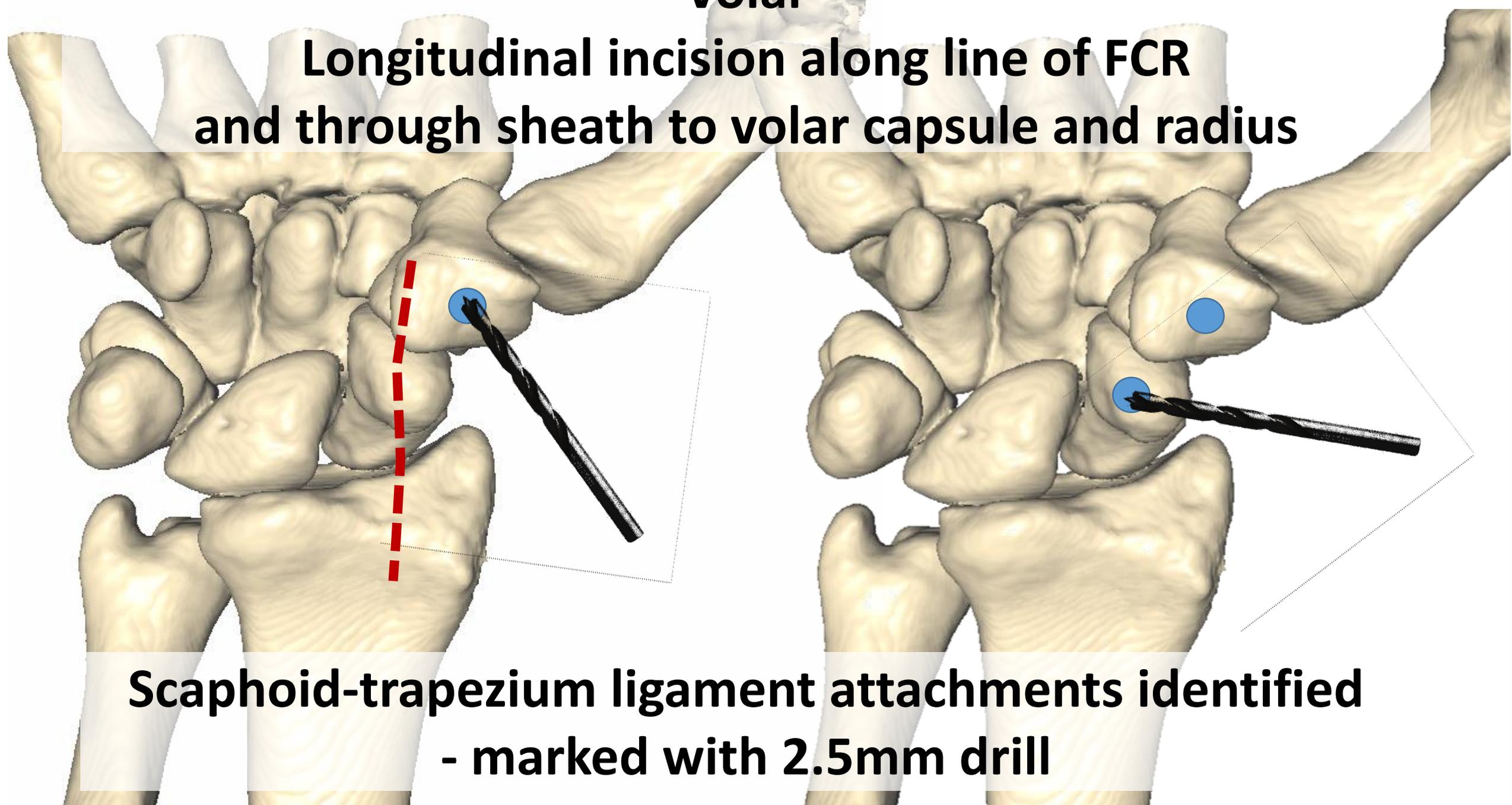


Dorsal

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

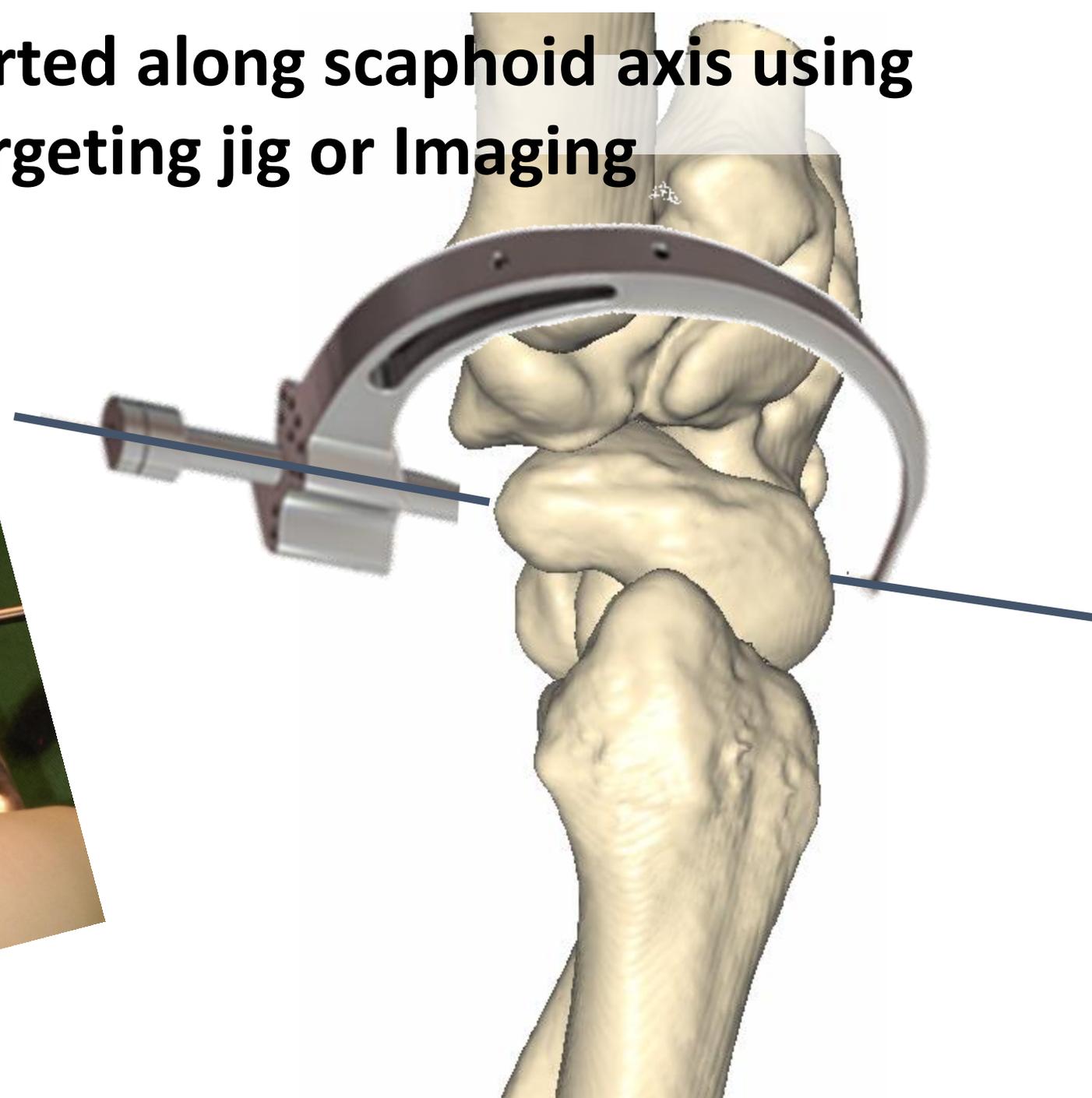
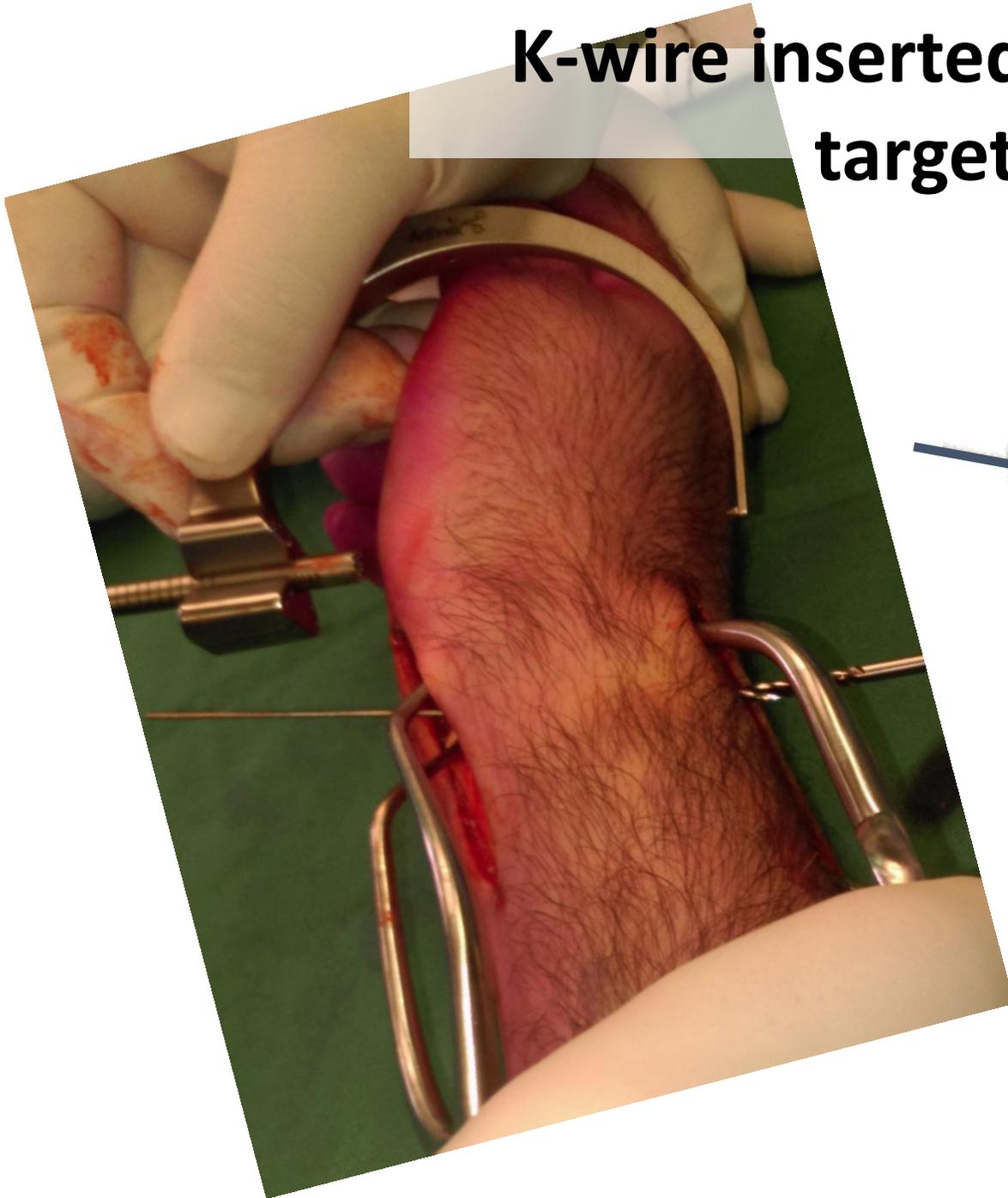
Volar

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

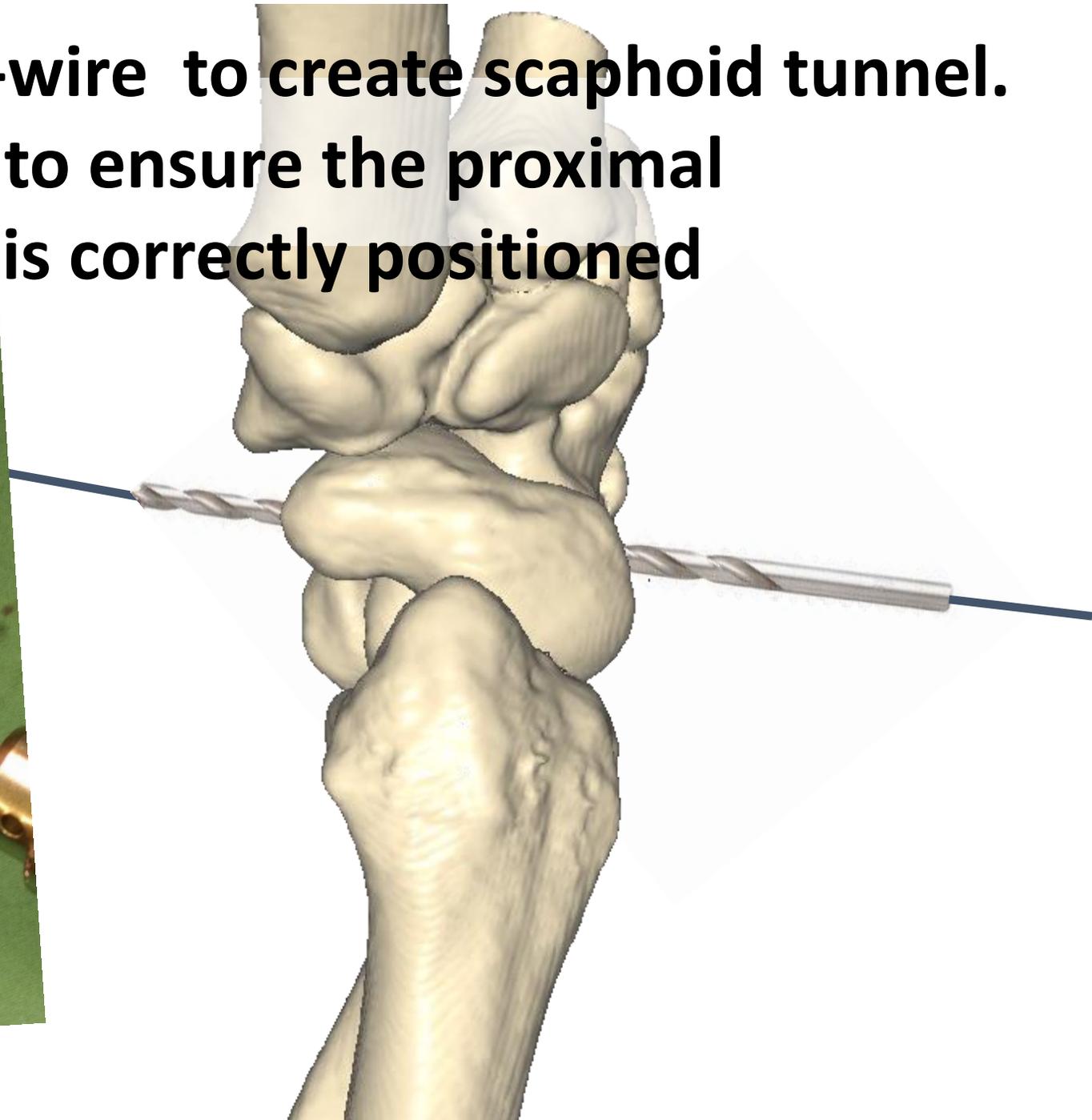


**Scaphoid-trapezium ligament attachments identified
- marked with 2.5mm drill**

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**

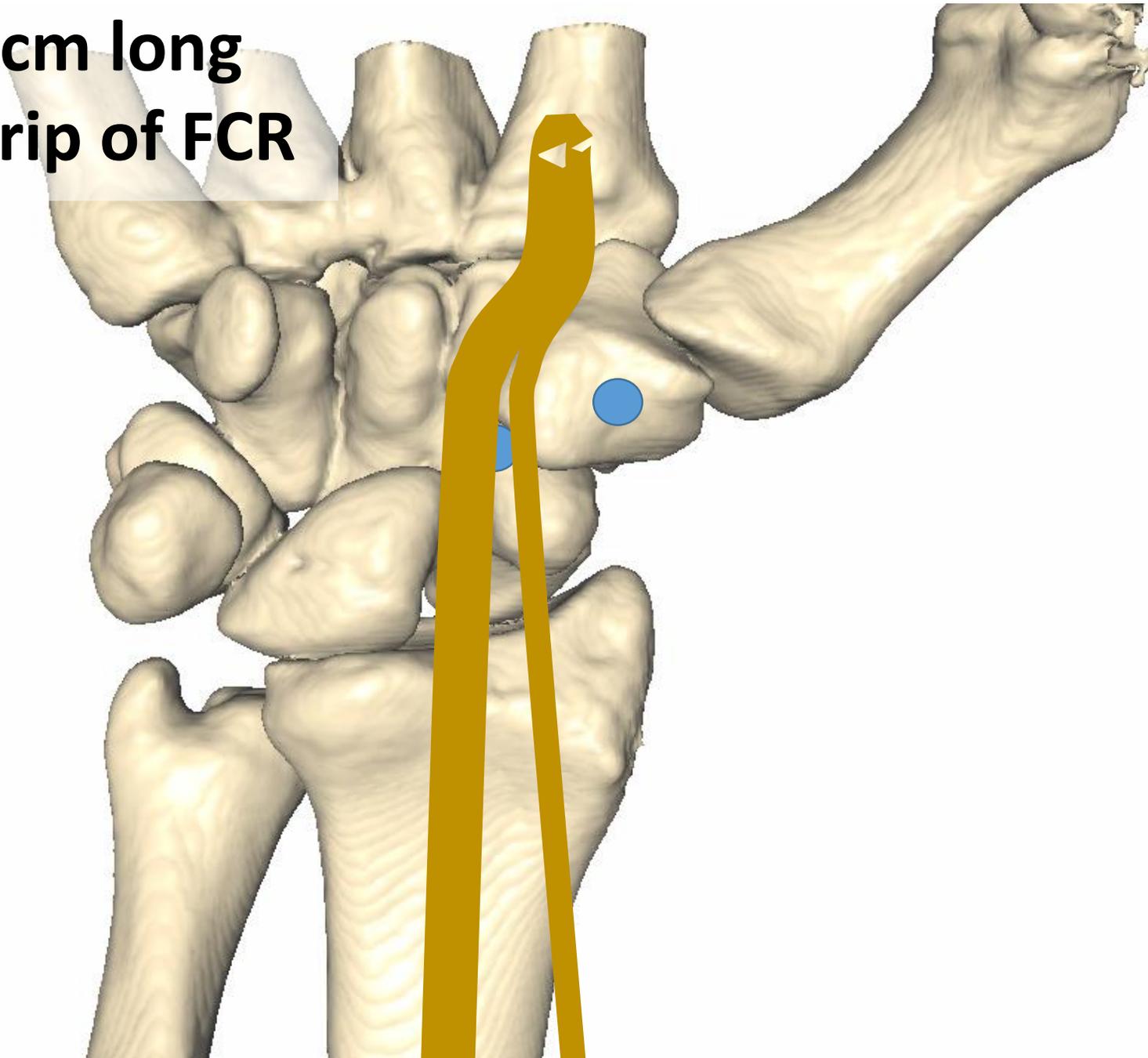




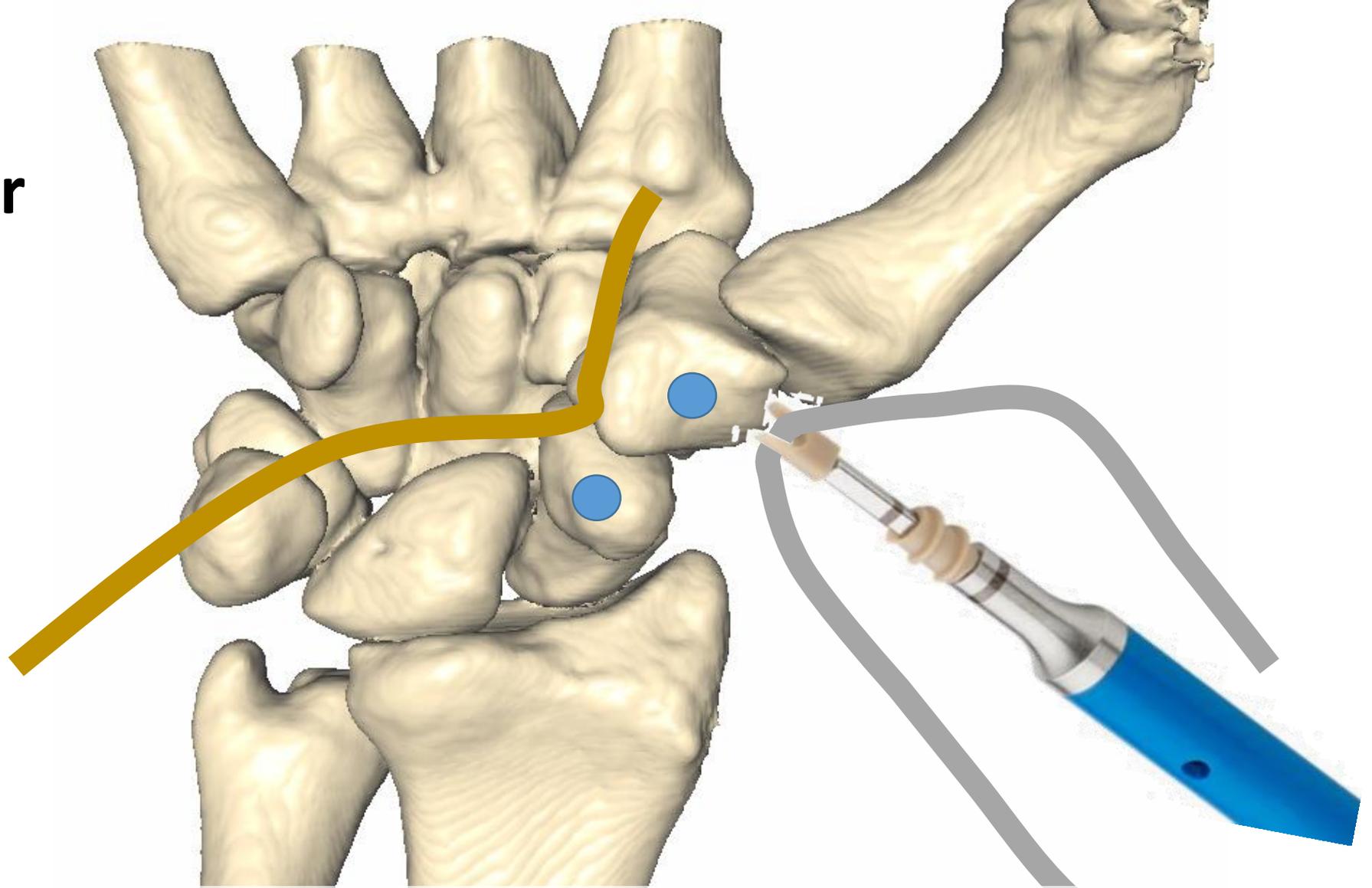
2.5mm wide 15cm long distally based strip of FCR - passing pin, and No.2 Nylon to strip, distal to proximal



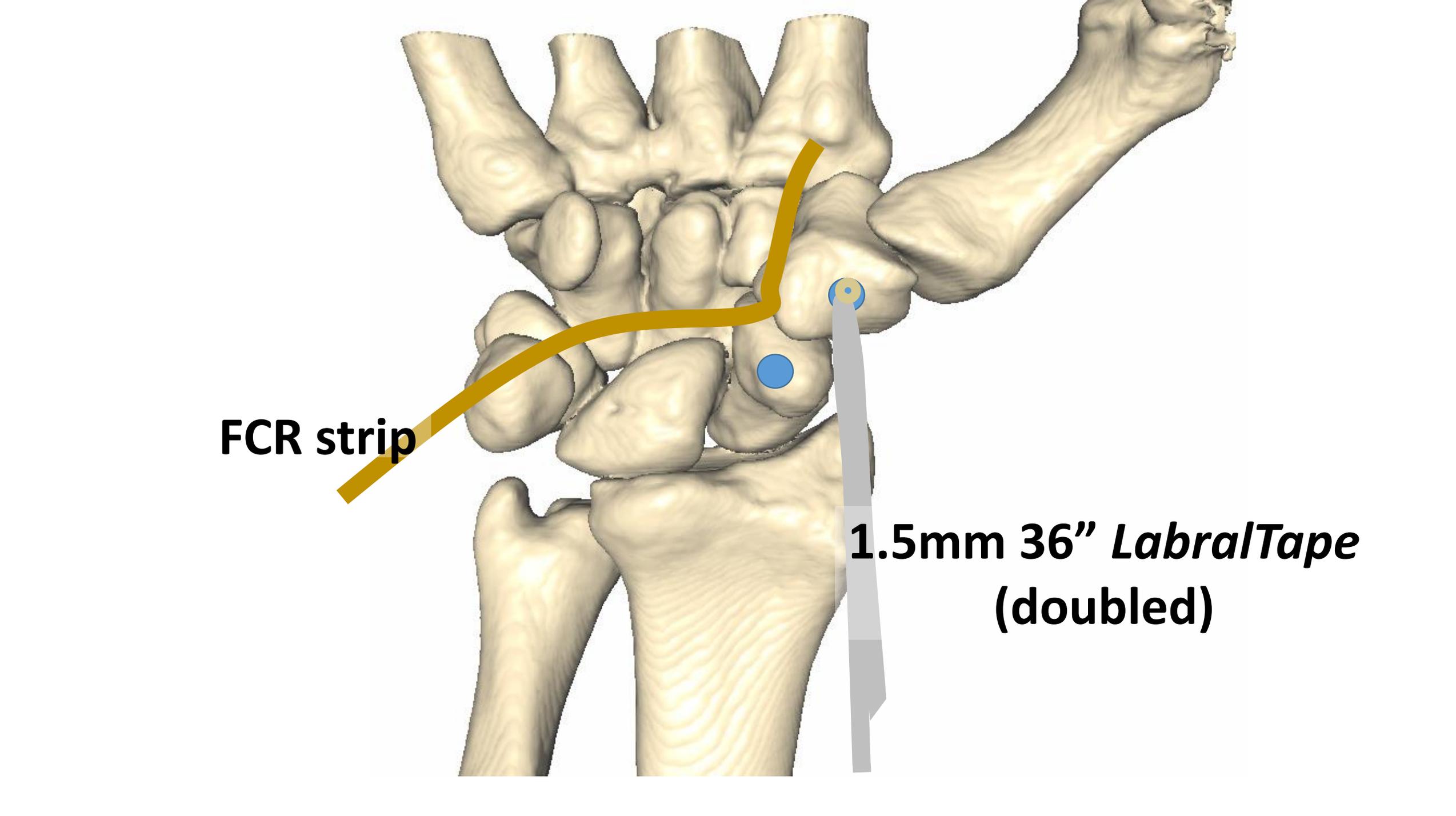
**2.5mm wide 15cm long
distally based strip of FCR**



Volar

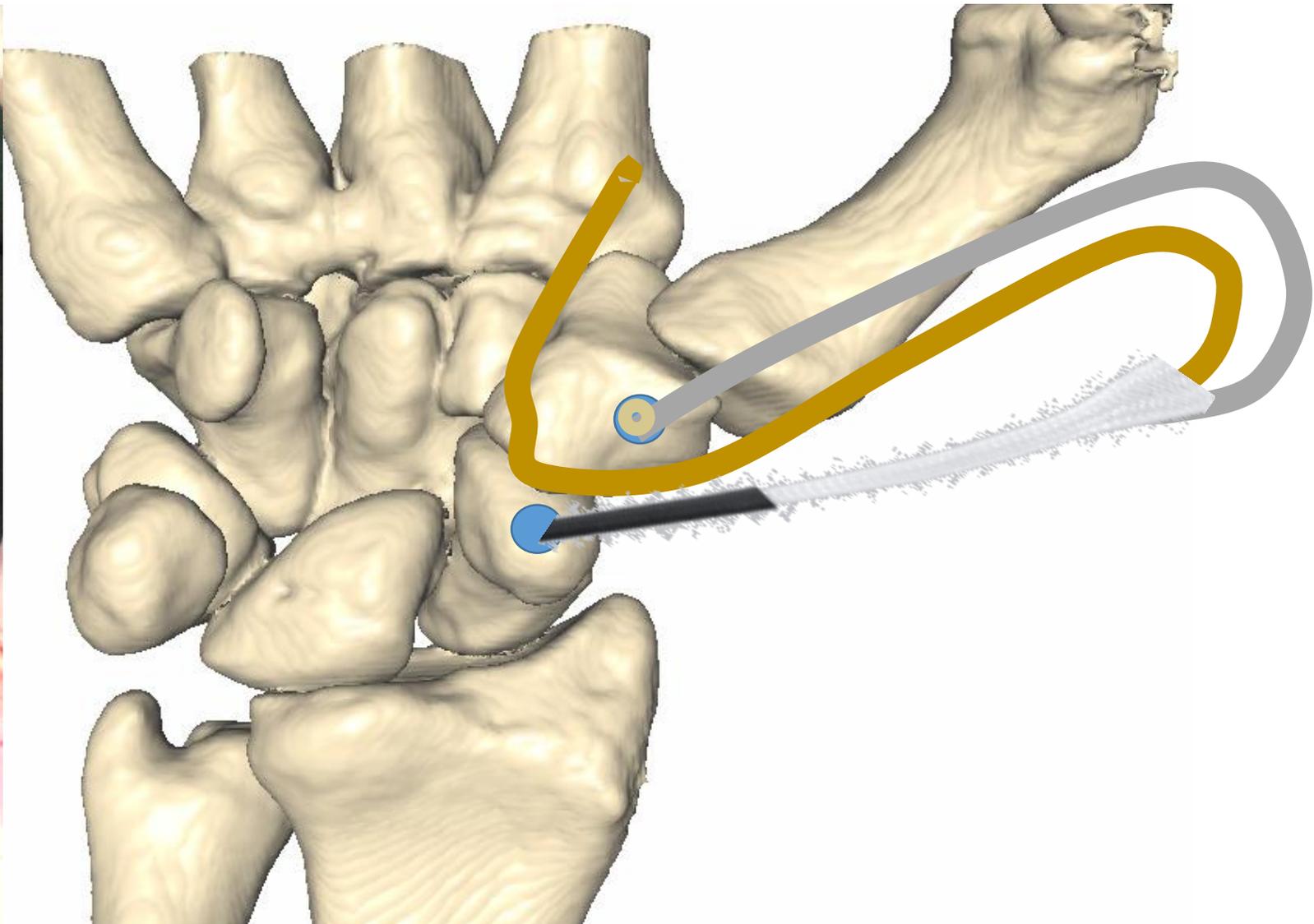
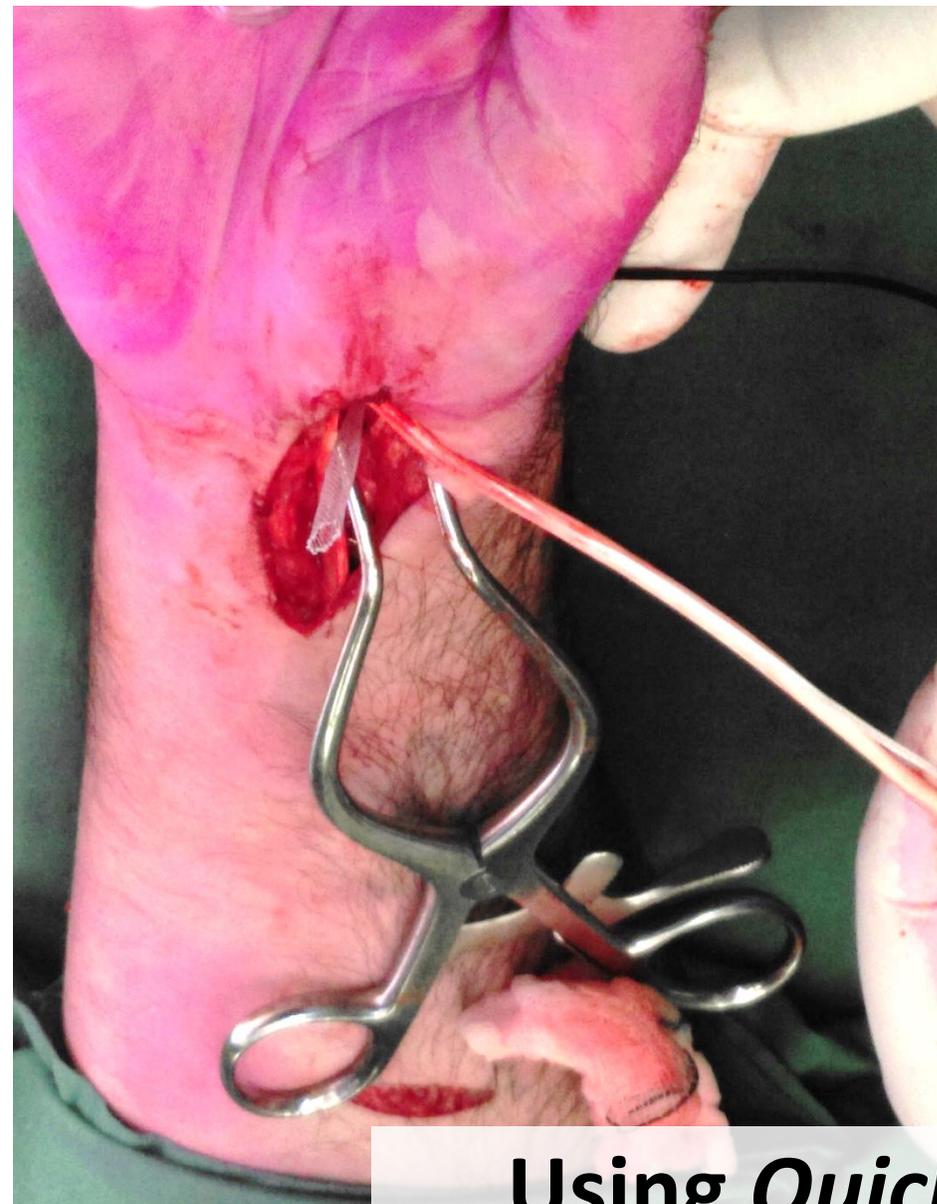


Double loop of 1.5mm *LabralTape* tape secured to Trapezium (lateral facet) using 3.5mm *SwivelLock* anchor

A 3D anatomical model of a human hand and wrist, showing the bones in a light beige color. A thick yellow line, representing an FCR strip, is drawn across the wrist and extends towards the base of the fingers. Two blue circular markers are placed on the wrist bones. A grey surgical instrument is shown pointing to the upper blue marker. The text 'FCR strip' is written in bold black font next to the yellow line. The text '1.5mm 36" LabralTape (doubled)' is written in bold black font next to the surgical instrument.

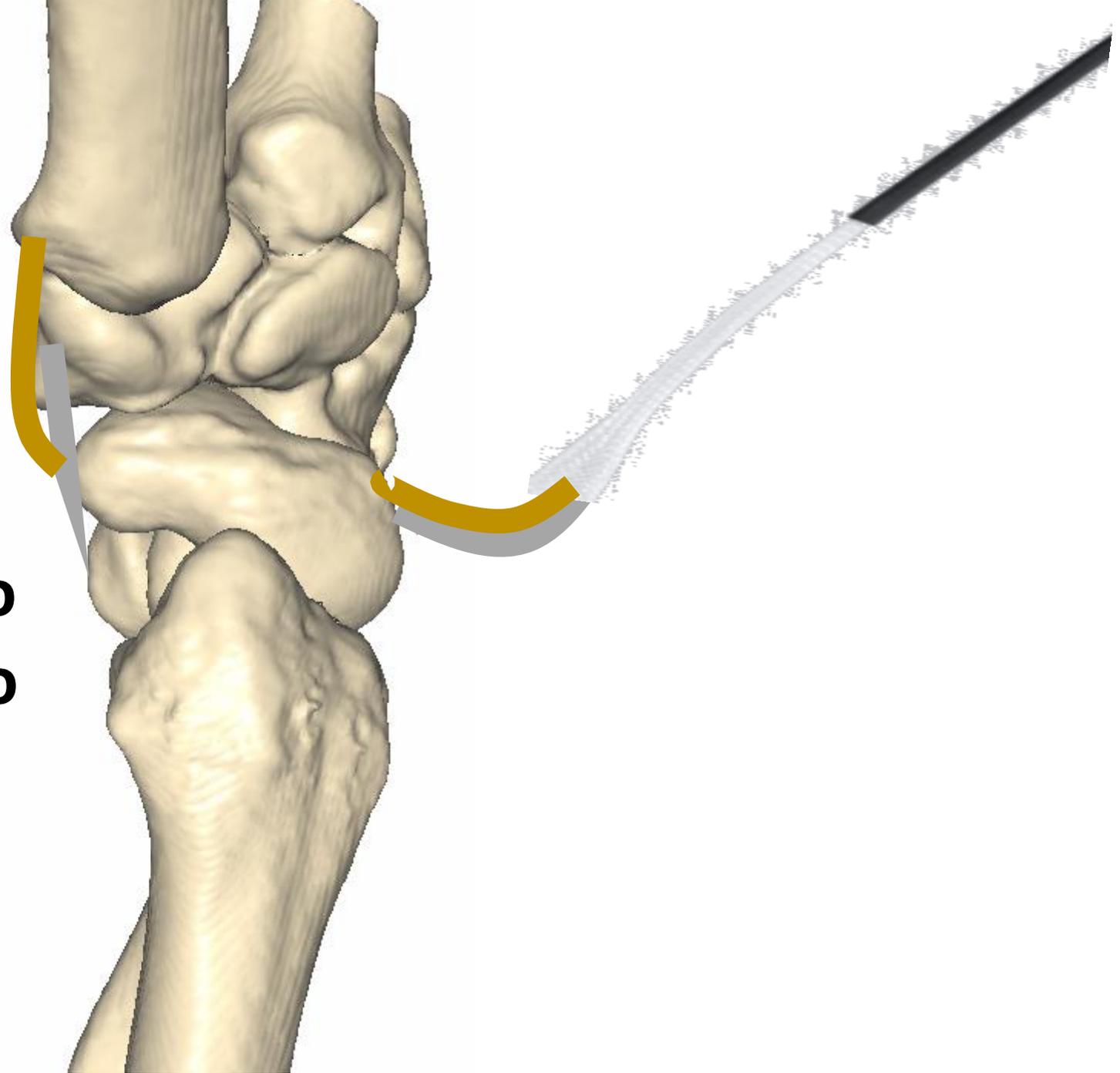
FCR strip

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

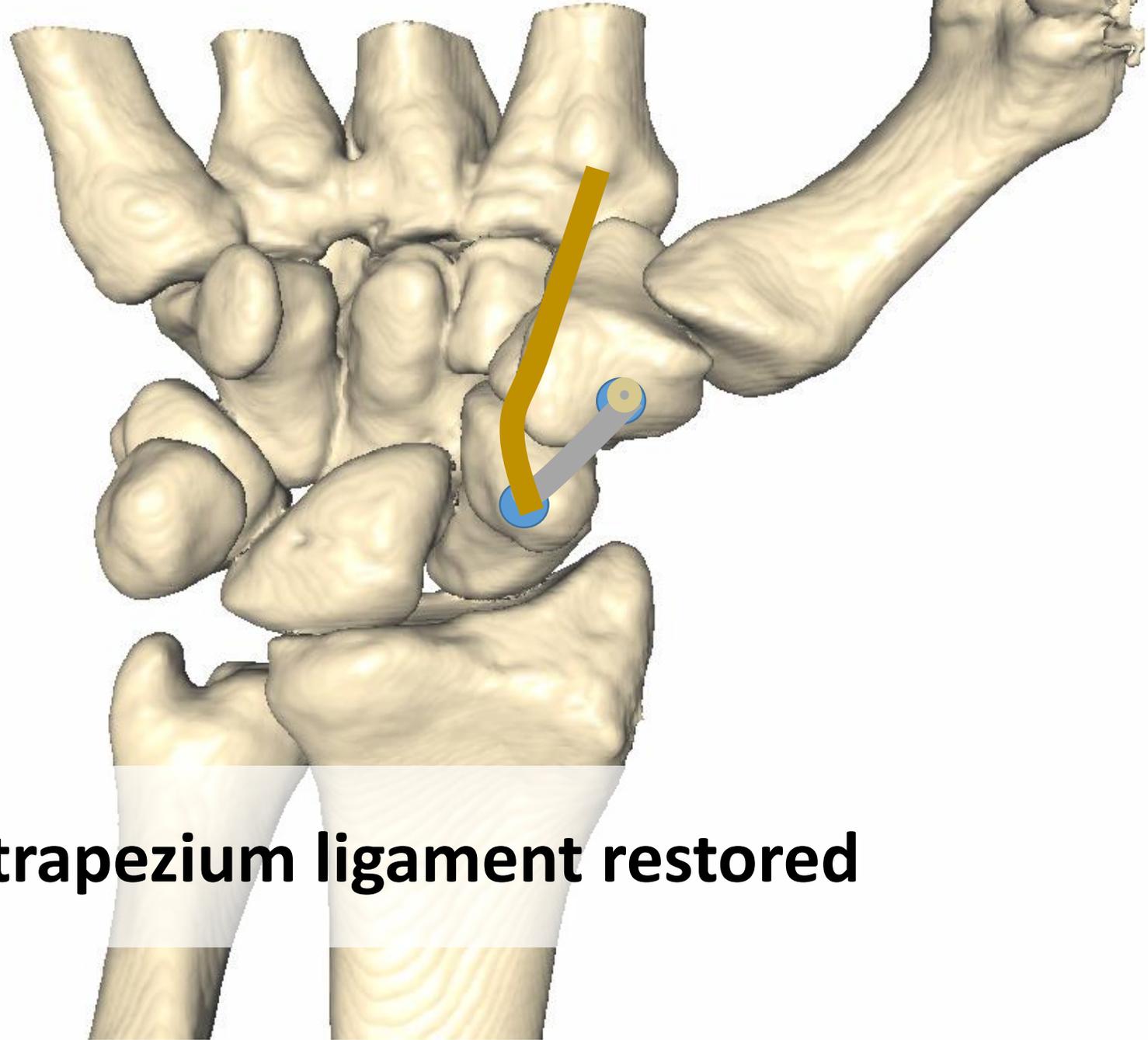


Using *Quick Pass* Tendon Shuttle, FCR strip and *LabralTape* passed volar to dorsal through scaphoid

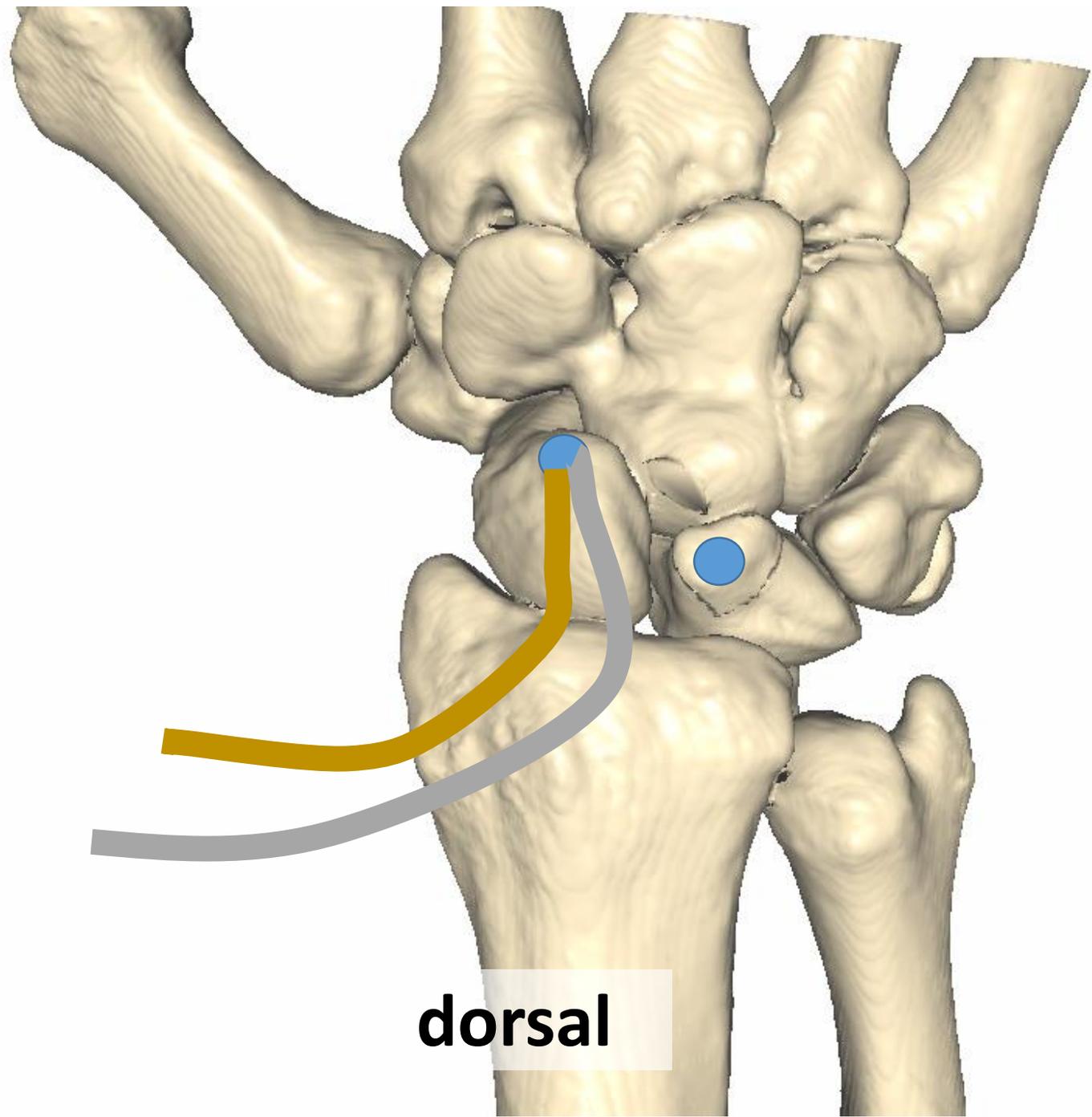
Using *Quick Pass* Tendon Shuttle, FCR strip and *LabralTape* passed volar to dorsal through scaphoid to dorsal wound



volar



Scapho-trapezium ligament restored

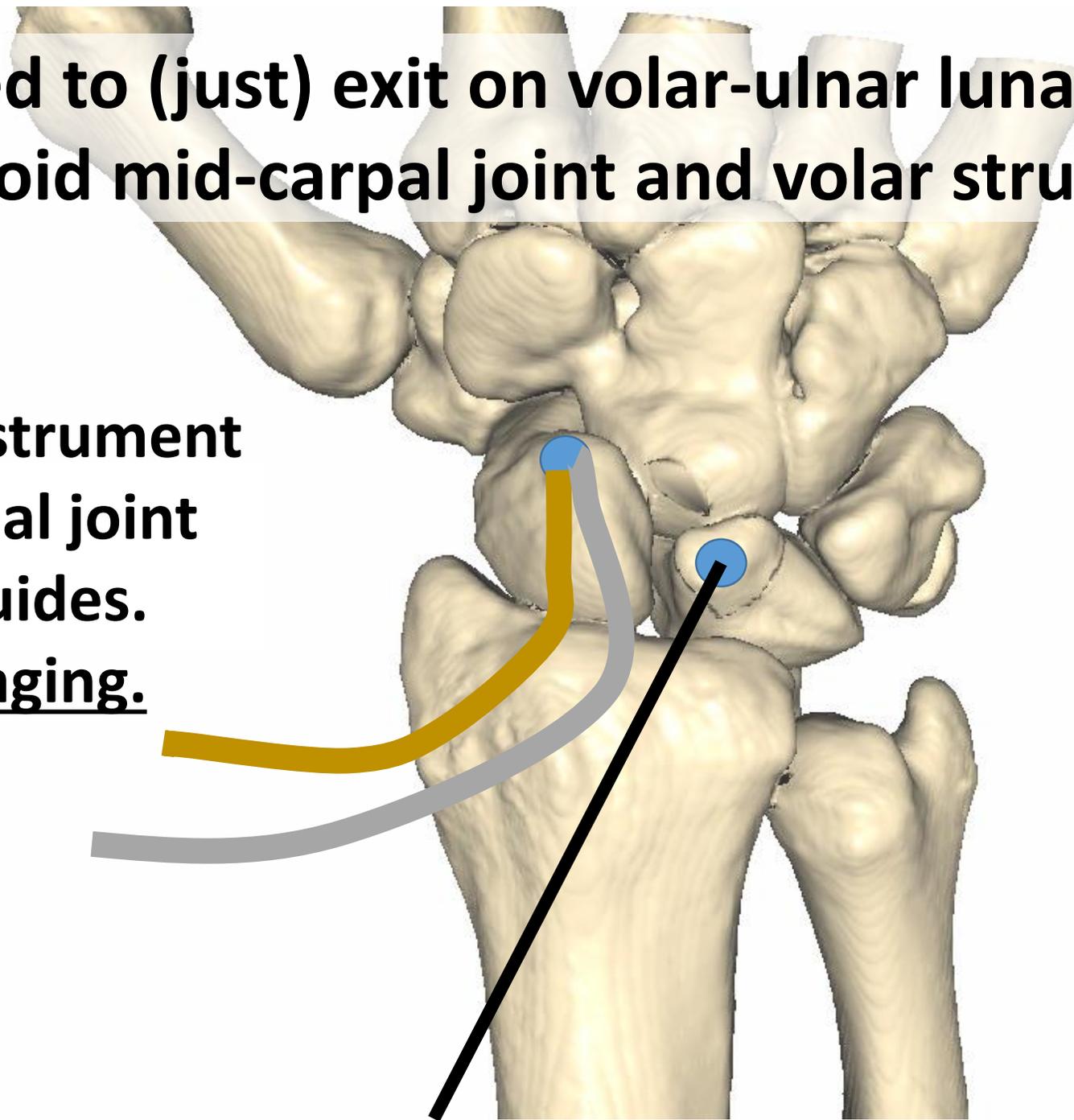


dorsal

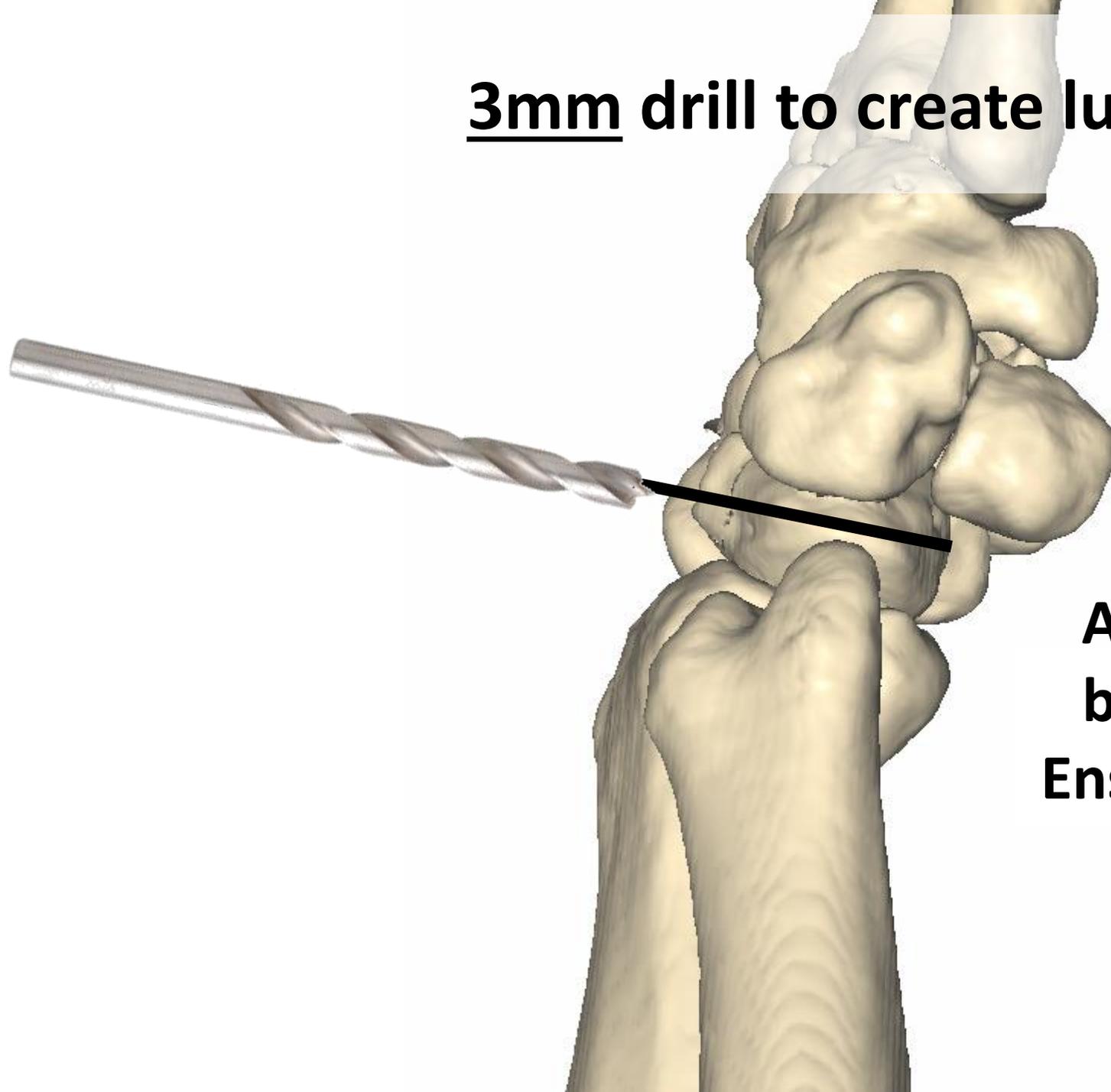
K-wire inserted to (just) exit on volar-ulnar lunate surface

**** Care to avoid mid-carpal joint and volar structures ****

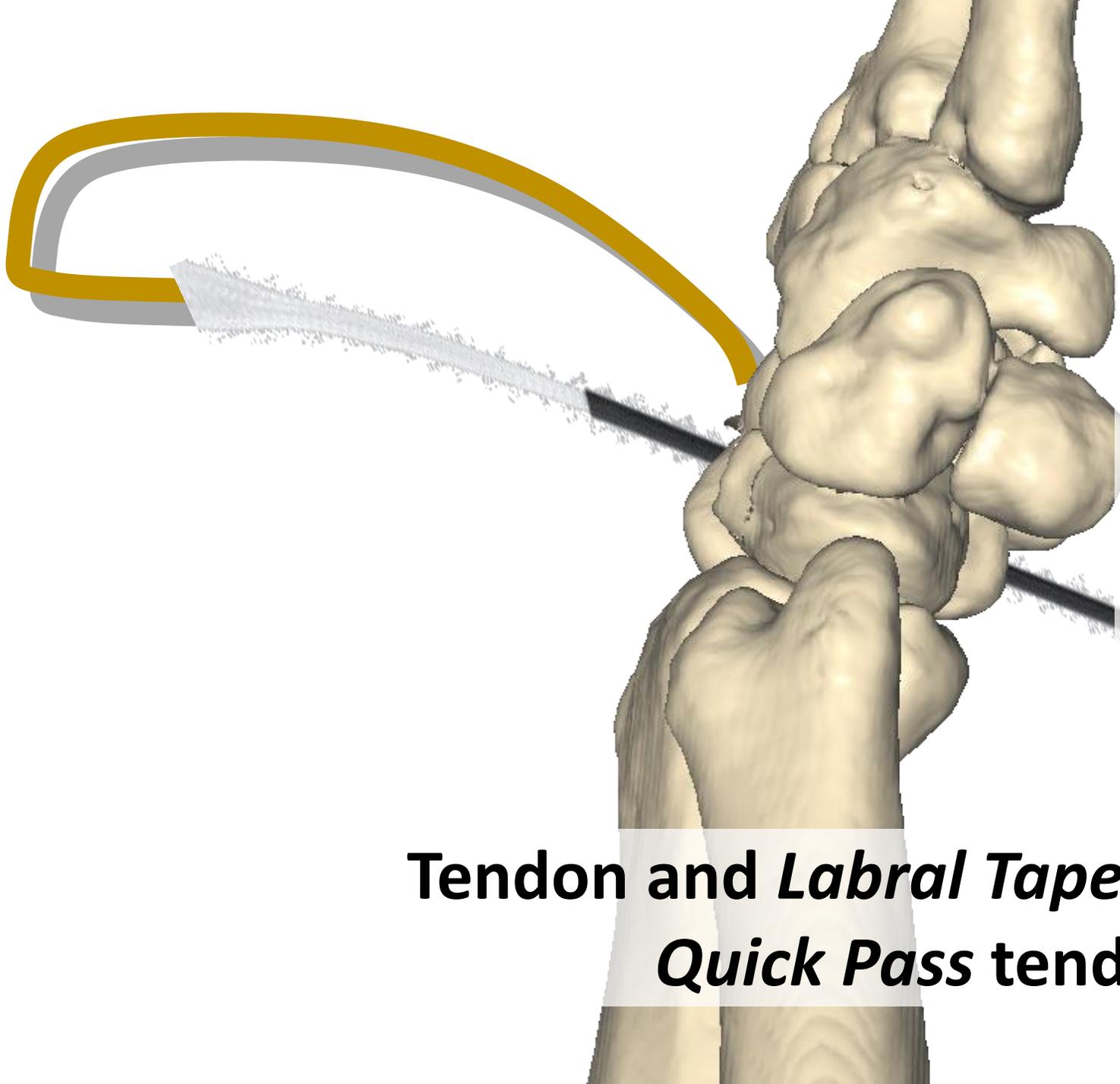
**Curved smooth instrument
through Midcarpal joint
protects and guides.
Check with imaging.**



3mm drill to create lunate tunnel



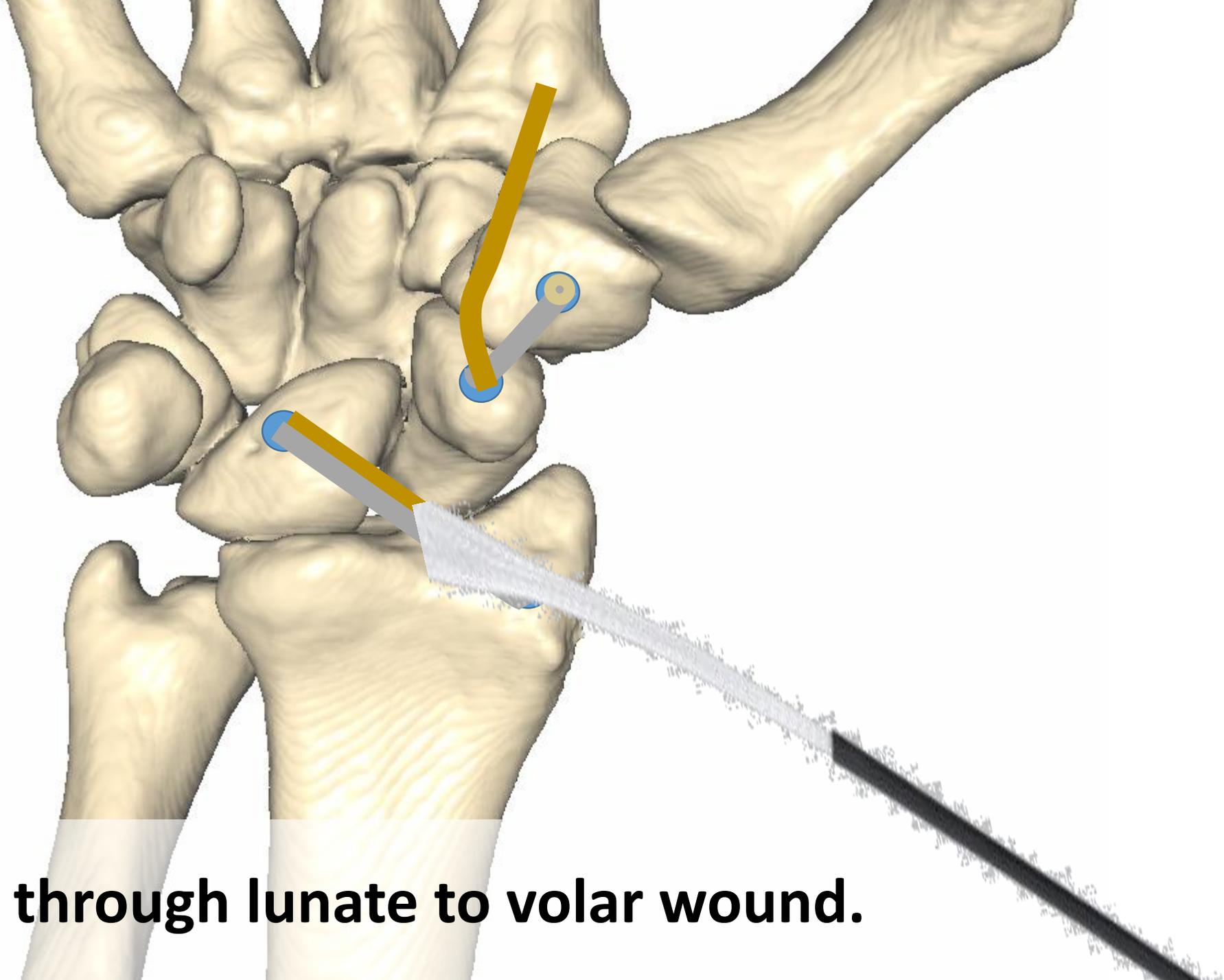
**Advance drill just to
breach volar cortex.
Ensure k-wire does not
advance!!!**



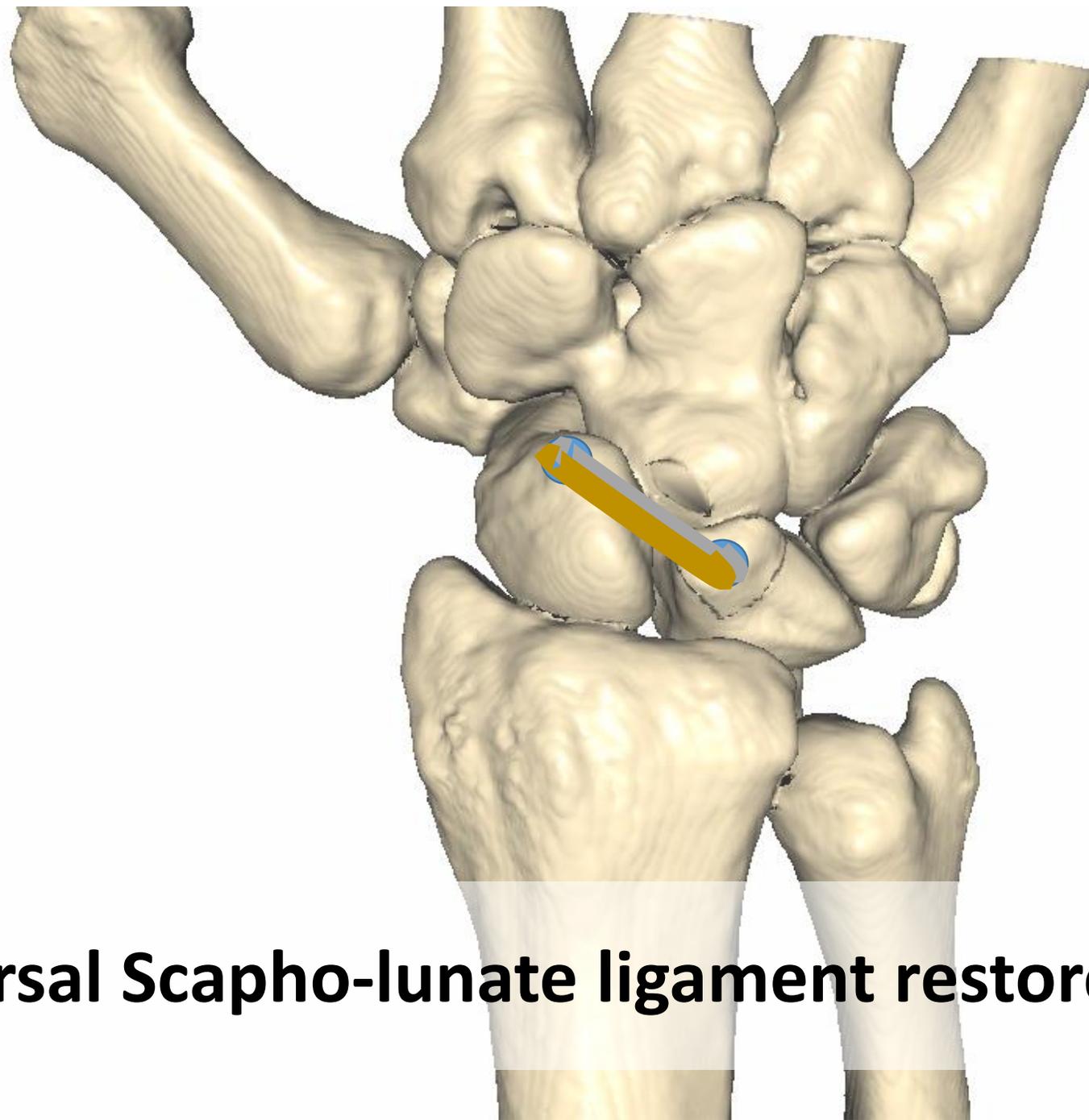
Extend the volar FCR wound and blunt dissect across the volar capsule and under the carpal tunnel contents.

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

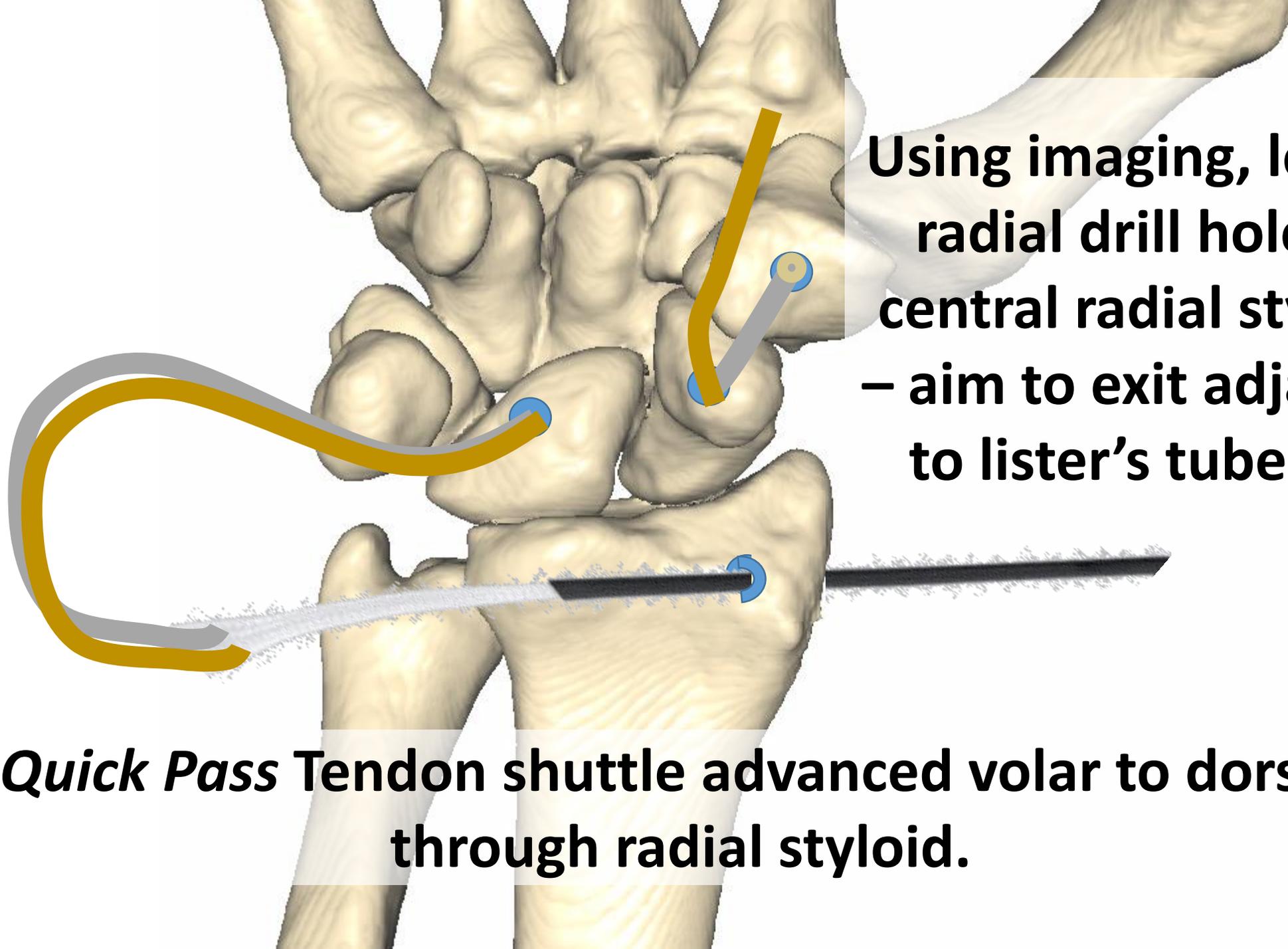
Tendon and *Labral Tape* are then loaded into *Quick Pass* tendon shuttle....



... and advanced through lunate to volar wound.

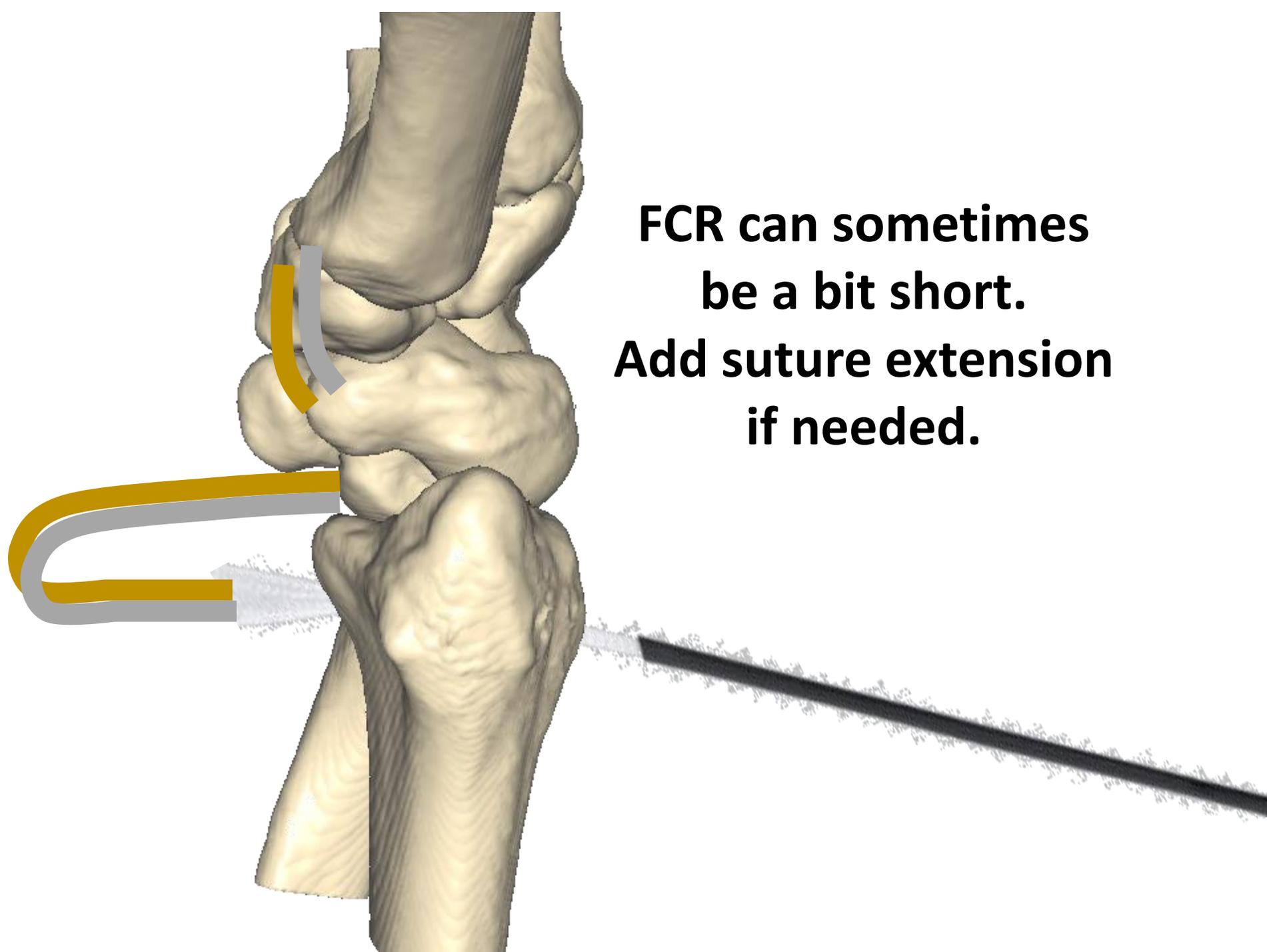


Dorsal Scapho-lunate ligament restored.

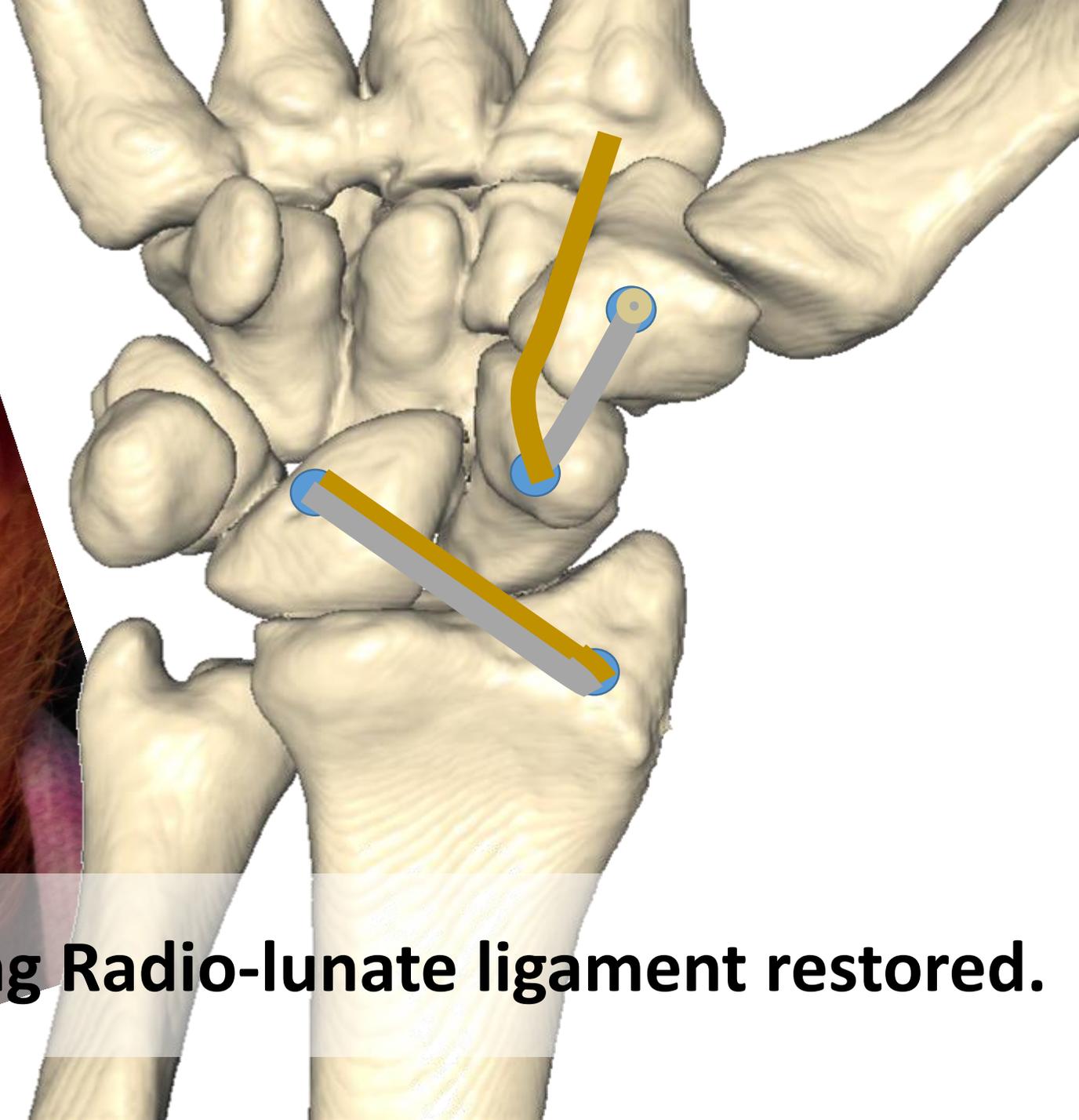
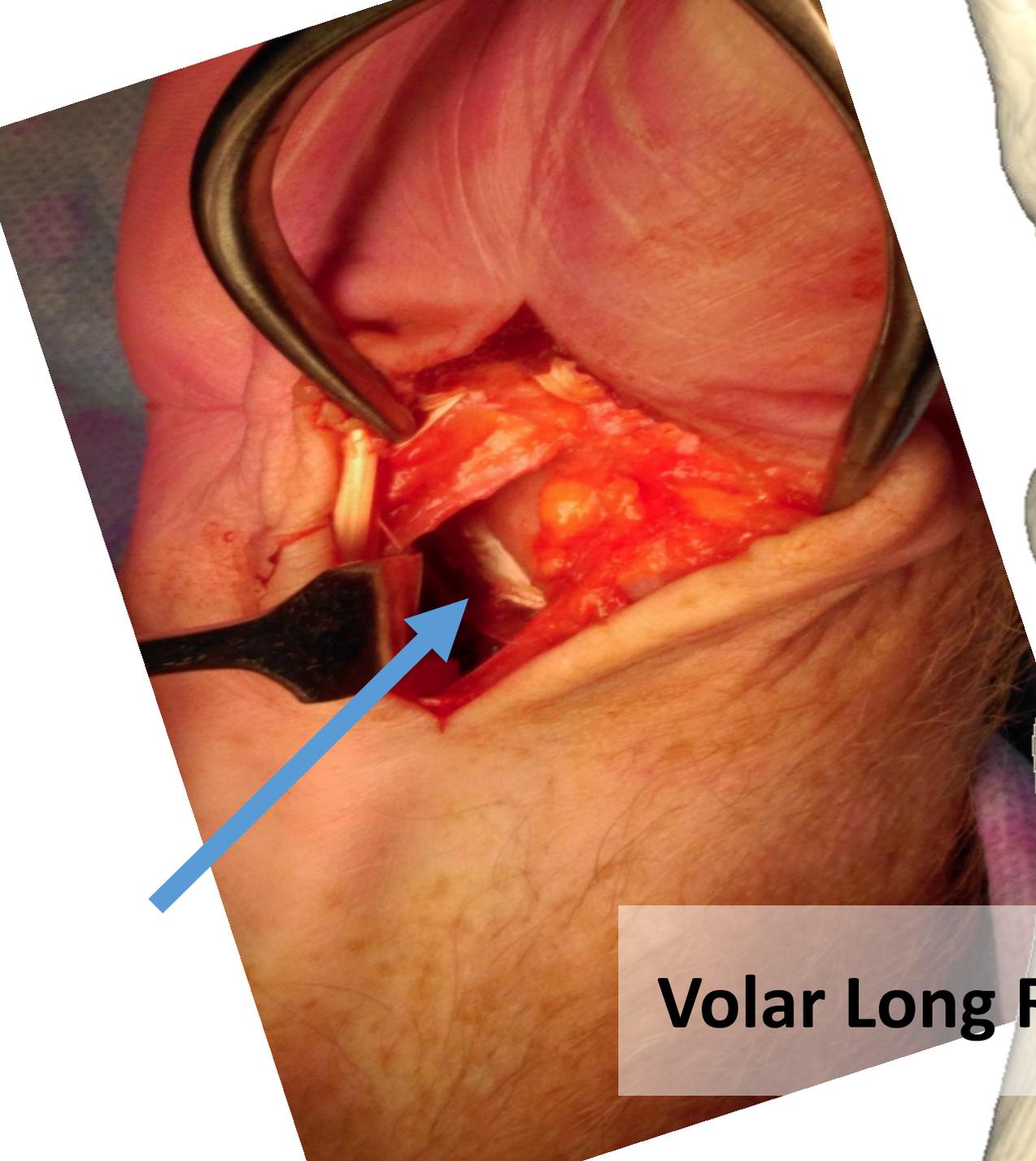


Using imaging, locate radial drill hole in central radial styloid – aim to exit adjacent to lister’s tubercle

***Quick Pass* Tendon shuttle advanced volar to dorsal through radial styloid.**

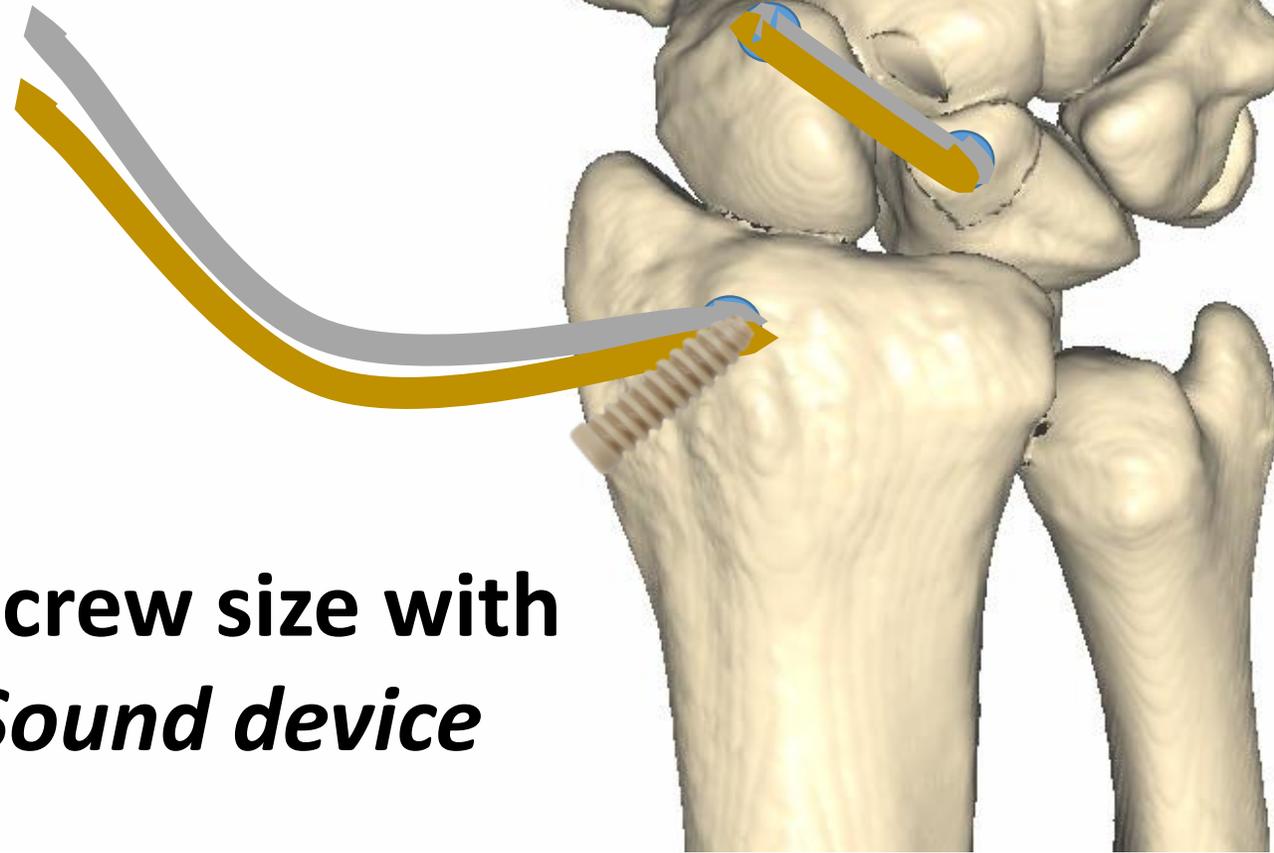


**FCR can sometimes
be a bit short.
Add suture extension
if needed.**



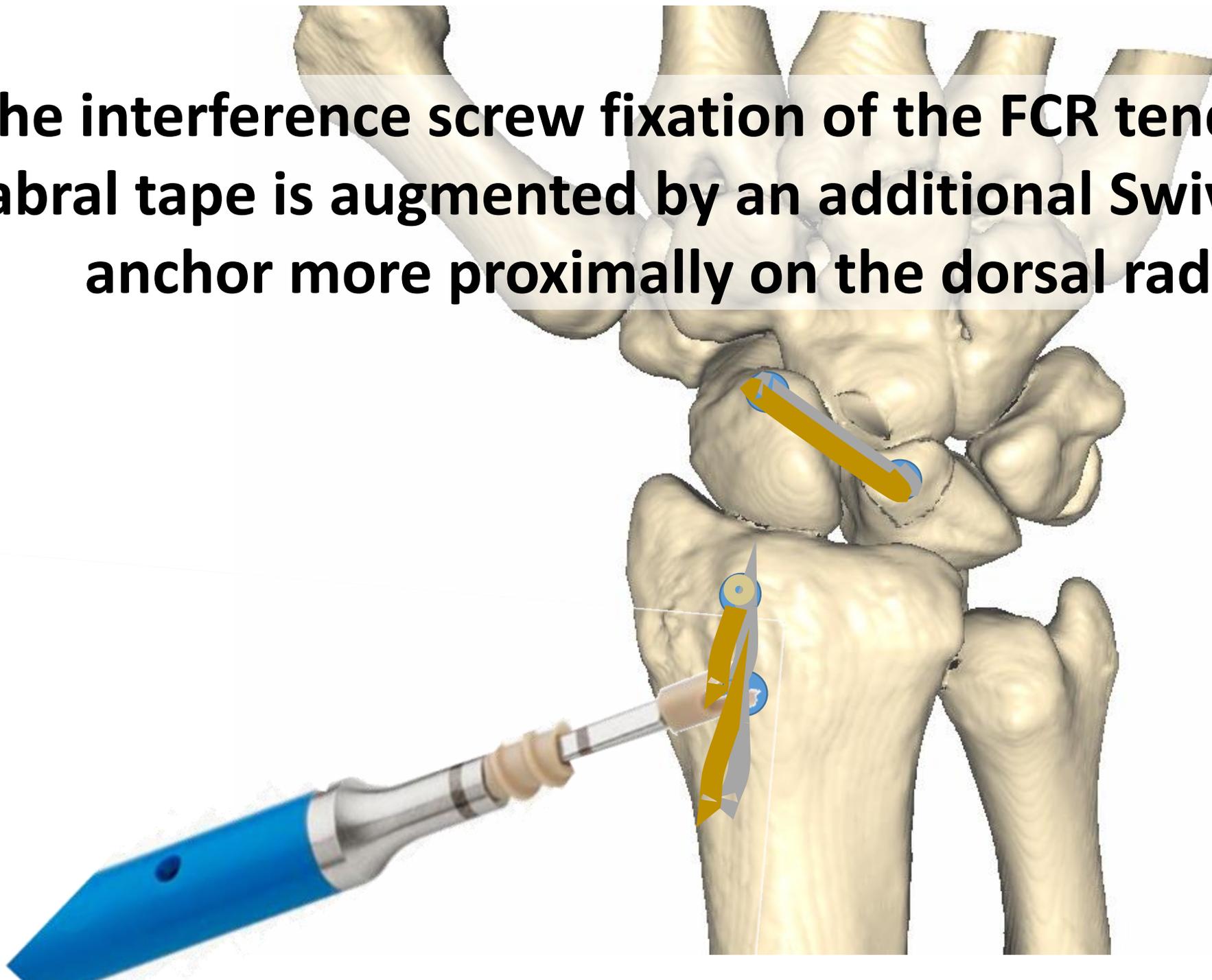
Volar Long Radio-lunate ligament restored.

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

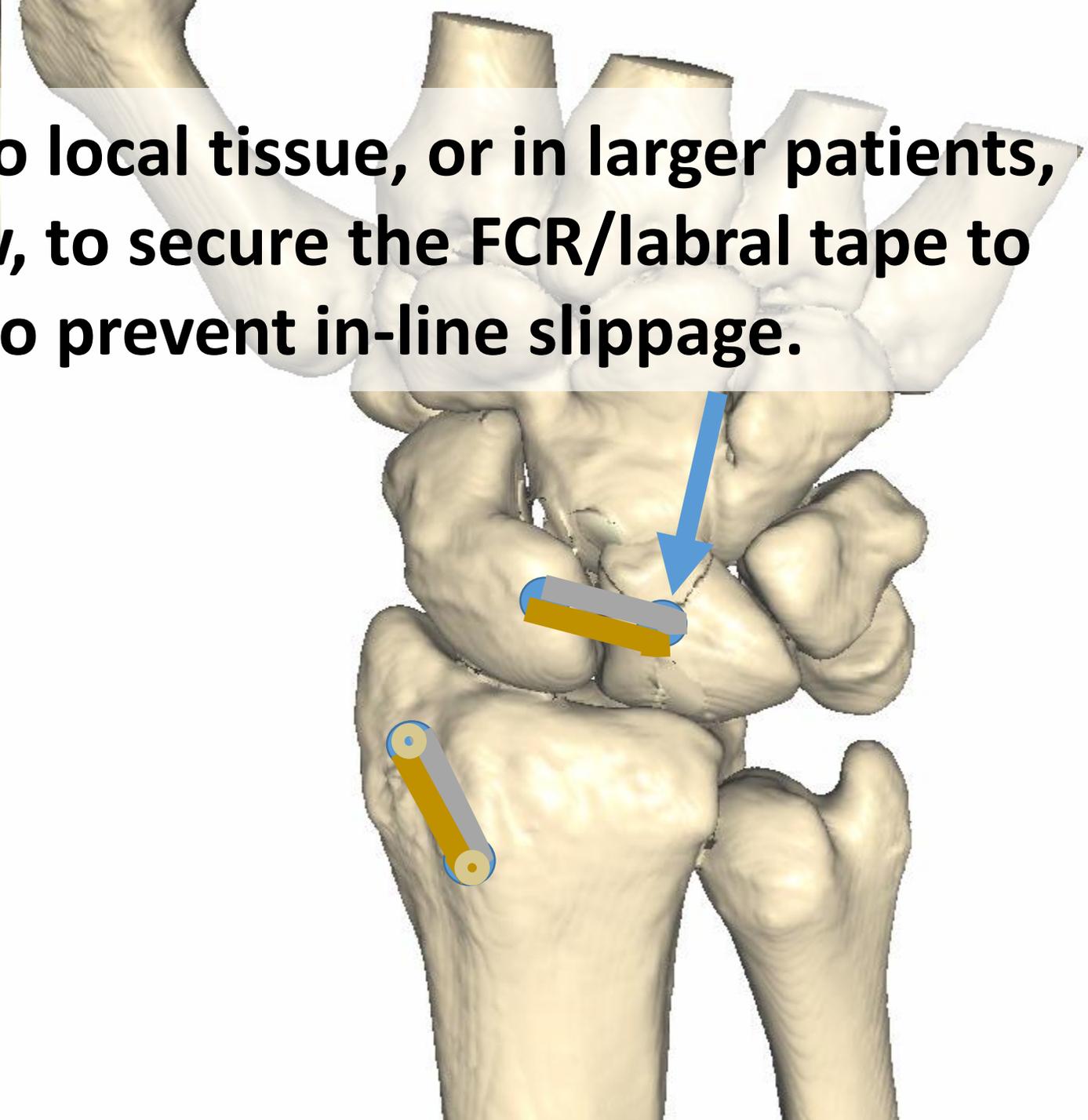


**Determine screw size with
*Stepped Sound device***

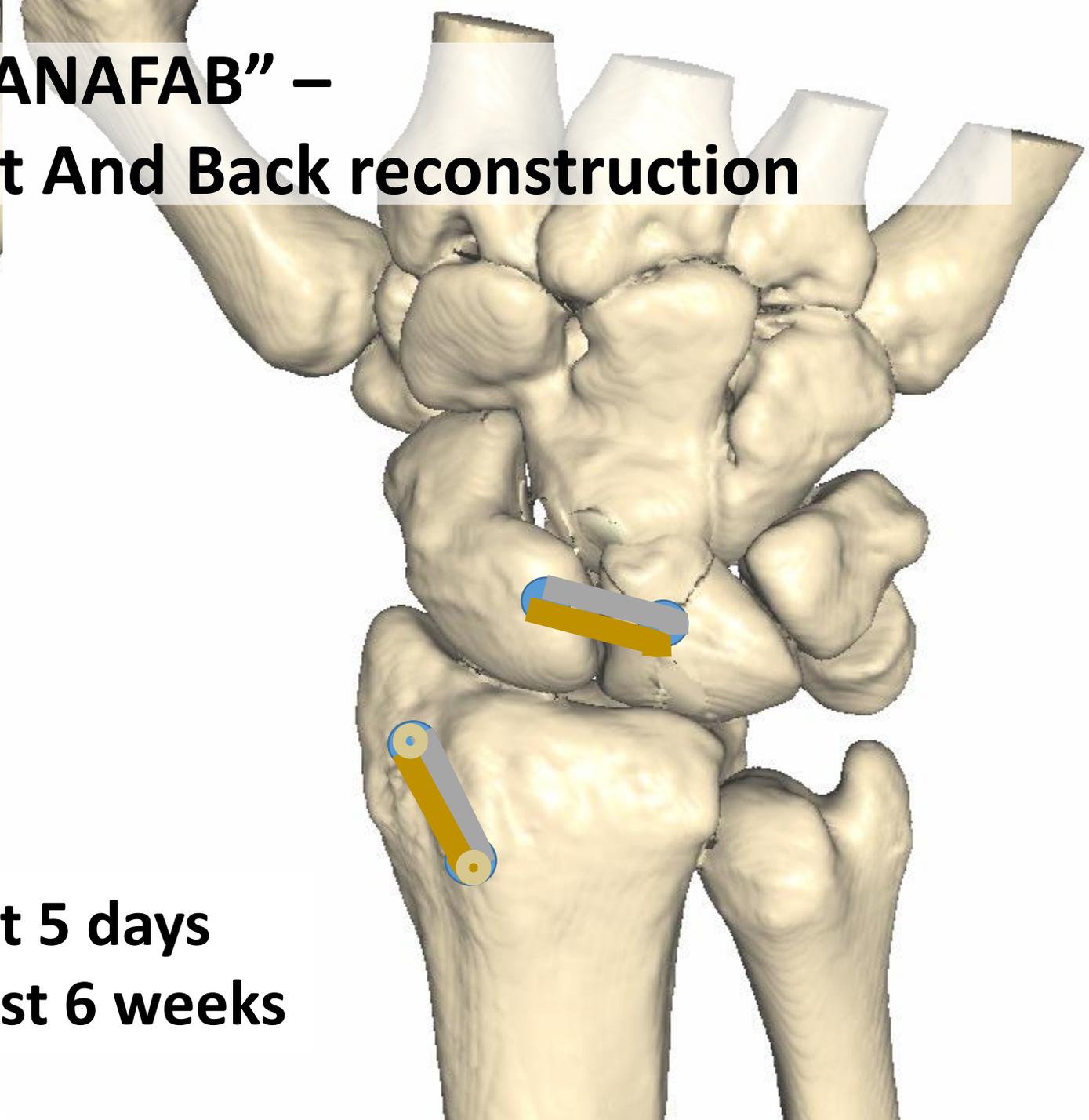
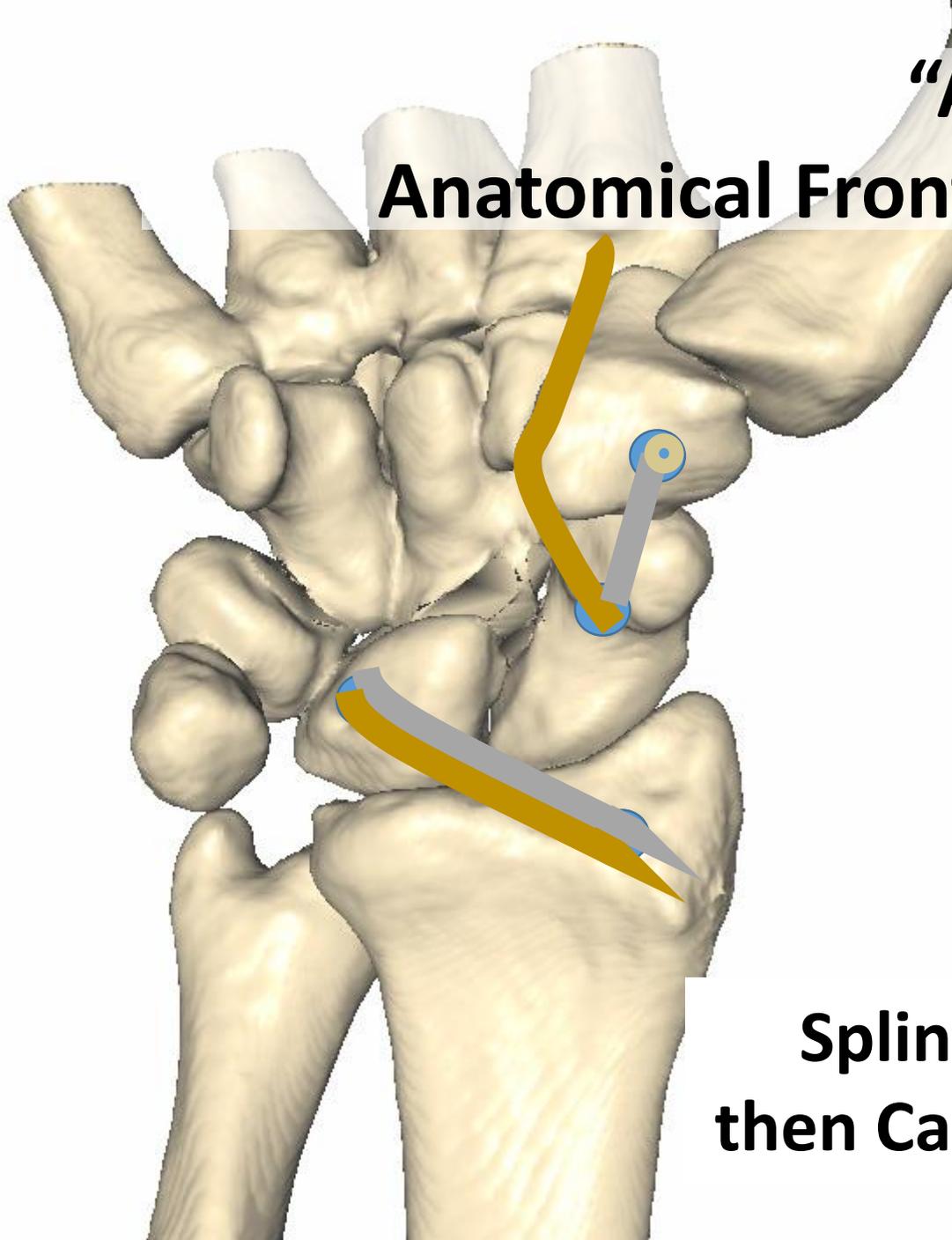
The interference screw fixation of the FCR tendon and labral tape is augmented by an additional Swivel-Lock anchor more proximally on the dorsal radius.



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.

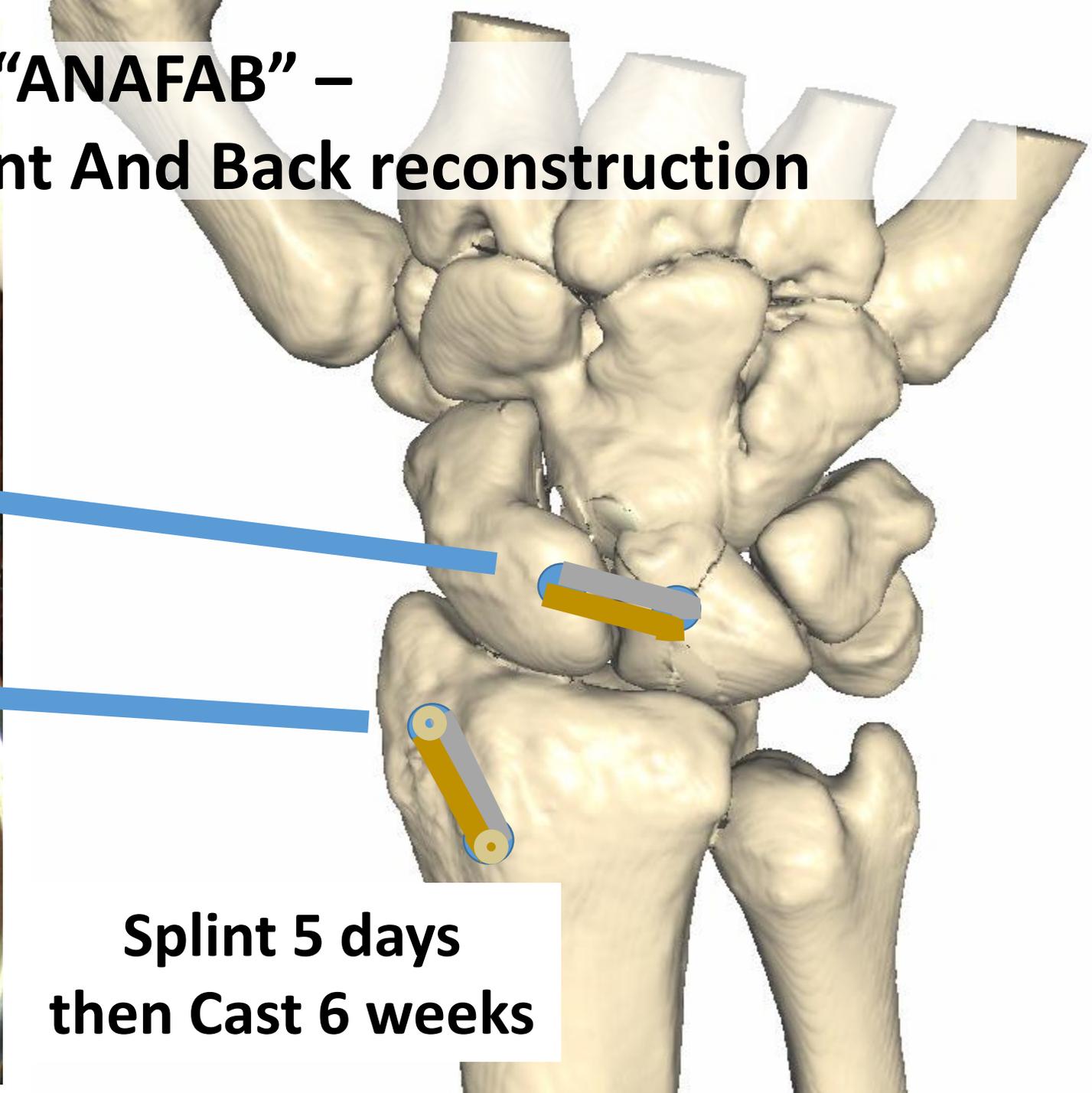


**“ANAFAB” –
Anatomical Front And Back reconstruction**

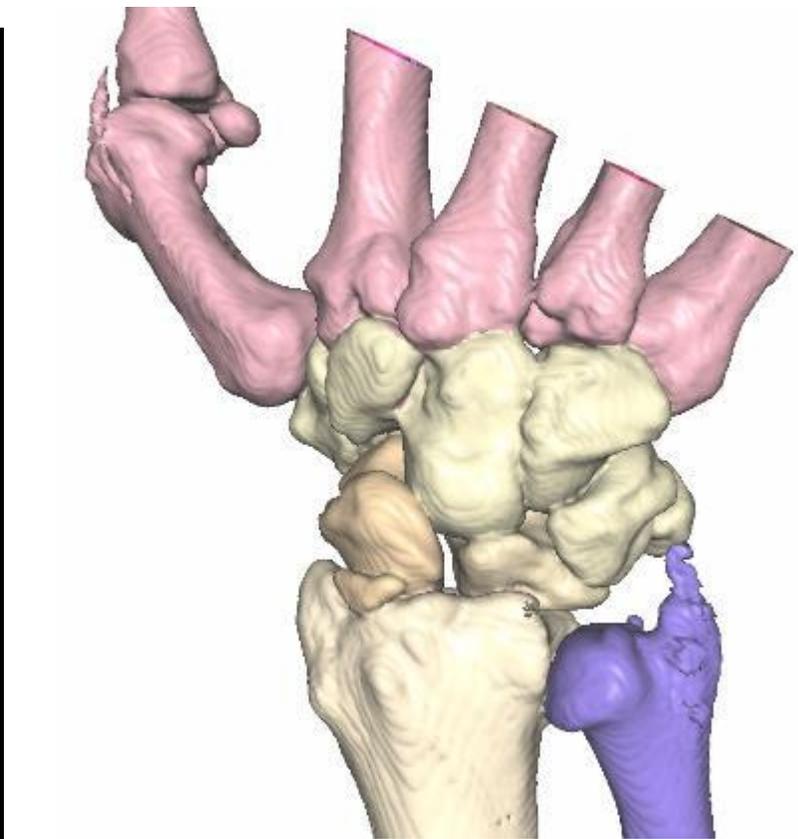


**Splint 5 days
then Cast 6 weeks**

“ANAFAB” – Anatomical Front And Back reconstruction



**Splint 5 days
then Cast 6 weeks**



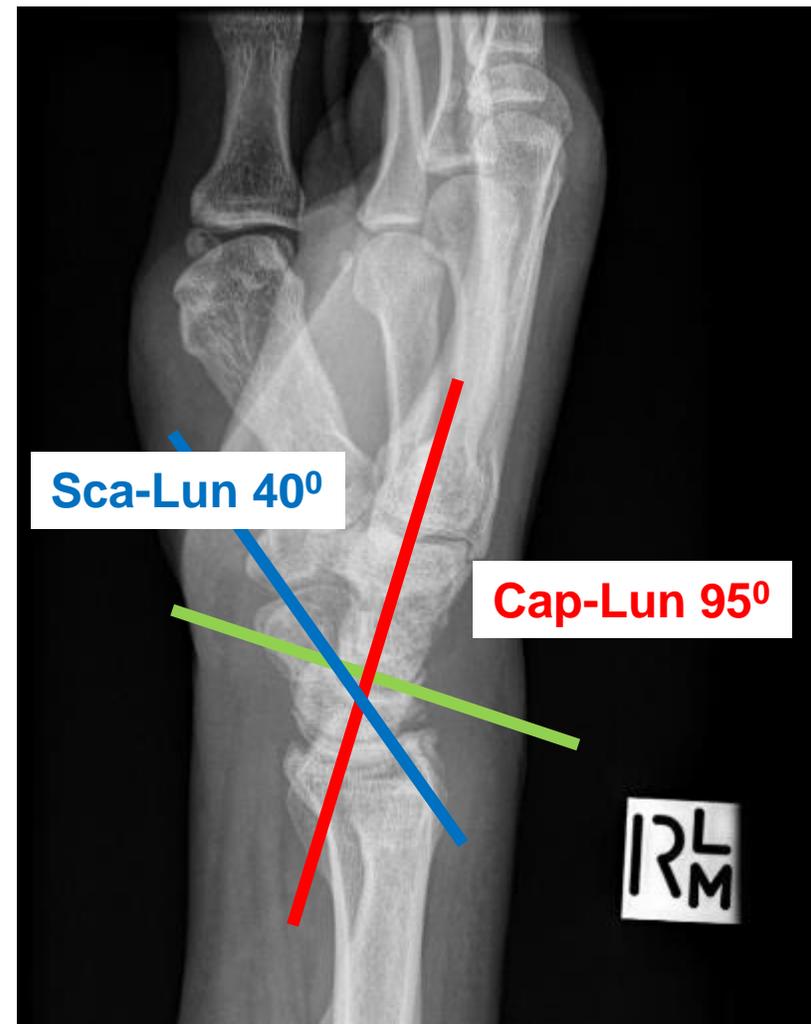
32 y.o. male
heavy FOOSH at football



Pre-repair



3 months Post repair



Sca-Lun 40°

Cap-Lun 95°

IRL
RM

