

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 USE THE PROCEDURE - AND SUCH DETAILS SHOULD BE DISCLOSED TO THE PATIENT.

ANAFAB Procedure for Scapho-lunate dissociation

**Assoc. Prof. Michael Sandow FRACS
Wakefield Orthopaedic Clinic
University of Adelaide**

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Scapho-lunate dissociation

An anatomical illustration of a scapho-lunate dissociation in the wrist. The image shows the carpal bones, including the scaphoid and lunate, in a 3D perspective. The scaphoid is displaced from its normal position, leading to a gap between it and the lunate. The surrounding bones, including the radius, ulna, and metacarpals, are also visible. The illustration is rendered in a realistic, light brown color with shading to show depth and texture.

Characterized by:

Scapho-lunate diastasis

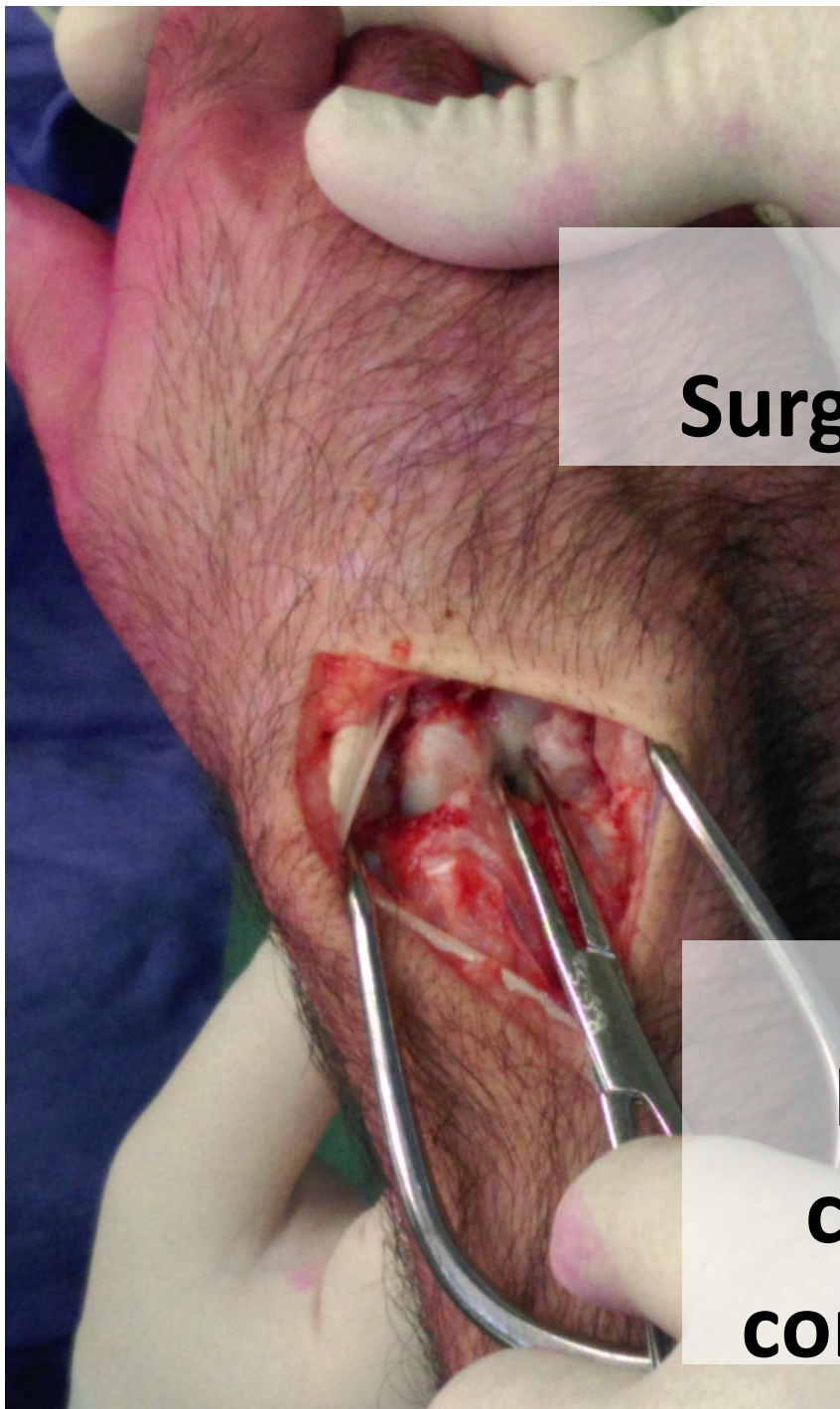
Dorsal scaphoid subluxation

Scaphoid flexion

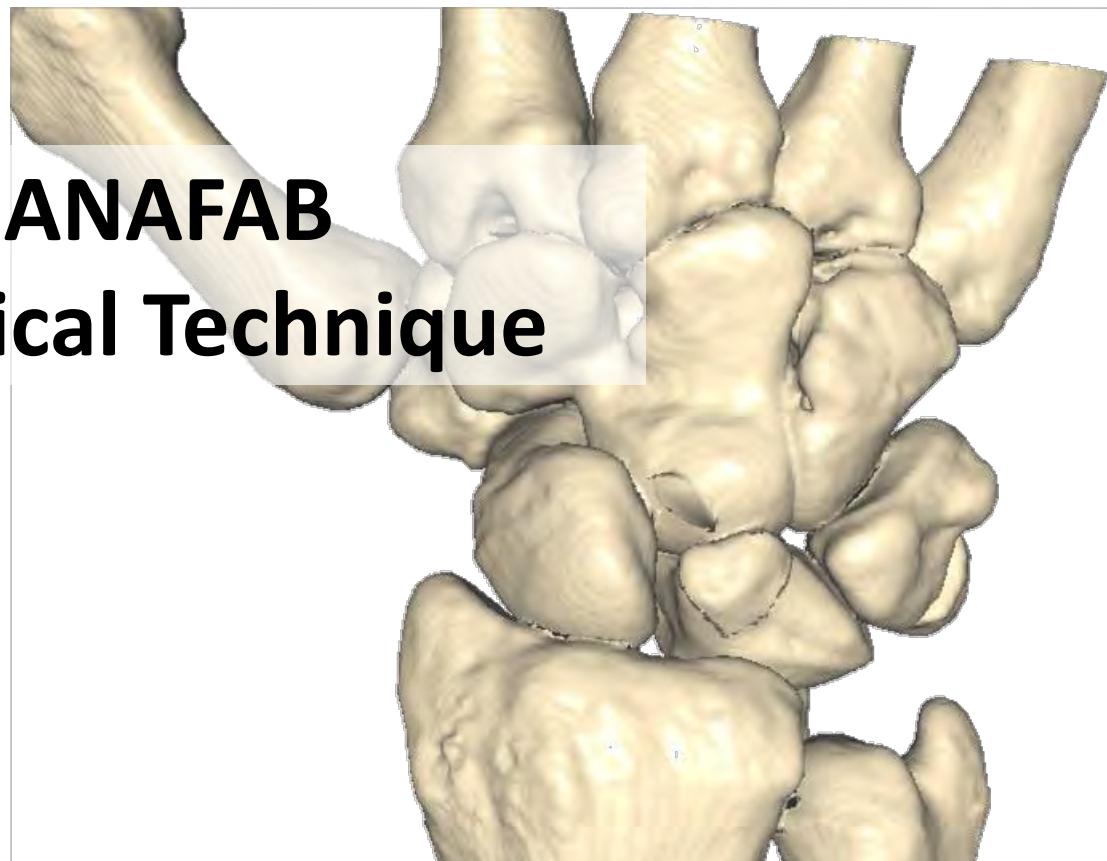
Lunate extension

Volar

Dorsal



ANAFAB Surgical Technique



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

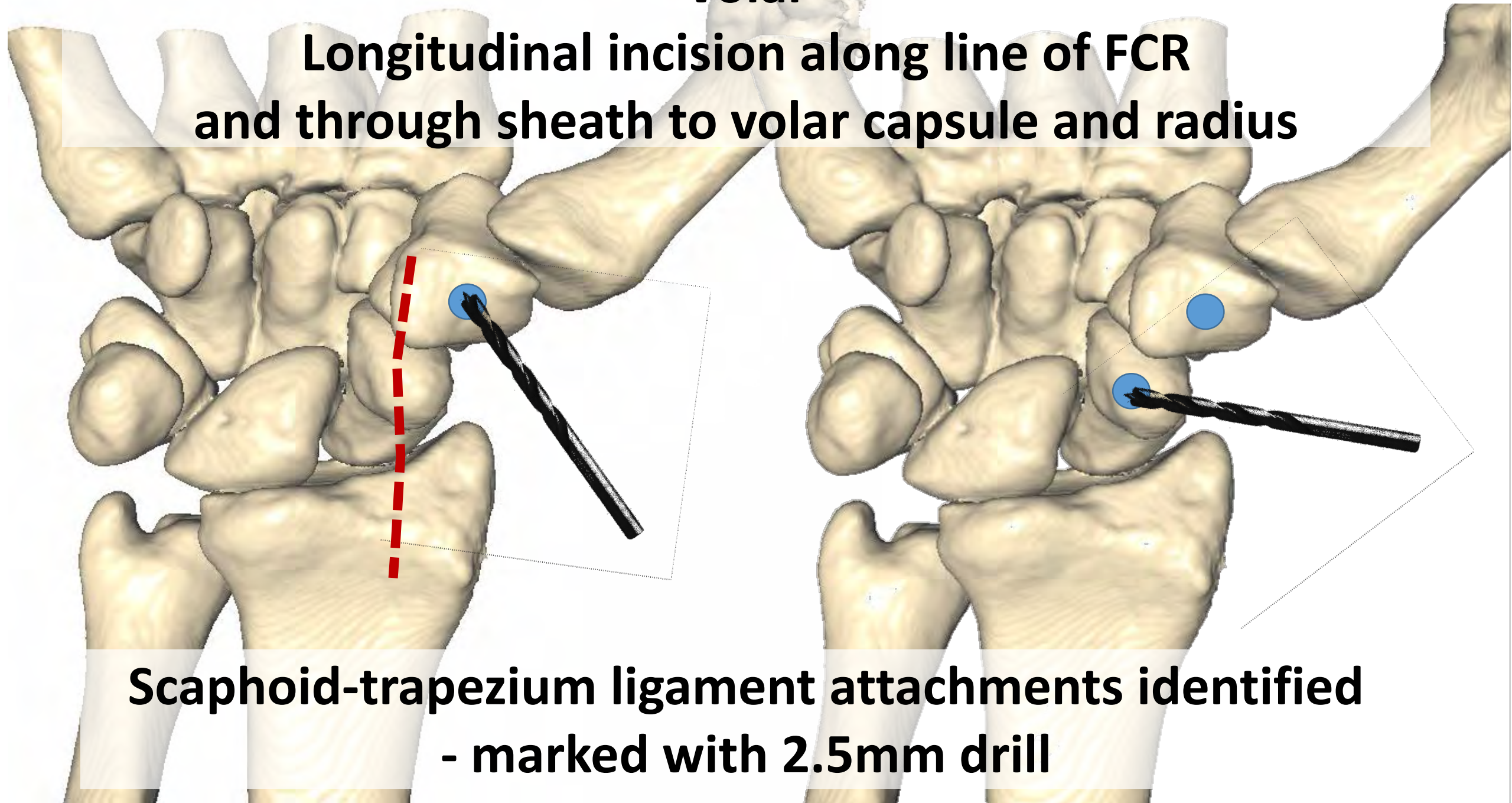


Dorsal

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

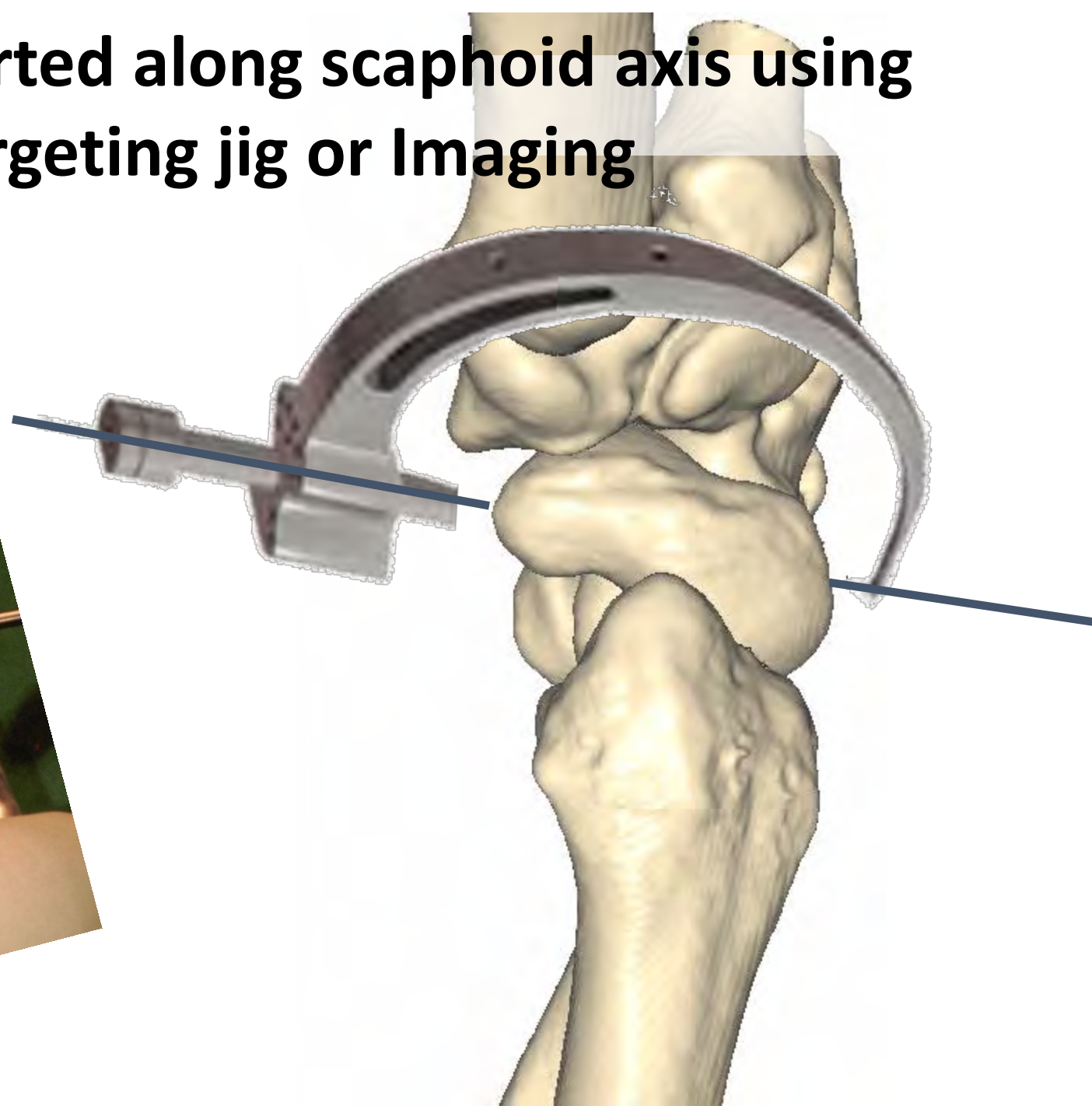
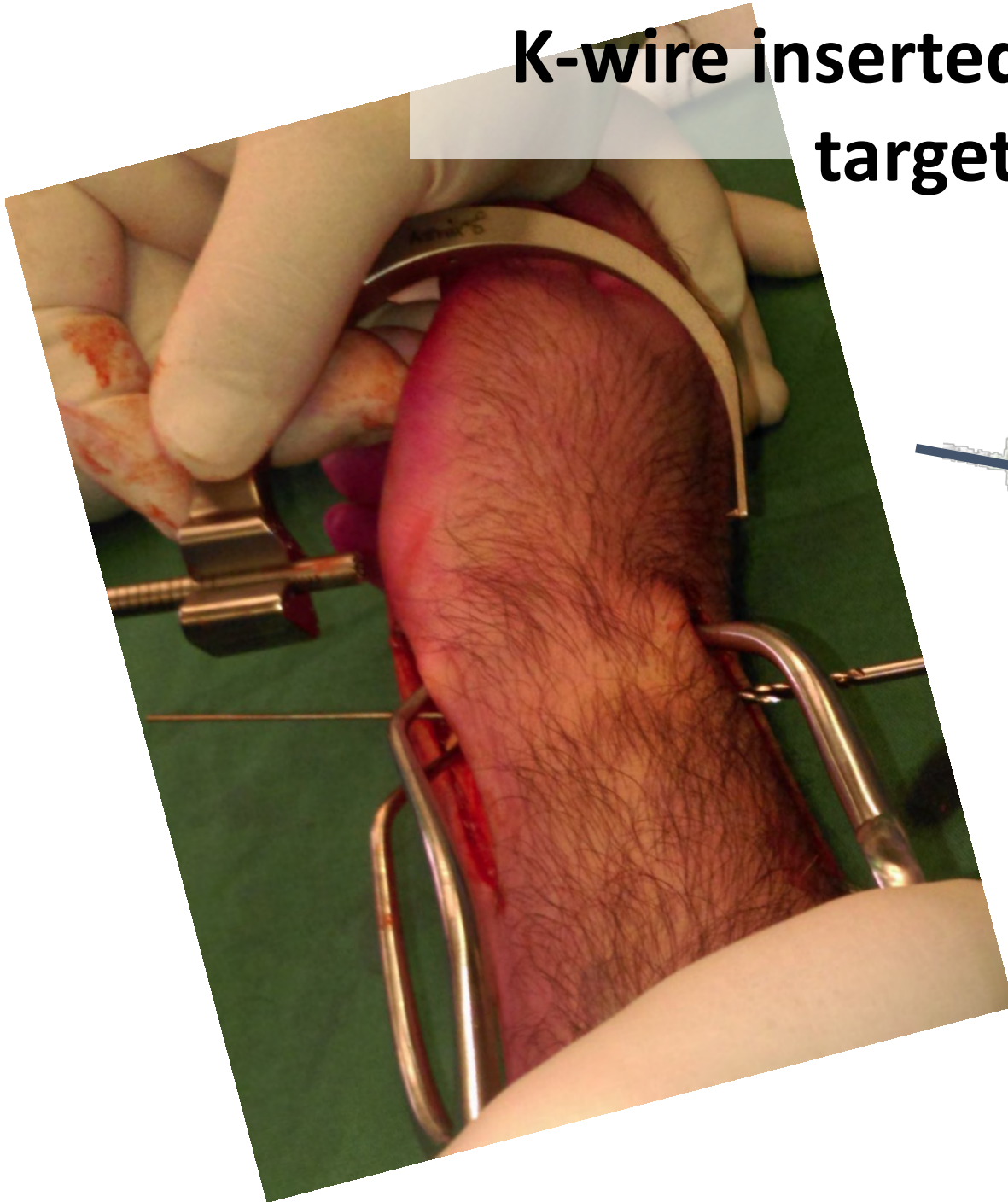
Volar

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

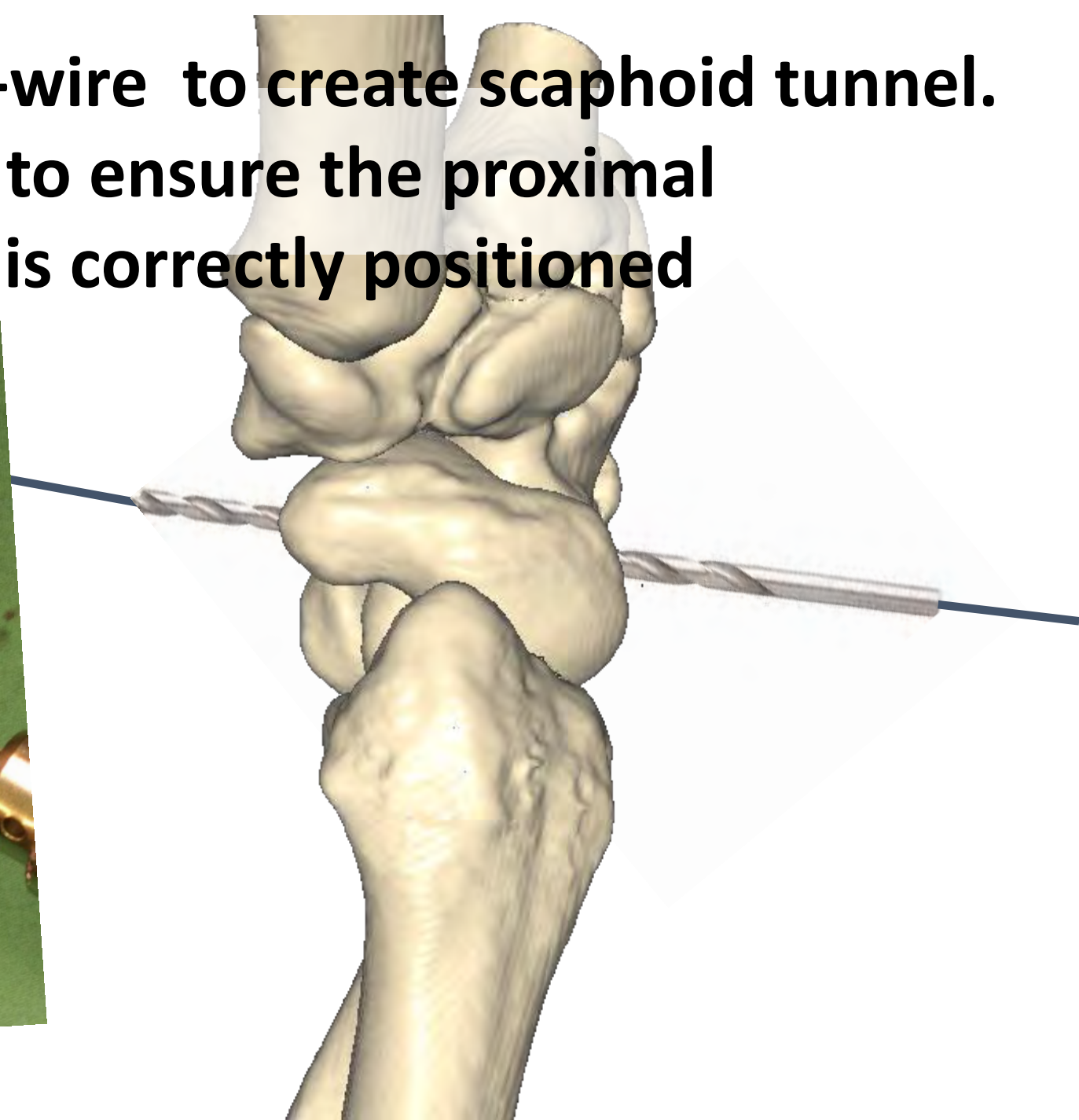


**Scaphoid-trapezium ligament attachments identified
- marked with 2.5mm drill**

**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

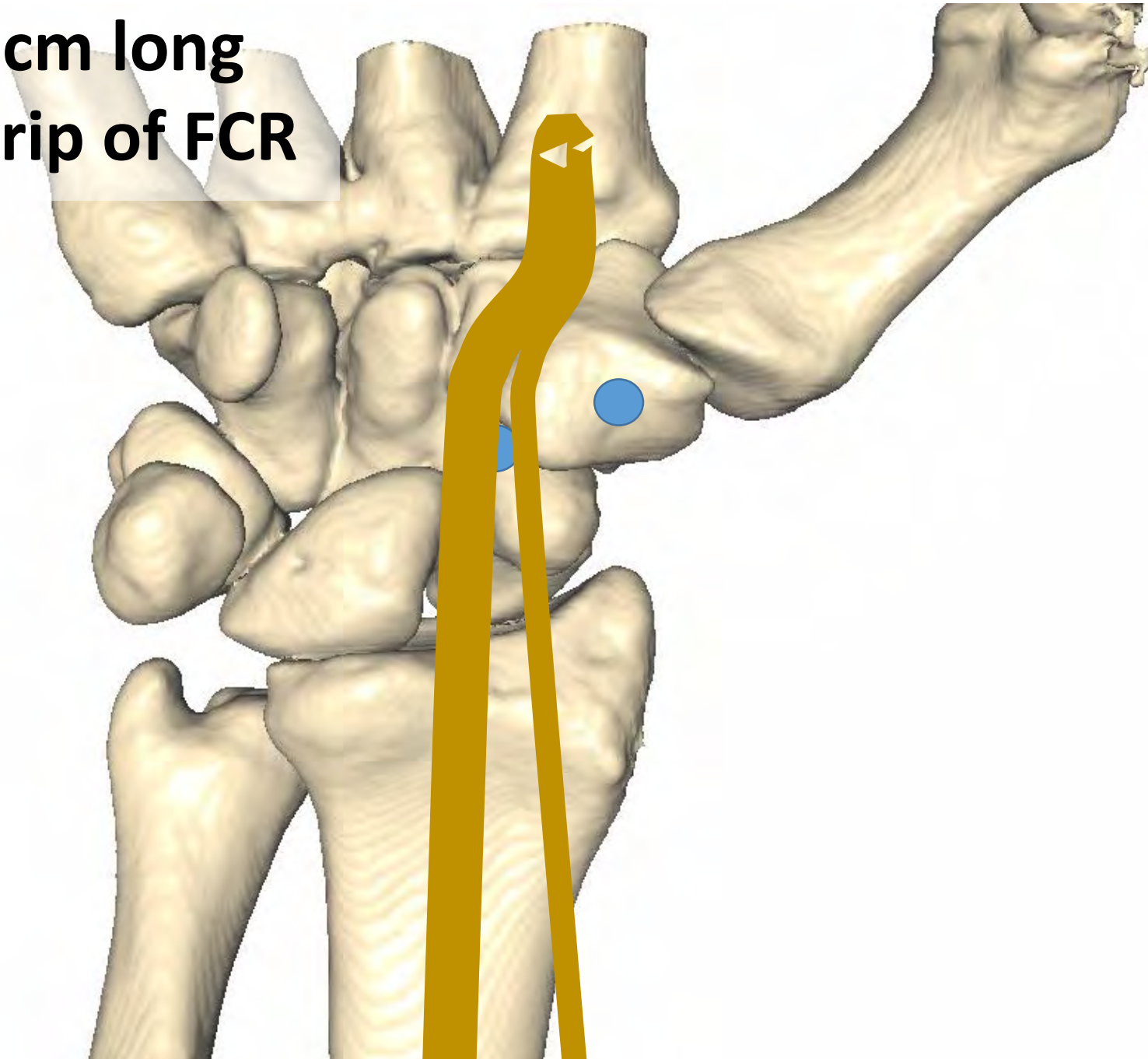




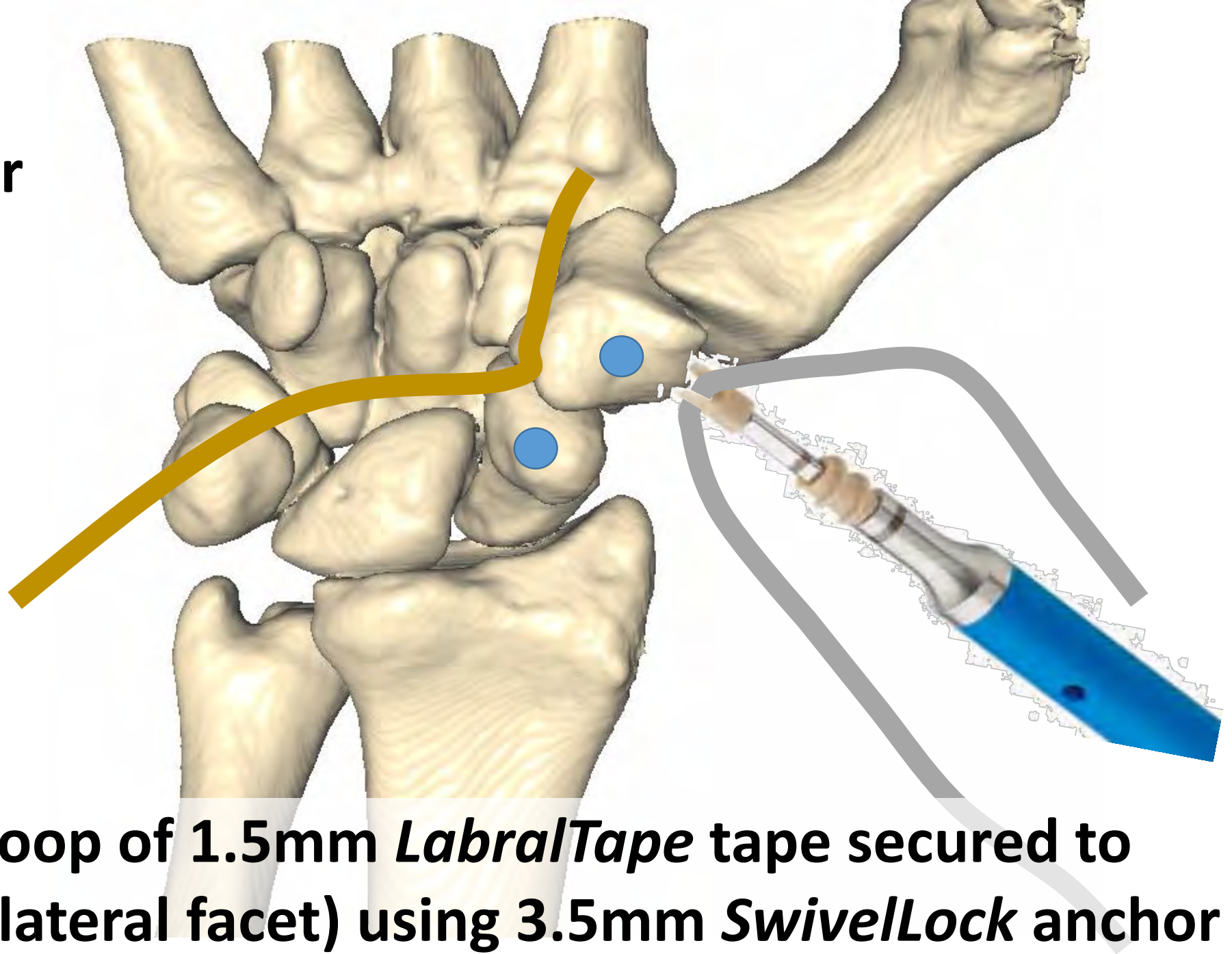
2.5mm wide 15cm long distally based strip of FCR - passing pin, and No.2 Nylon to strip, distal to proximal



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



Volar



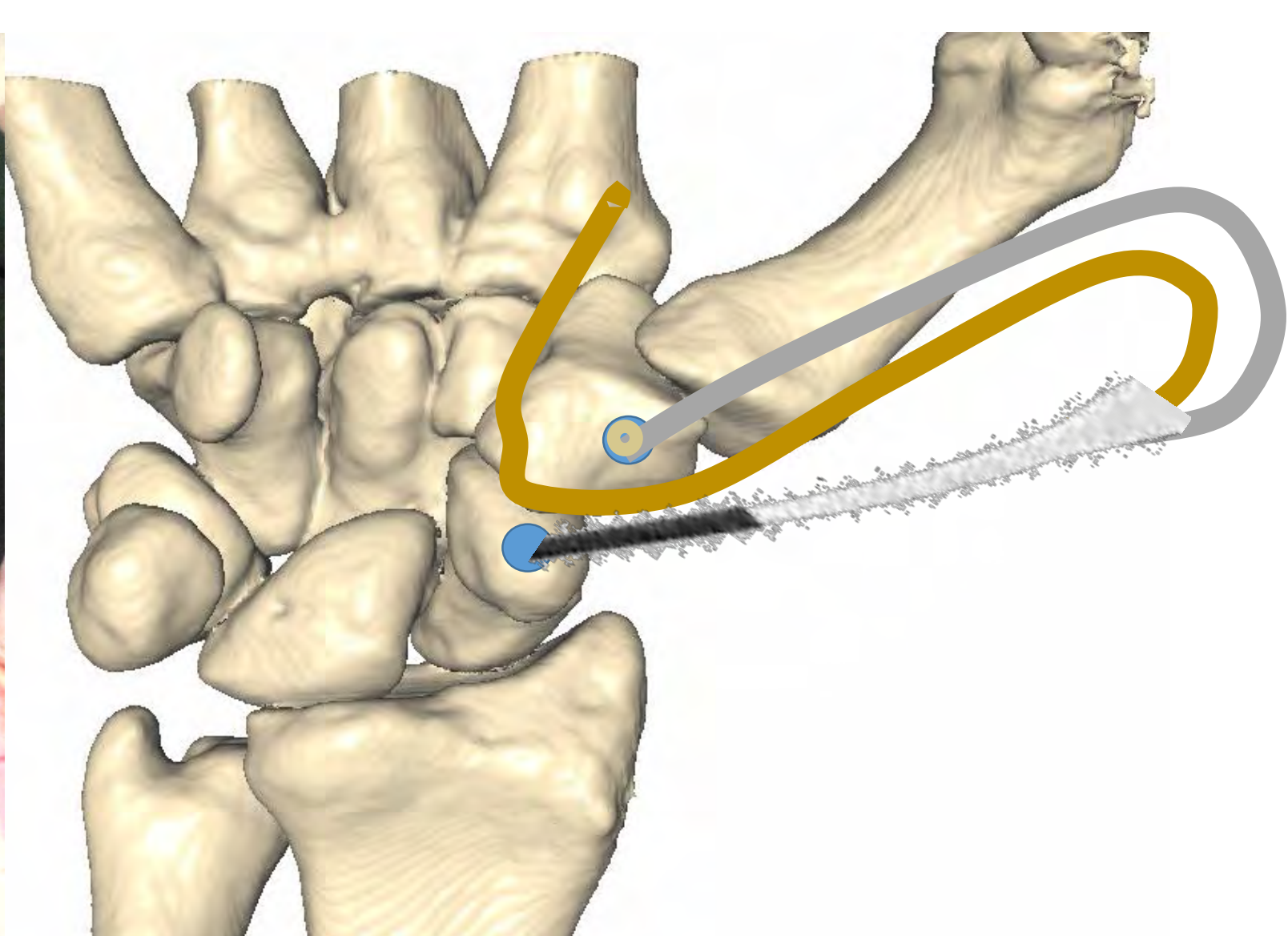
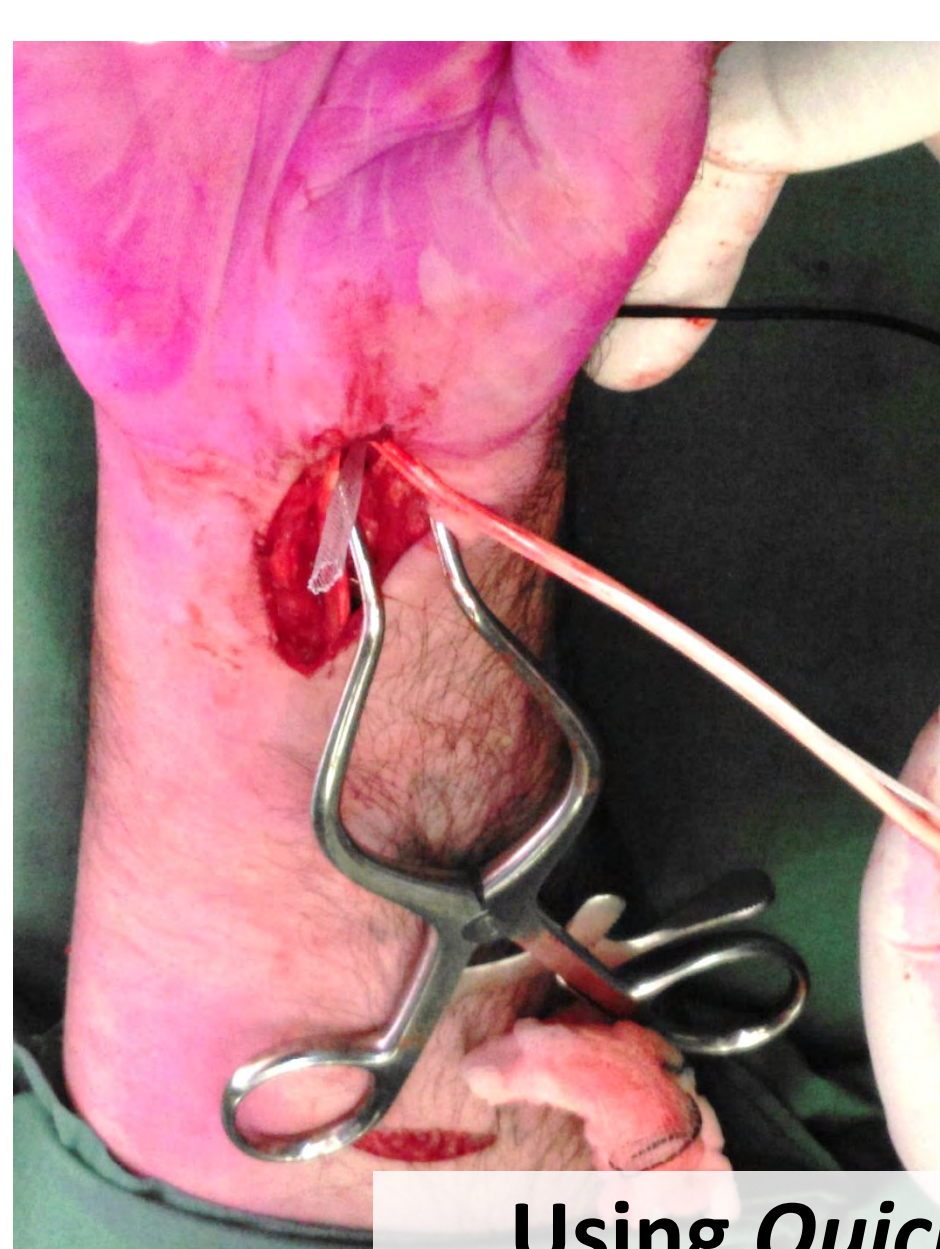
Double loop of 1.5mm *LabralTape* tape secured to Trapezium (lateral facet) using 3.5mm *SwivelLock* anchor



A 3D anatomical model of a human wrist joint, showing the carpal bones, radius, and ulna. A thick yellow line, labeled 'FCR strip', originates from the base of the third metacarpal and curves around the wrist to the base of the fifth metacarpal. Two blue dots are placed on the distal radius and ulna. A grey surgical instrument, labeled '1.5mm 36" LabralTape (doubled)', is shown with its tip at the blue dot on the distal radius.

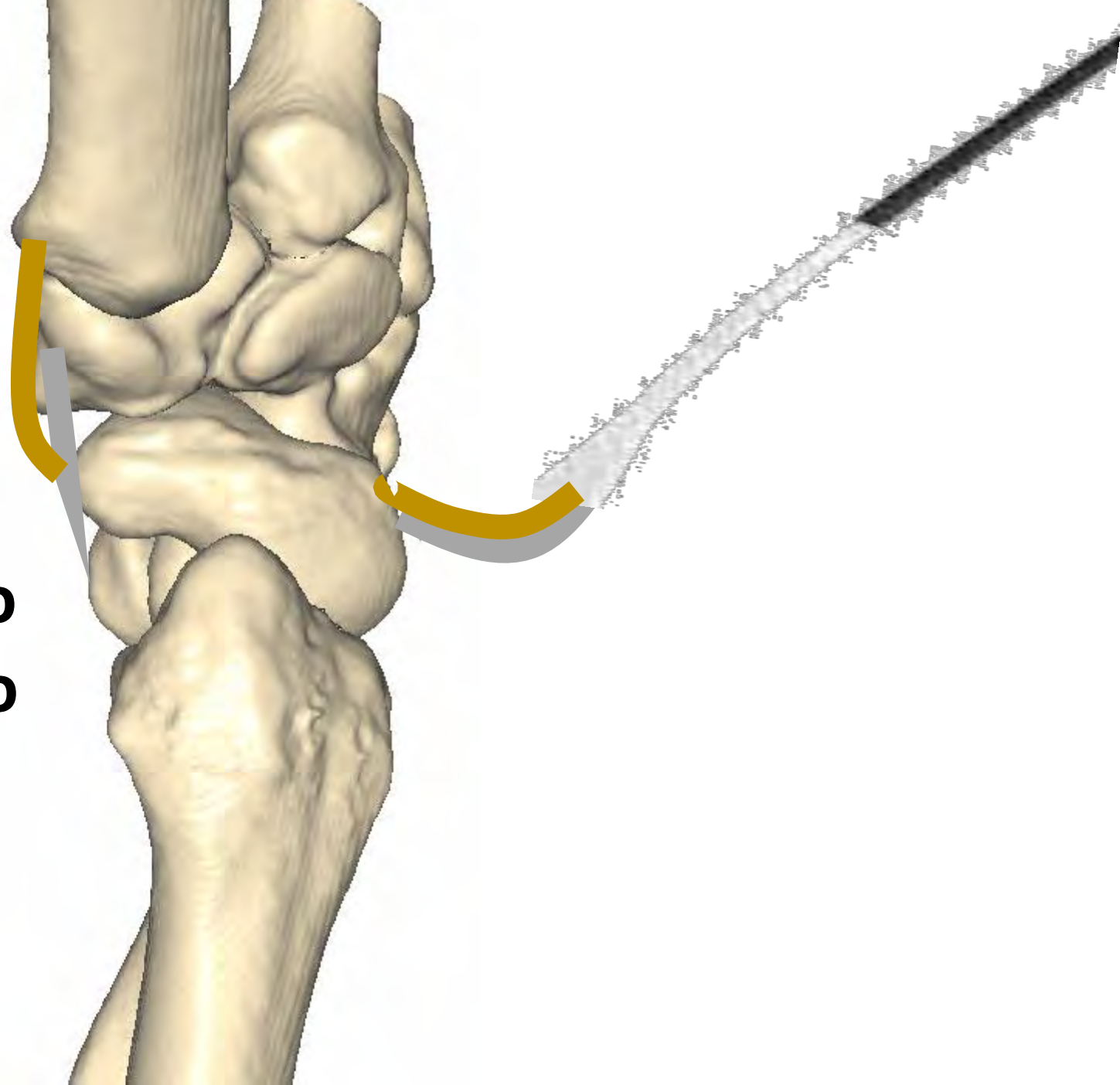
FCR strip

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



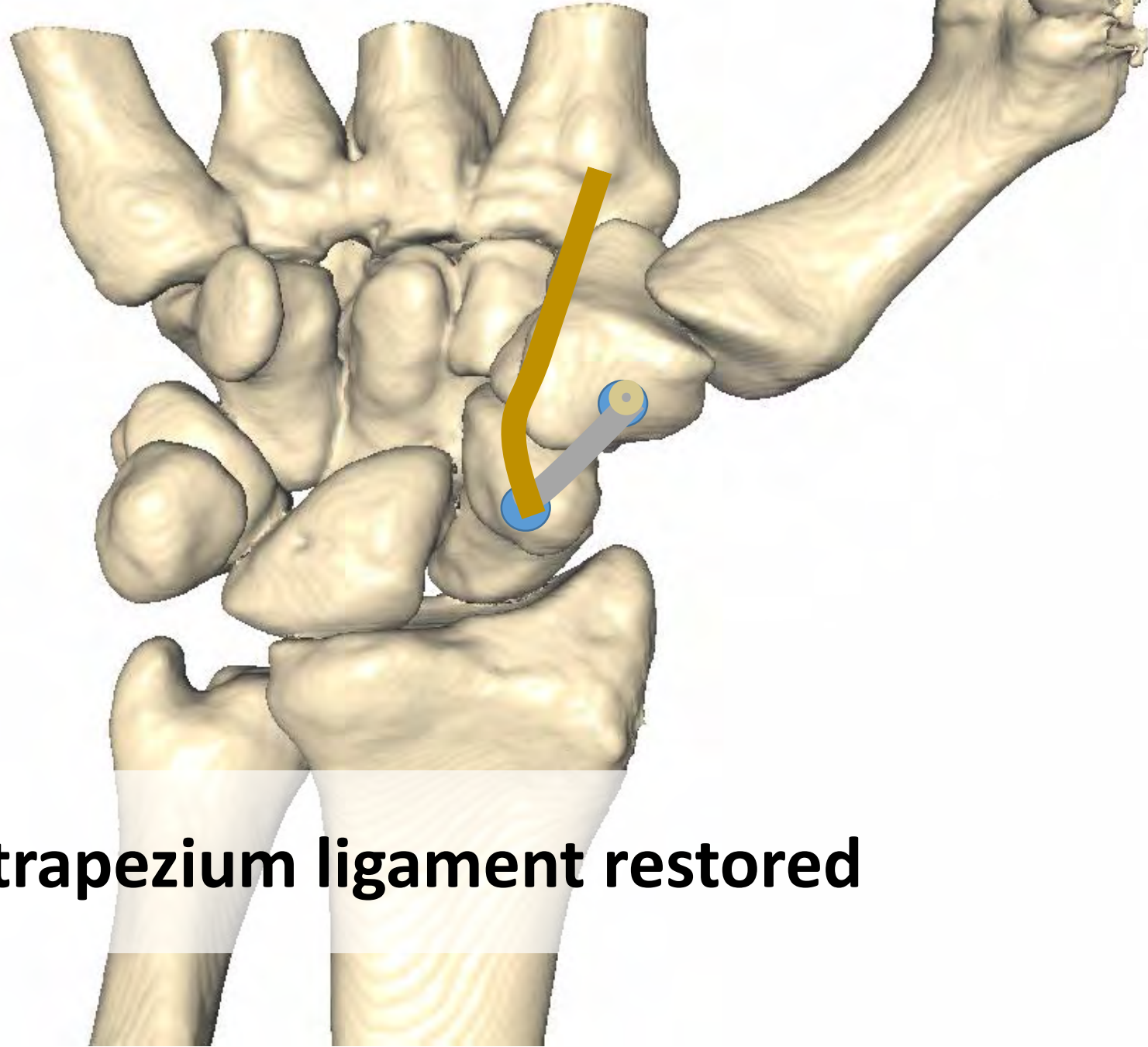
Using *Quick Pass* Tendon Shuttle, FCR strip and *LabralTape* passed volar to dorsal through scaphoid

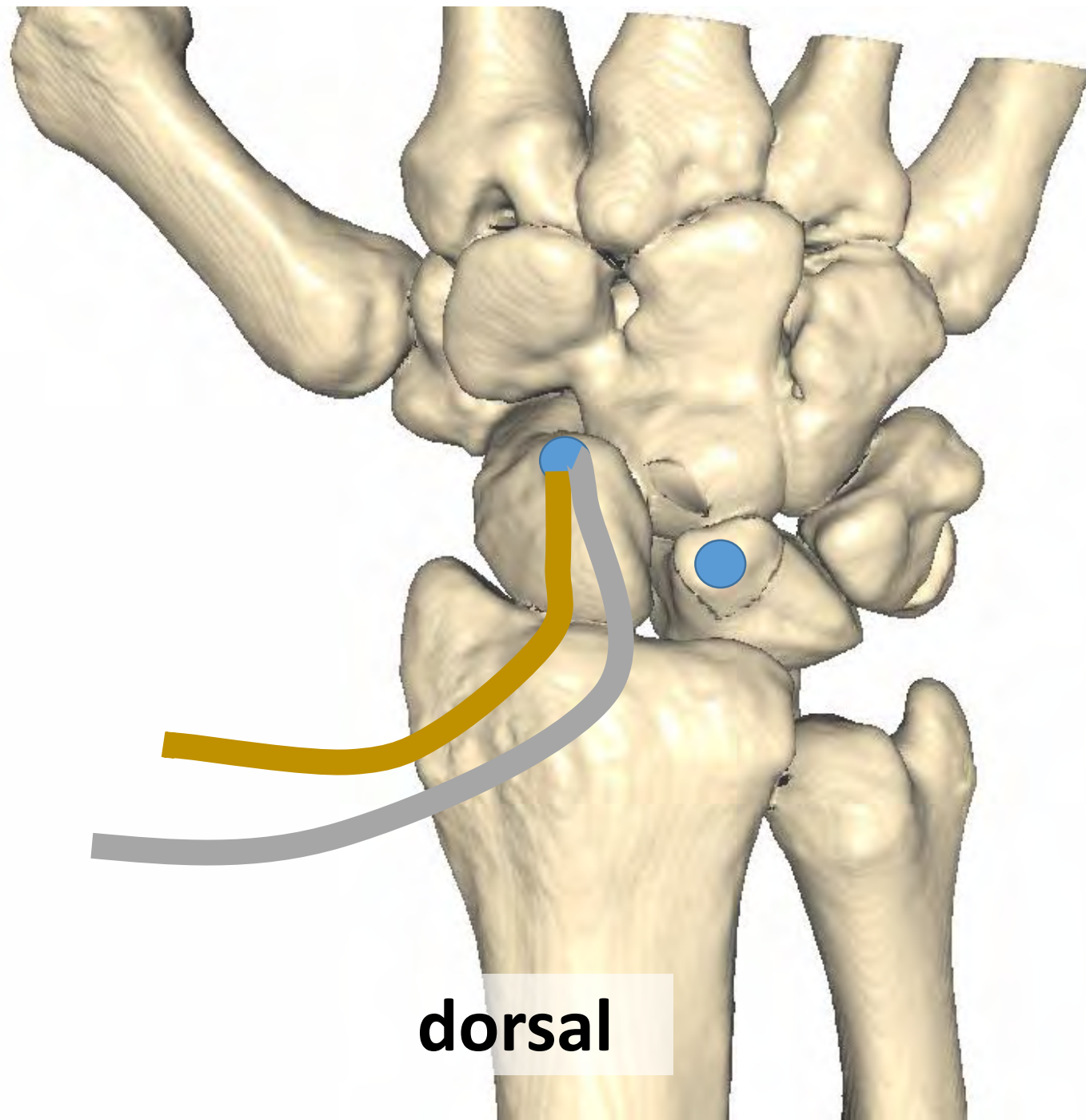
Using *Quick Pass* Tendon Shuttle, FCR strip and *LabralTape* passed volar to dorsal through scaphoid to dorsal wound



volar

Scapho-trapezium ligament restored

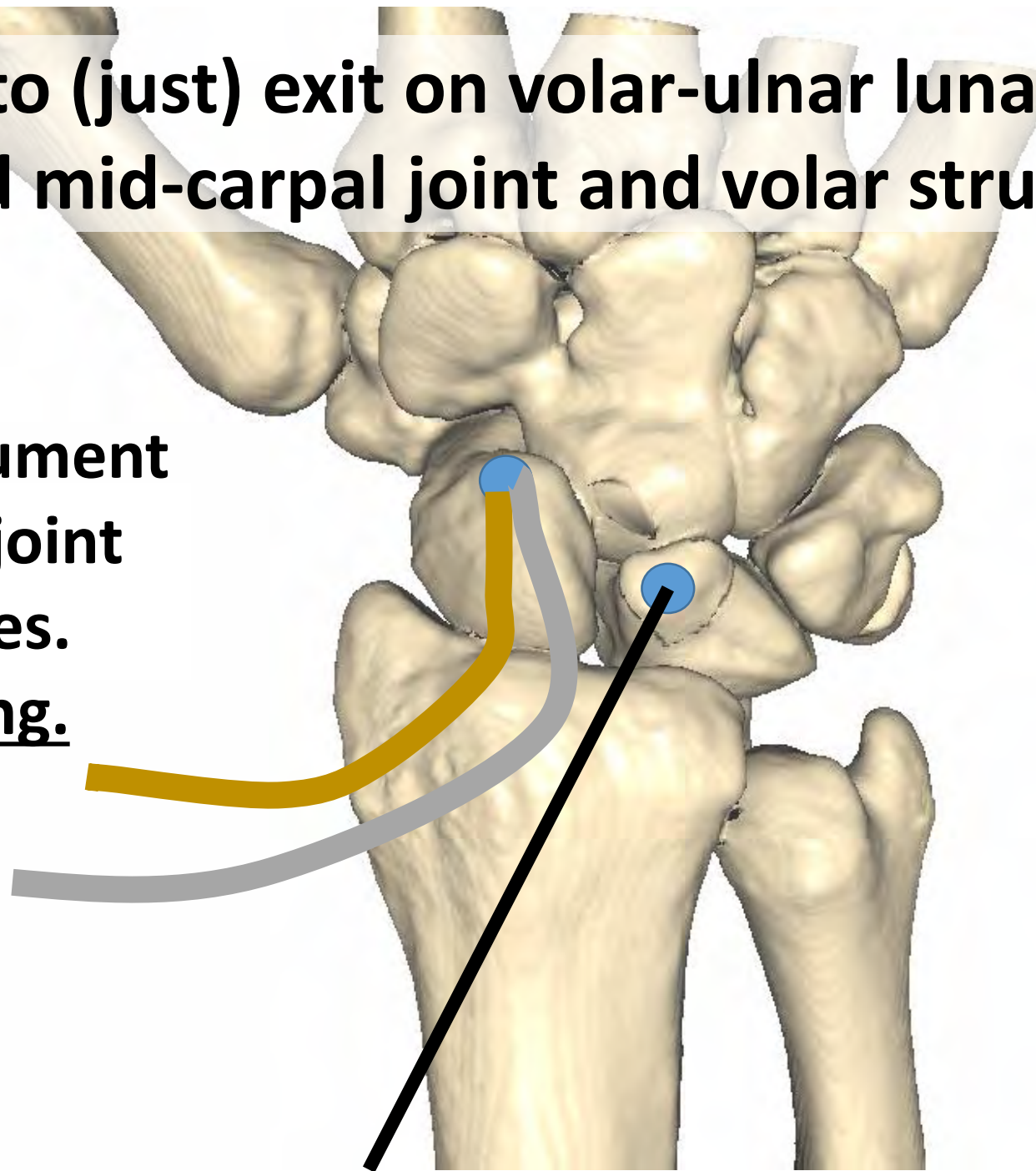




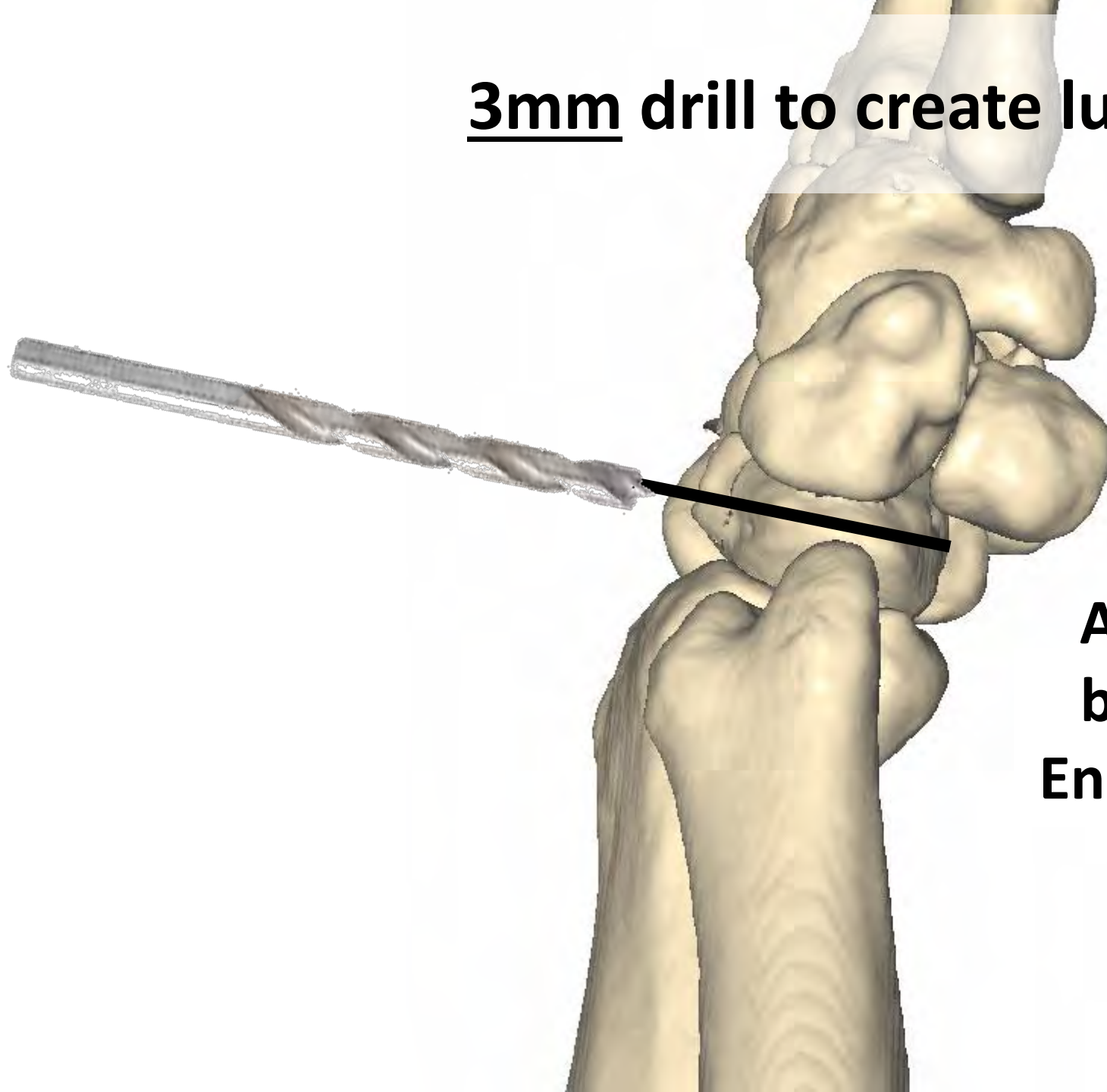
dorsal

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

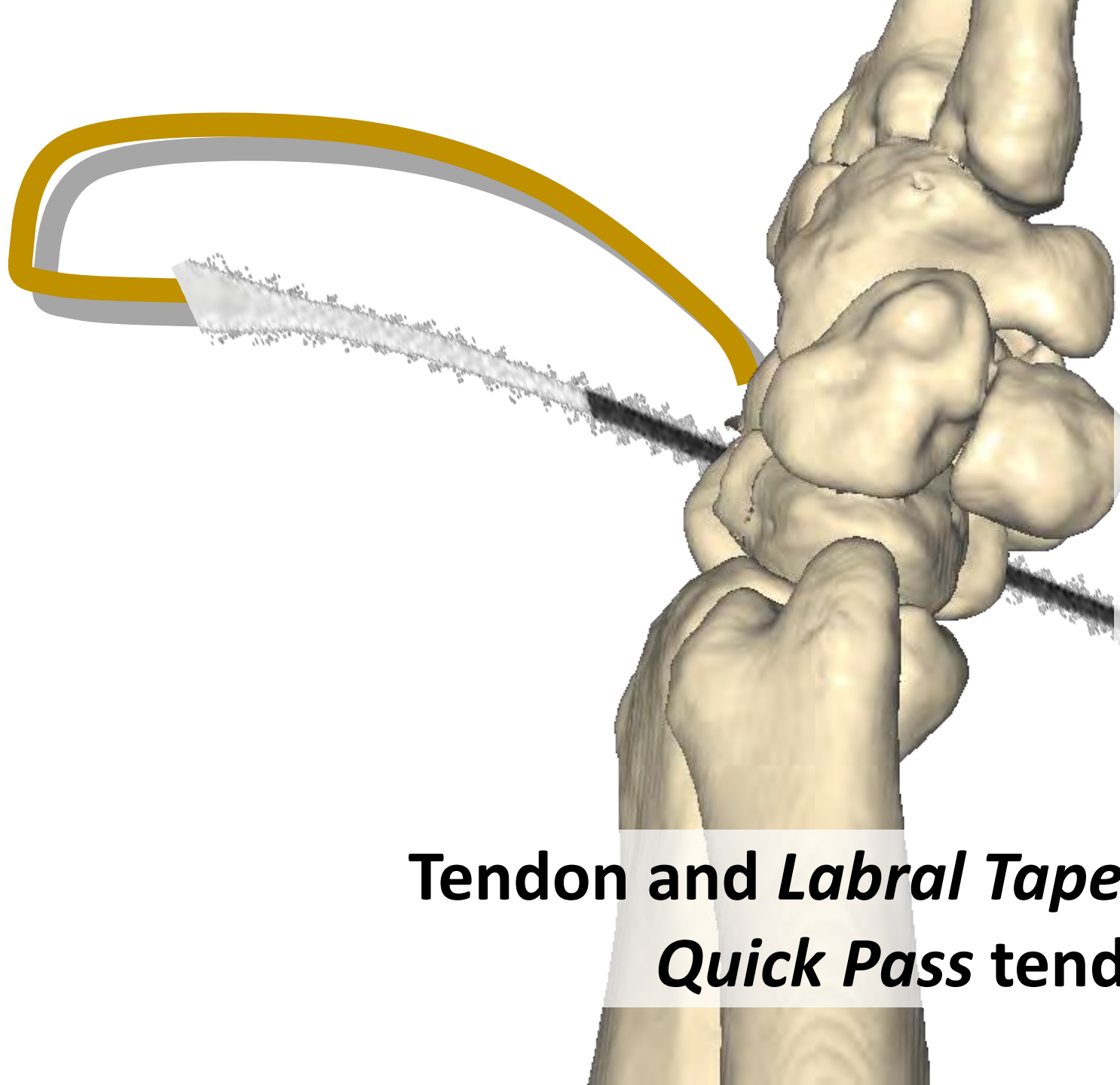
**Curved smooth instrument
through Midcarpal joint
protects and guides.
Check with imaging.**



3mm drill to create lunate tunnel



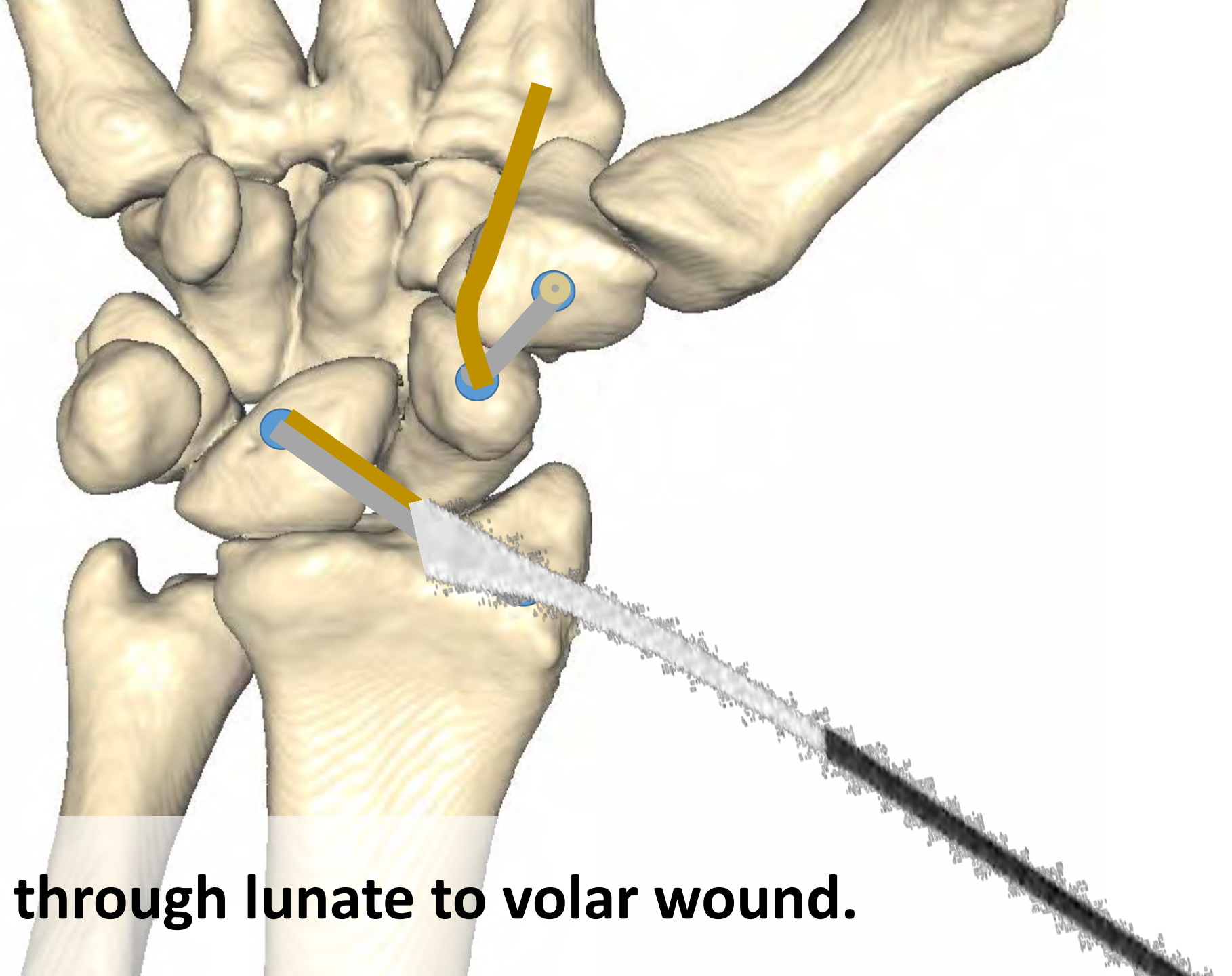
**Advance drill just to
breach volar cortex.
Ensure k-wire does not
advance!!!**



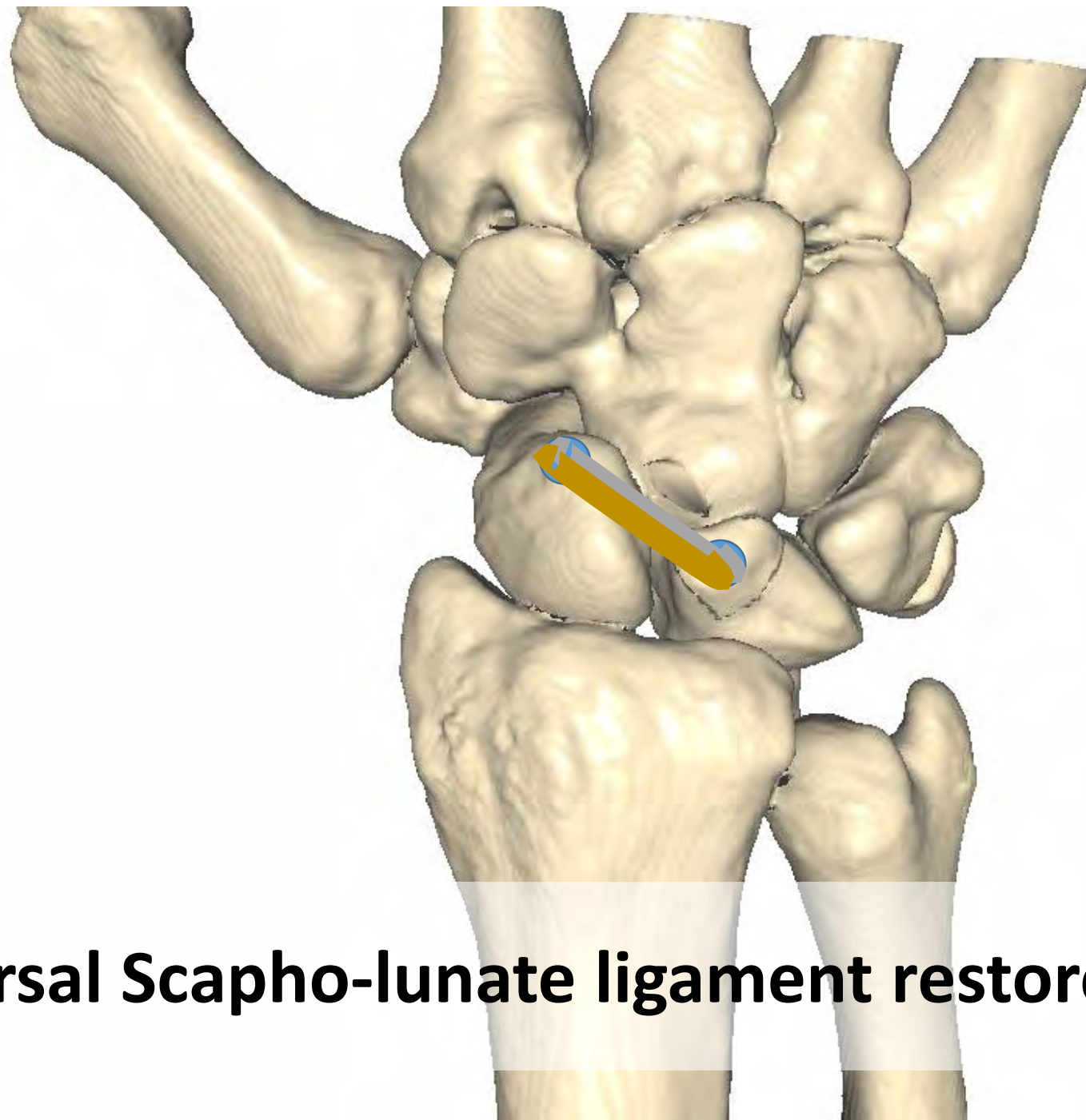
Extend the volar FCR wound and blunt dissect across the volar capsule and under the carpal tunnel contents.

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

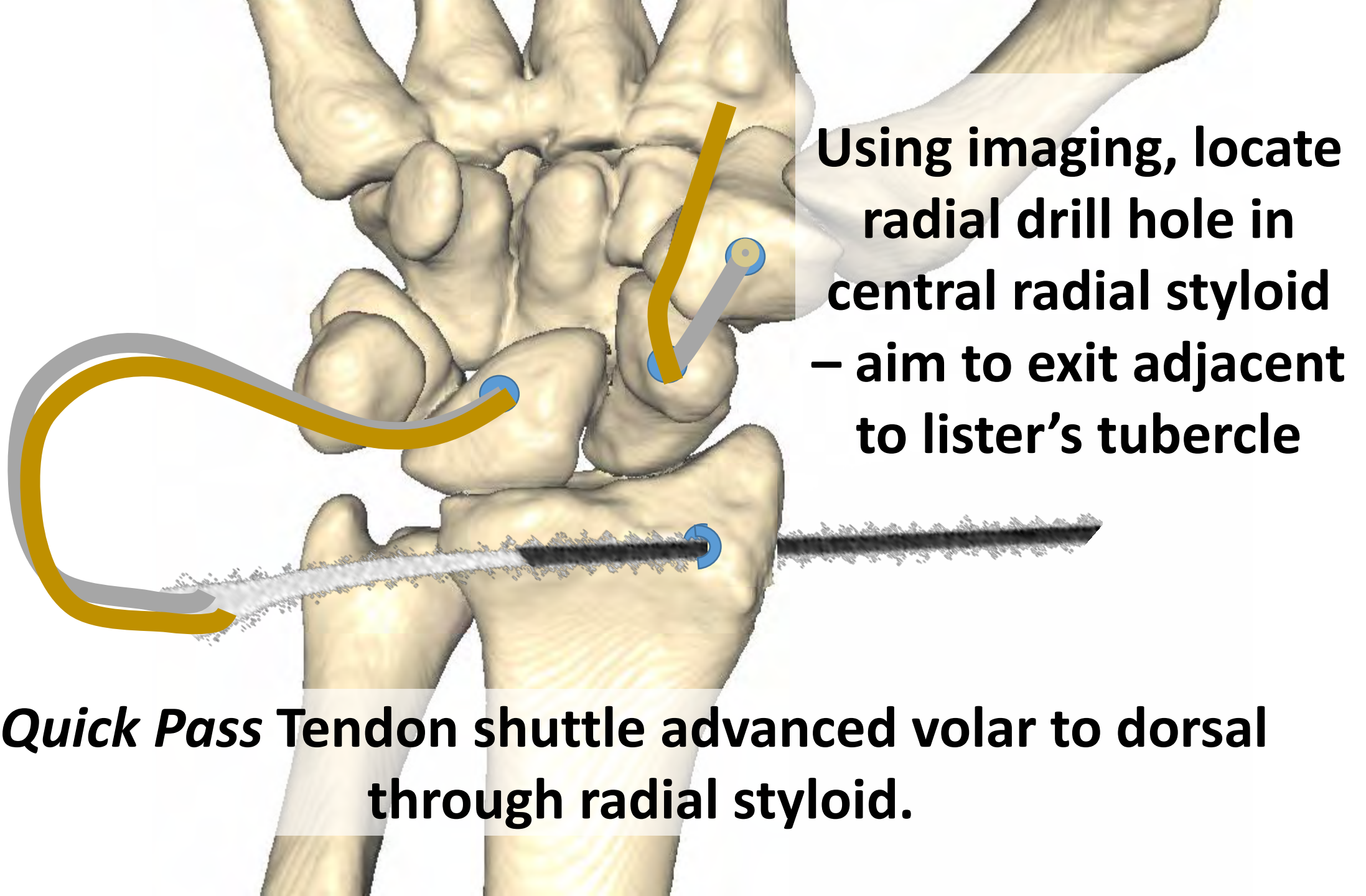
Tendon and *Labral Tape* are then loaded into *Quick Pass* tendon shuttle....

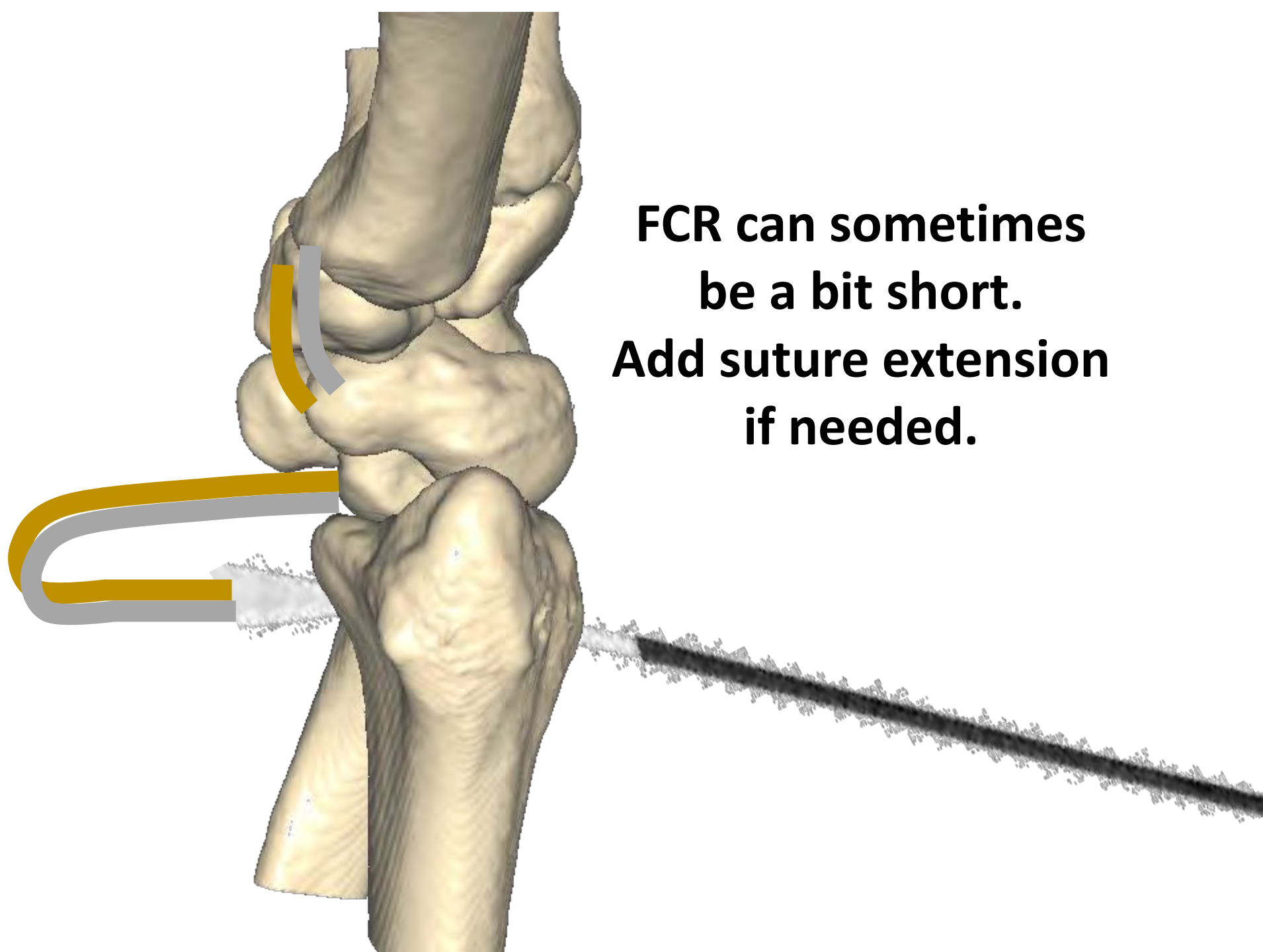


... and advanced through lunate to volar wound.

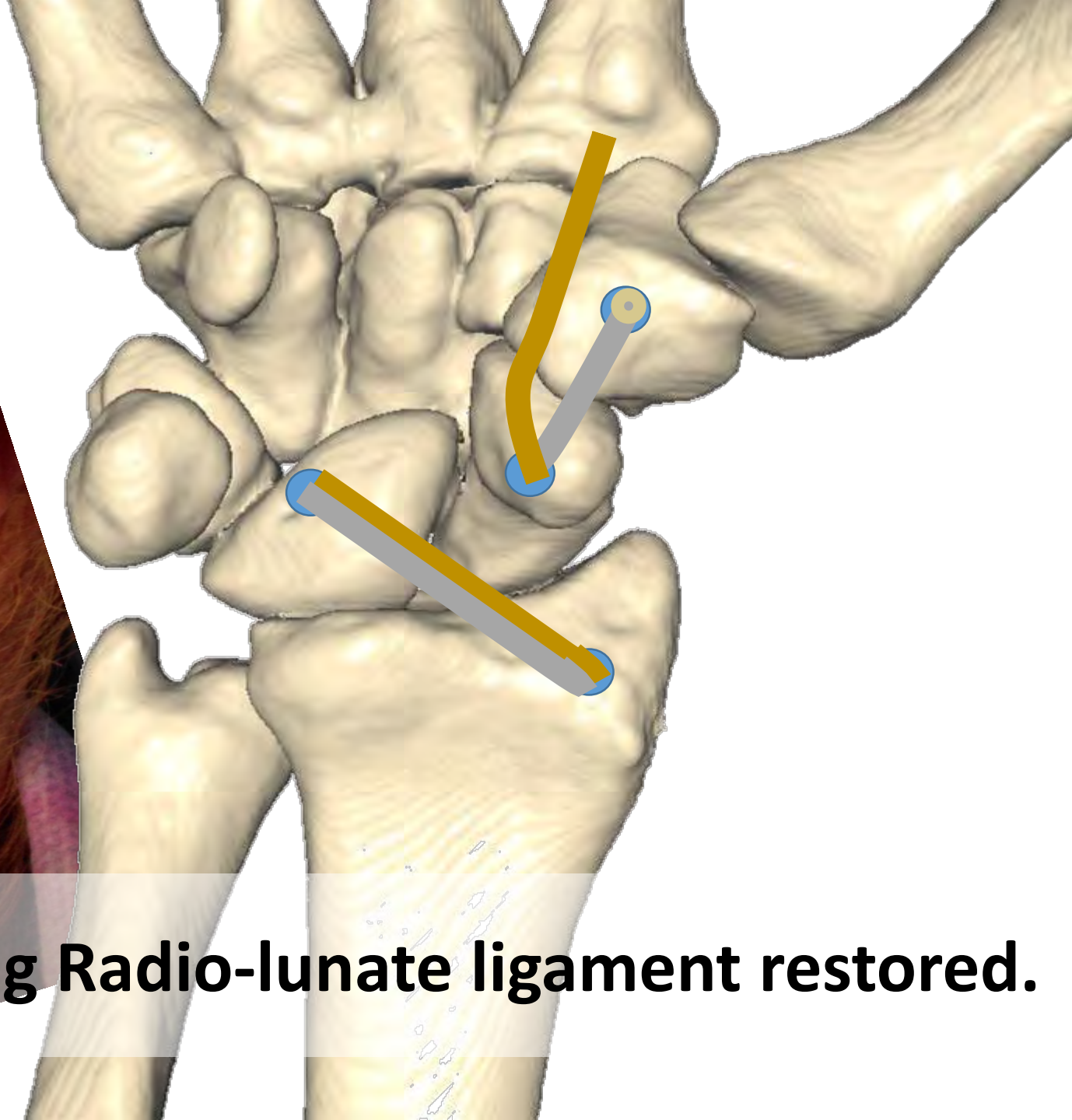
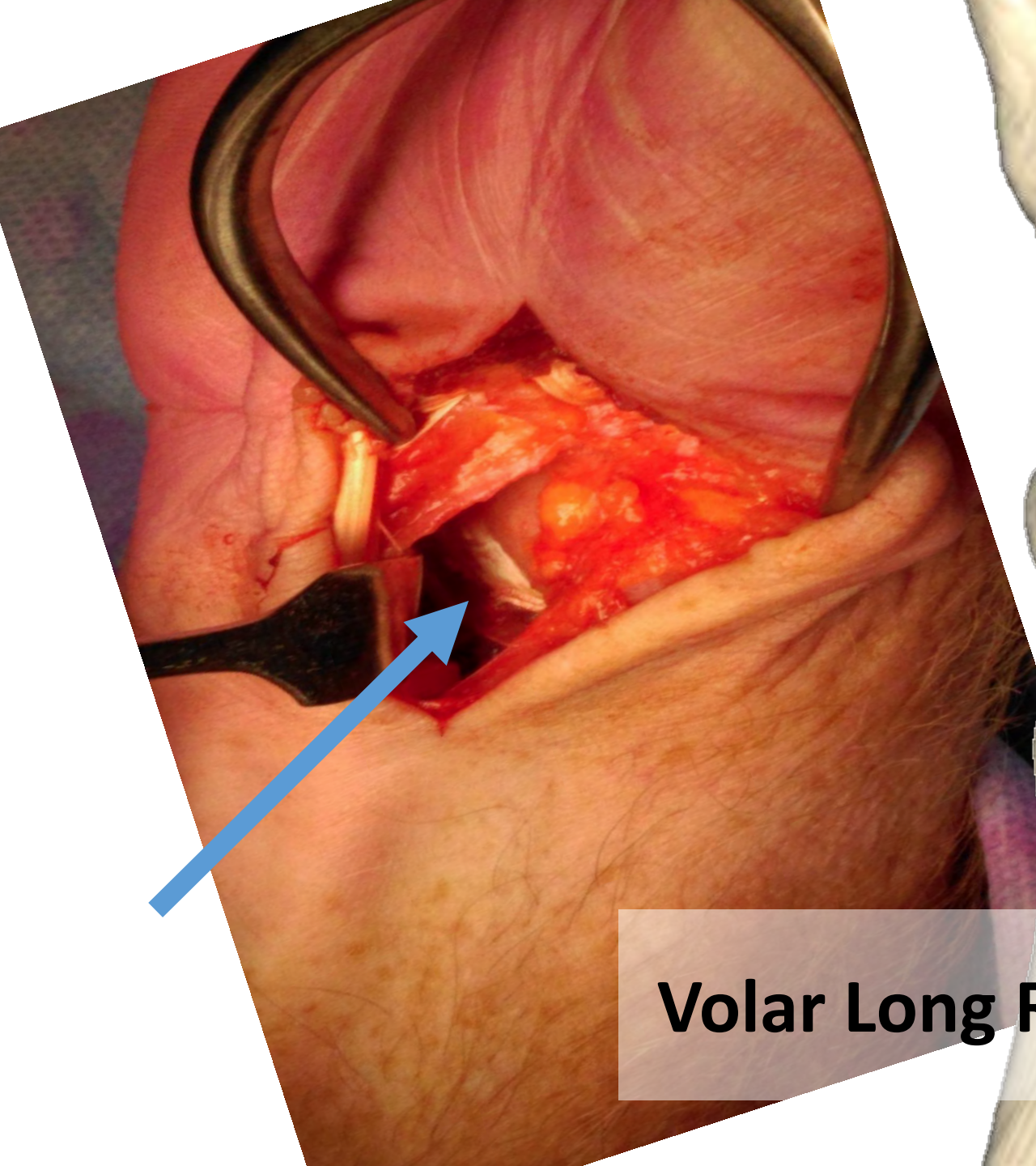


Dorsal Scapho-lunate ligament restored.



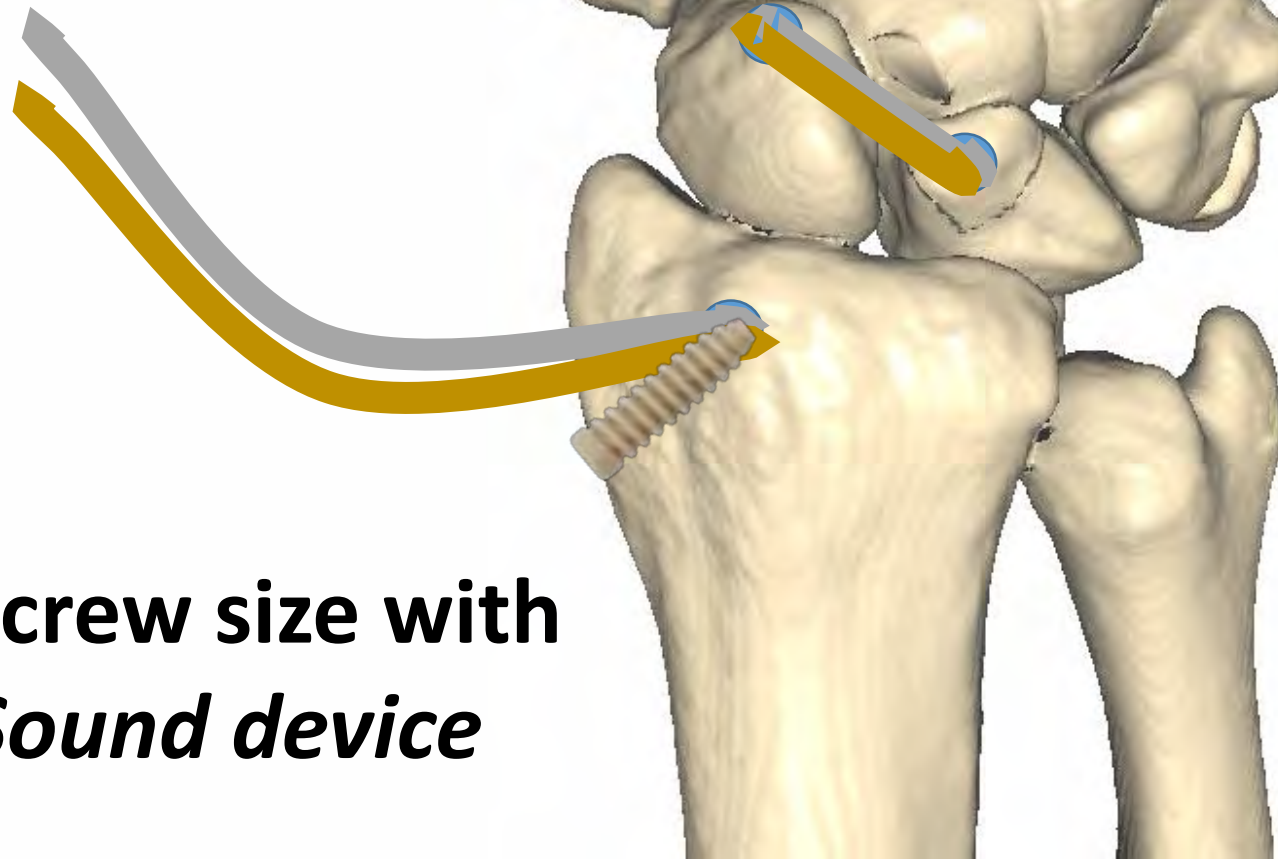


**FCR can sometimes
be a bit short.
Add suture extension
if needed.**



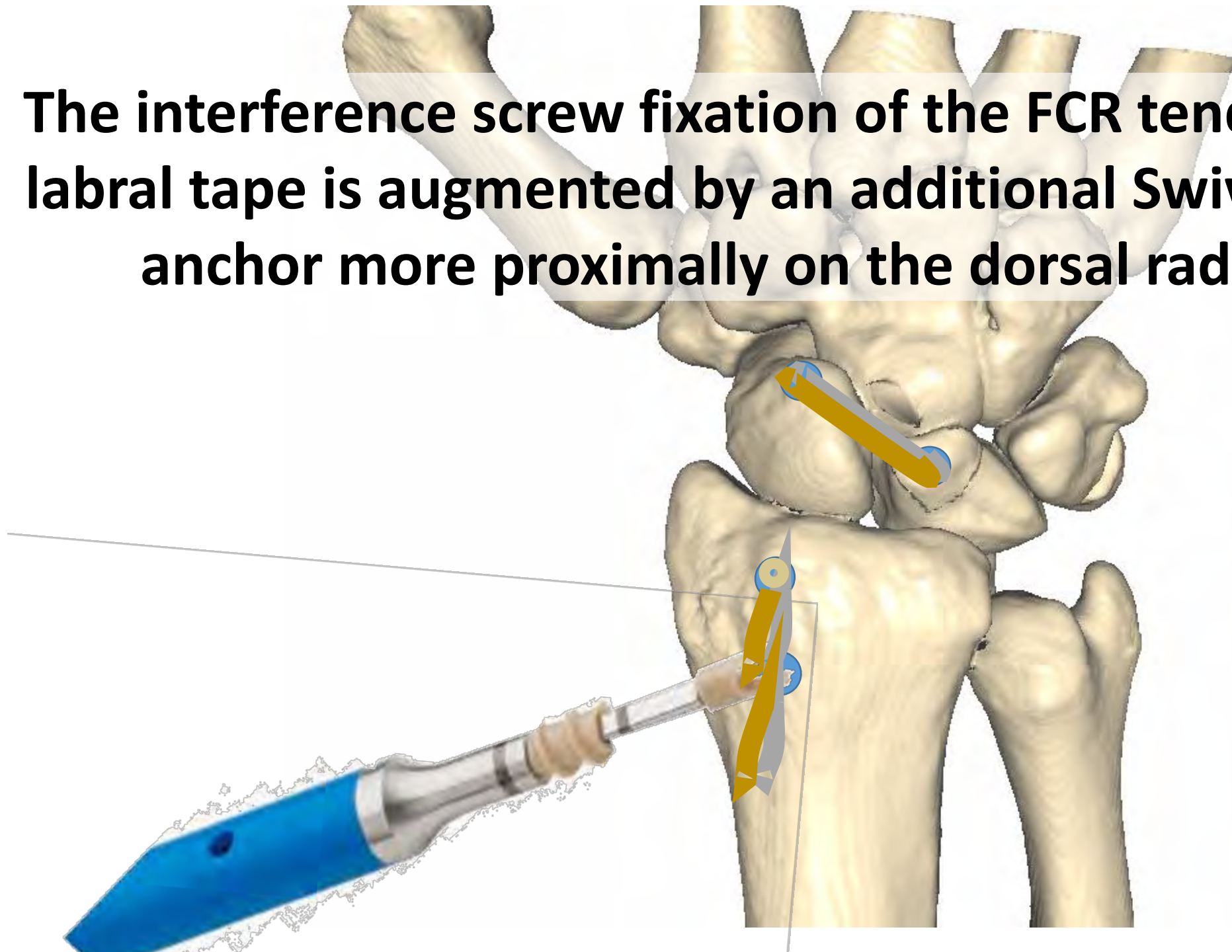
Volar Long Radio-lunate ligament restored.

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

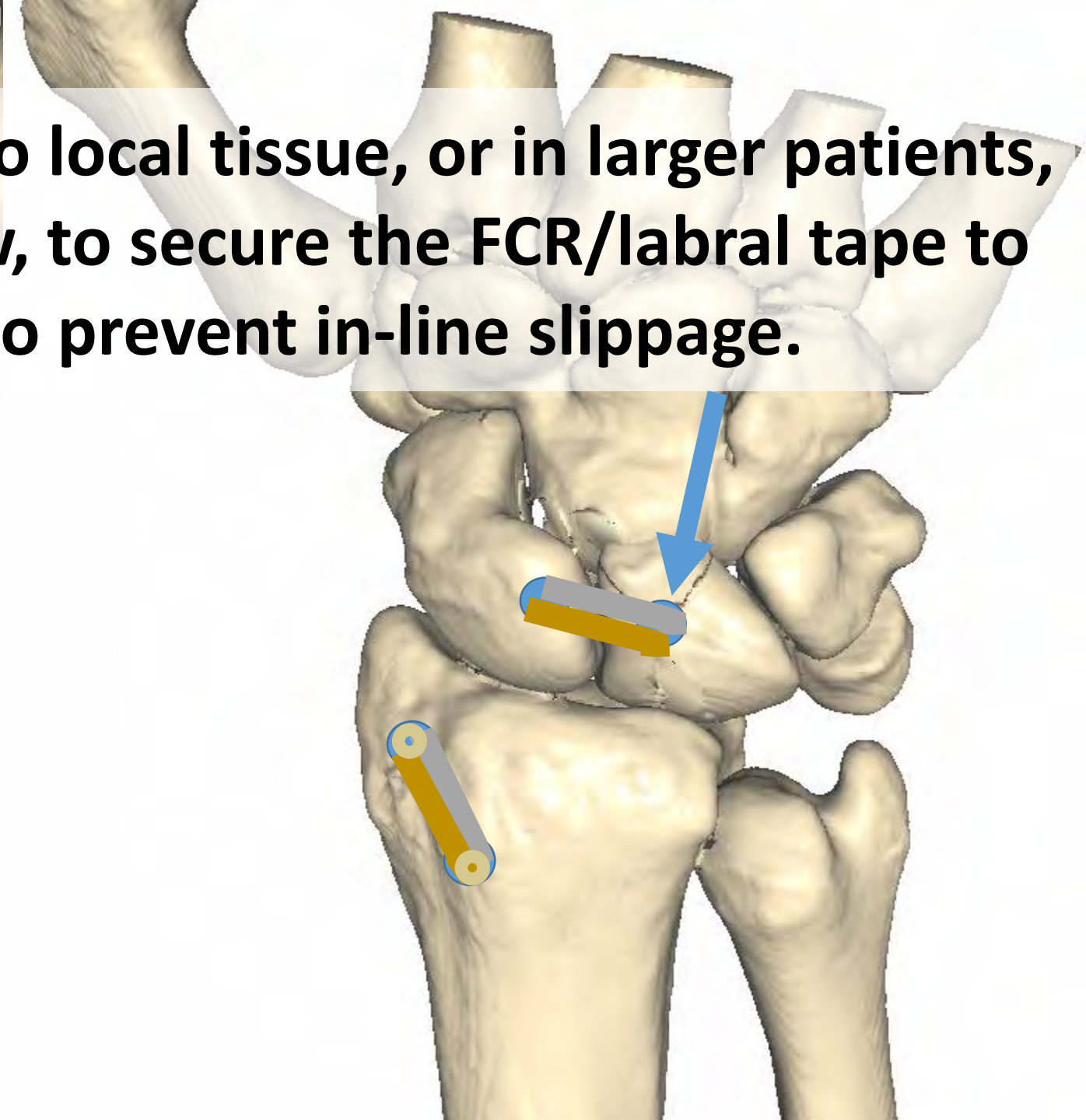
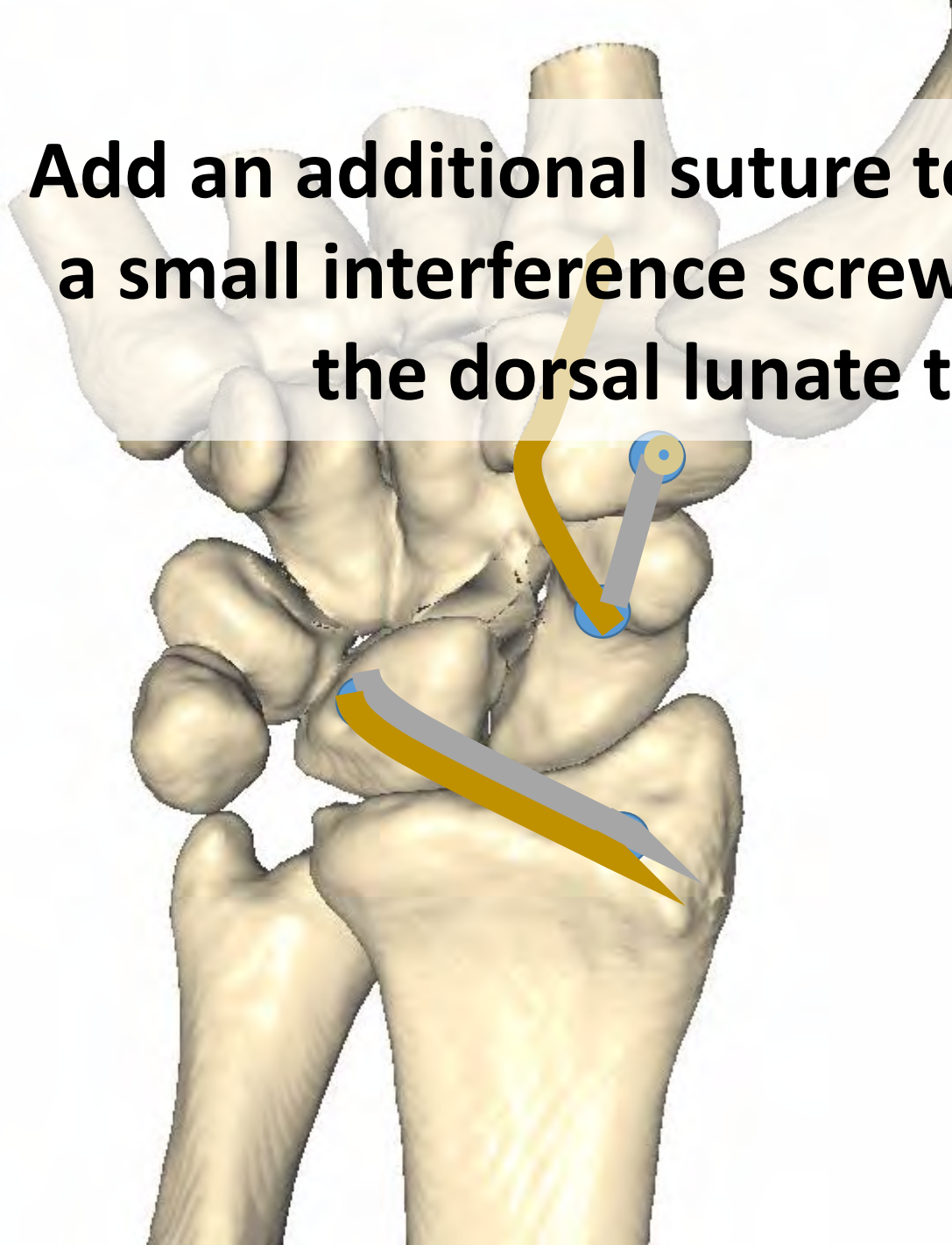


**Determine screw size with
*Stepped Sound device***

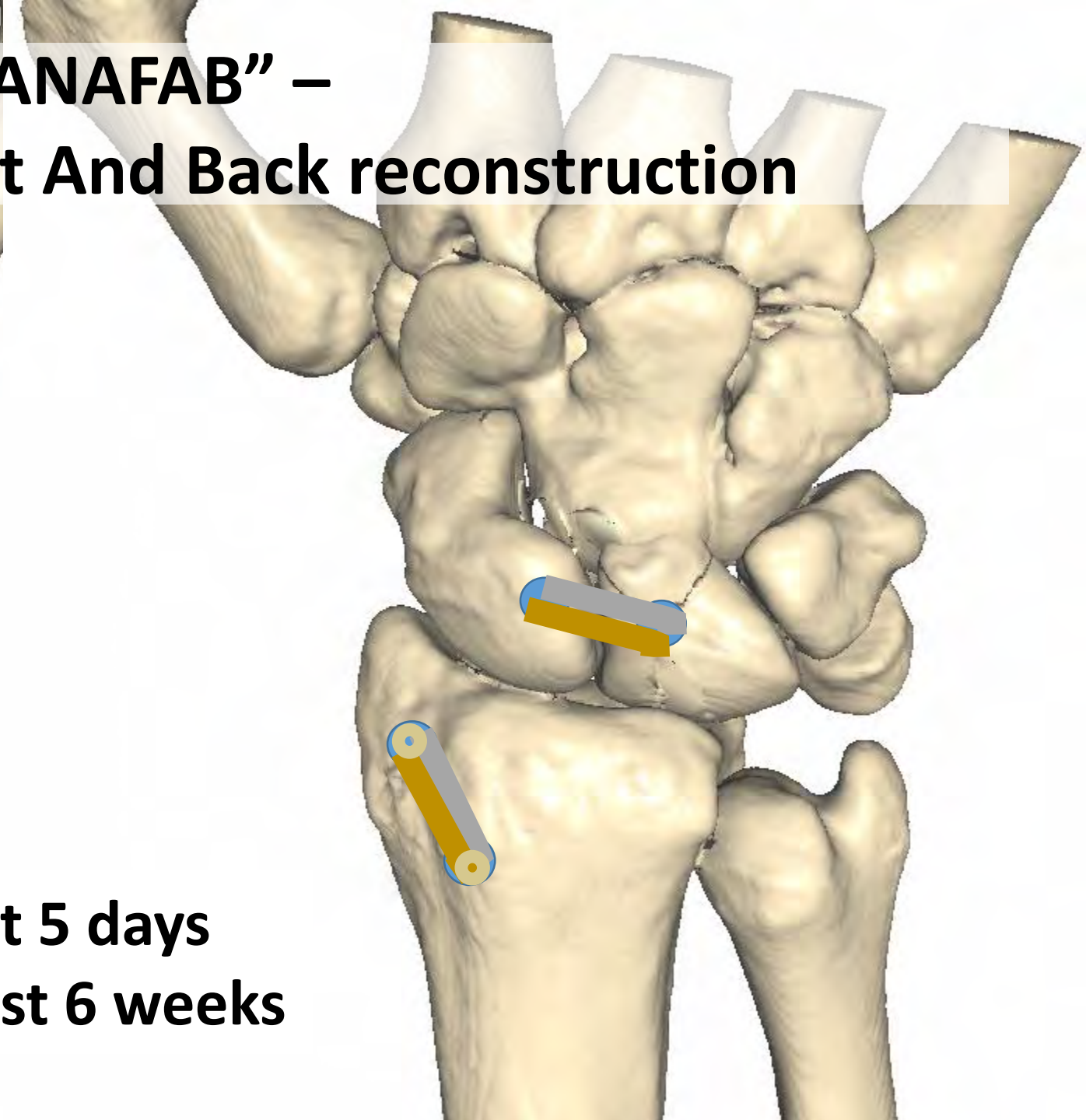
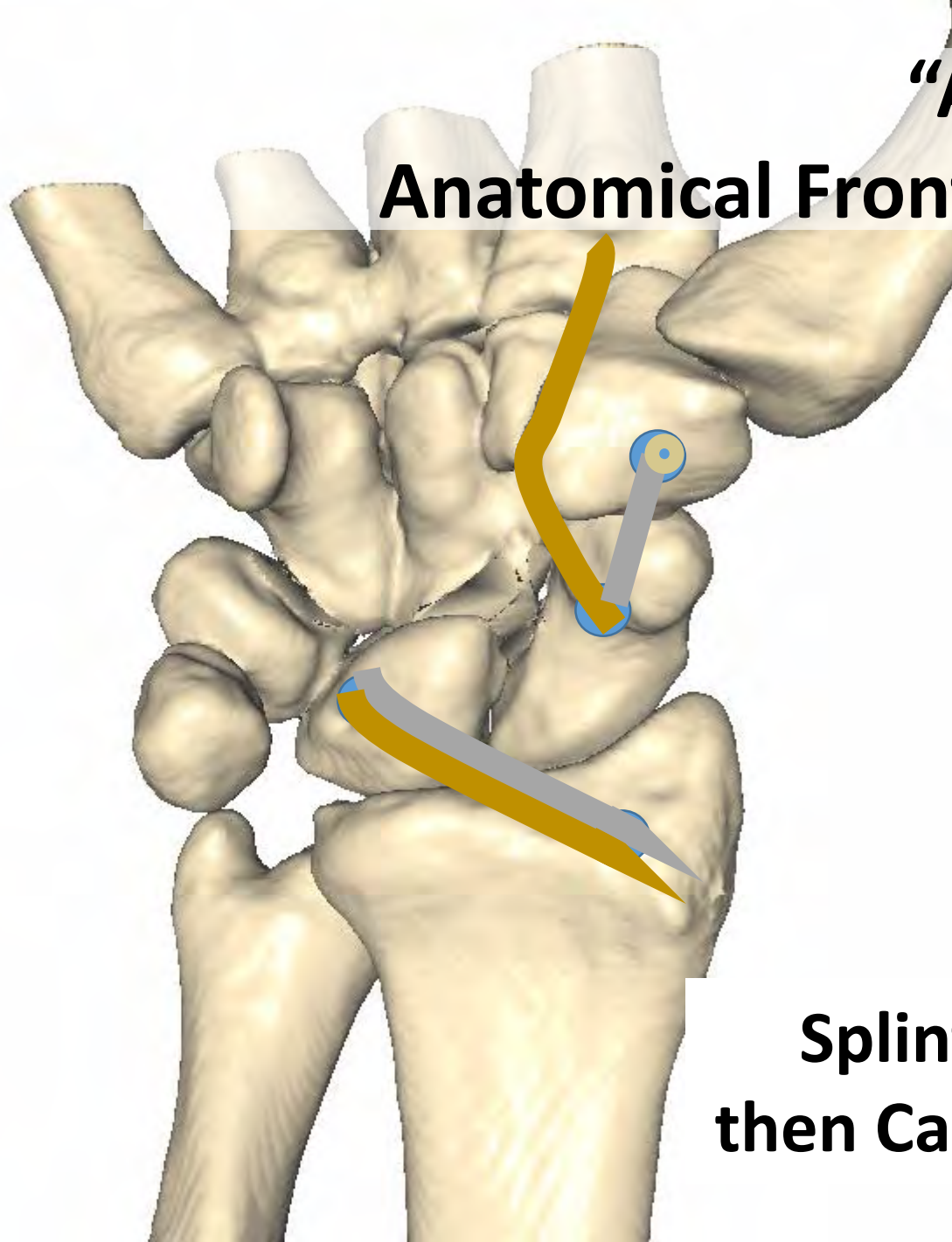
The interference screw fixation of the FCR tendon and labral tape is augmented by an additional Swivel-Lock anchor more proximally on the dorsal radius.



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.

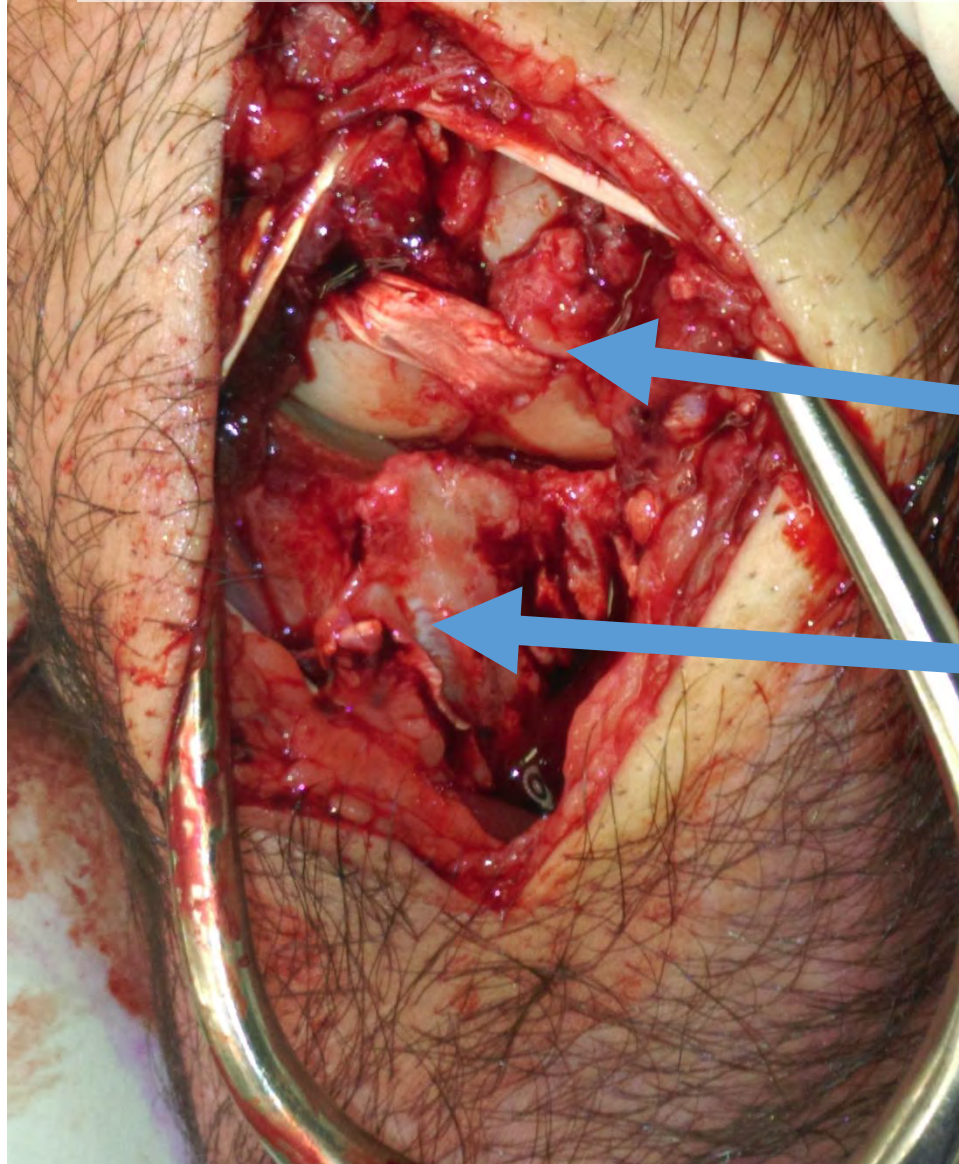


“ANAFAB” – Anatomical Front And Back reconstruction

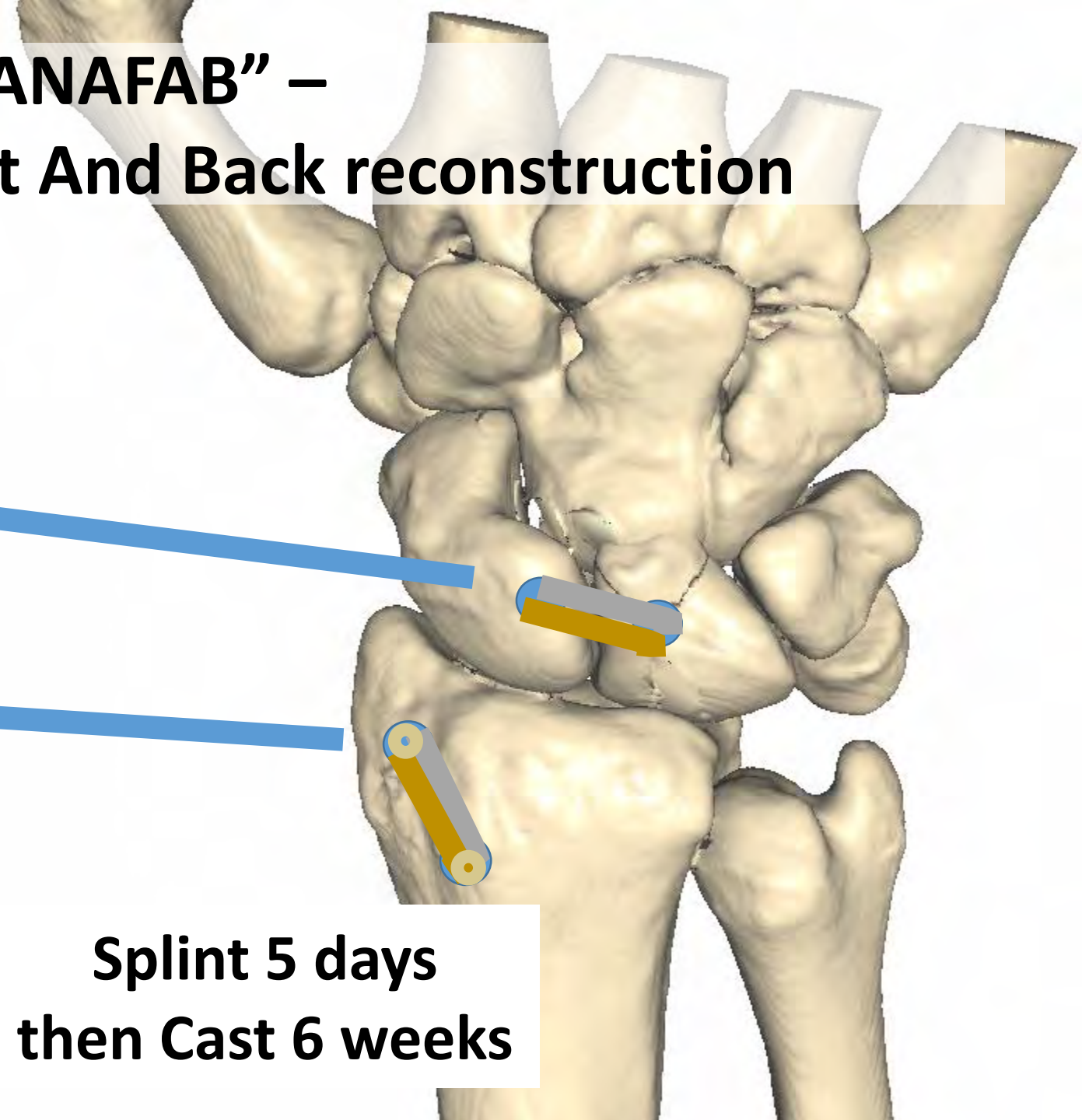


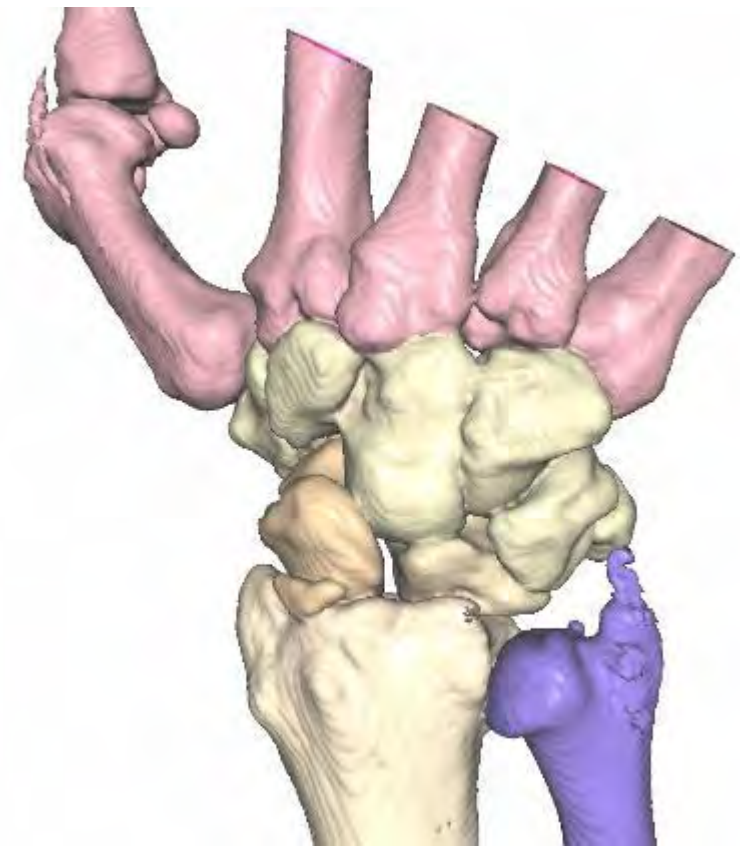
**Splint 5 days
then Cast 6 weeks**

“ANAFAB” – Anatomical Front And Back reconstruction



**Splint 5 days
then Cast 6 weeks**





32 y.o. male
heavy FOOSH at football

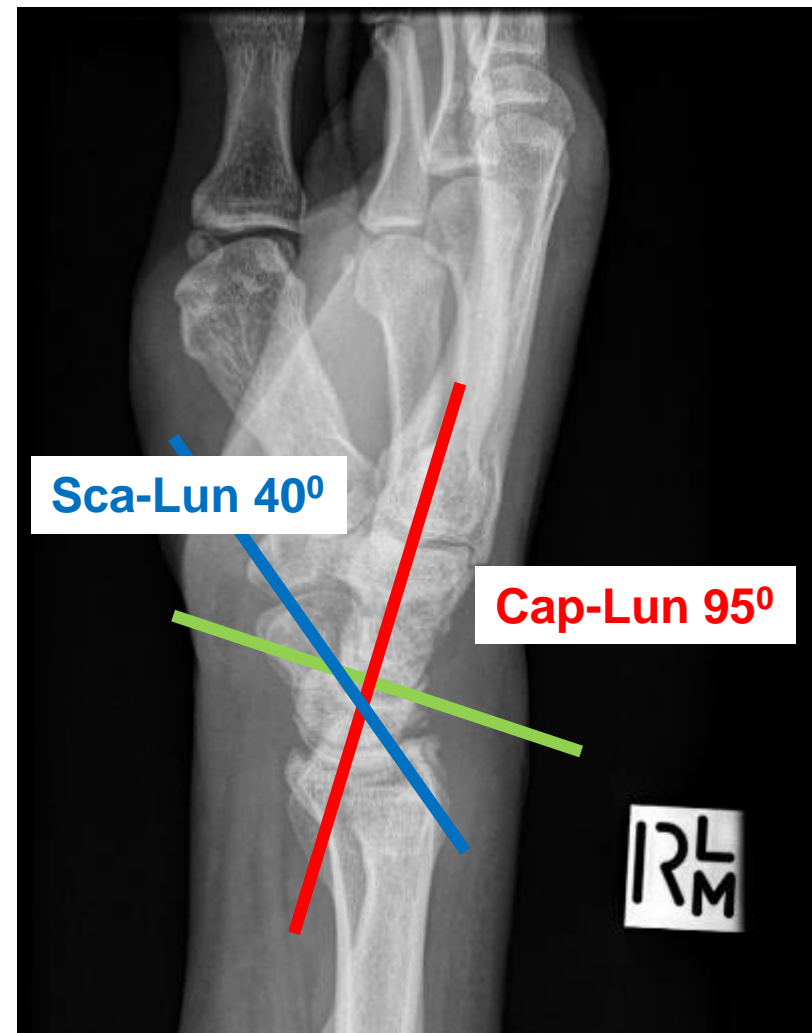




Pre-repair



3 months Post repair





msandow@woc.com.au

Swivel Lock™, QuickPass™ and Labral Tape™ are Trade Marked and registered devices from Arthrex. Arthrex have had no part in the development of this technique, nor supplied any funding or support.