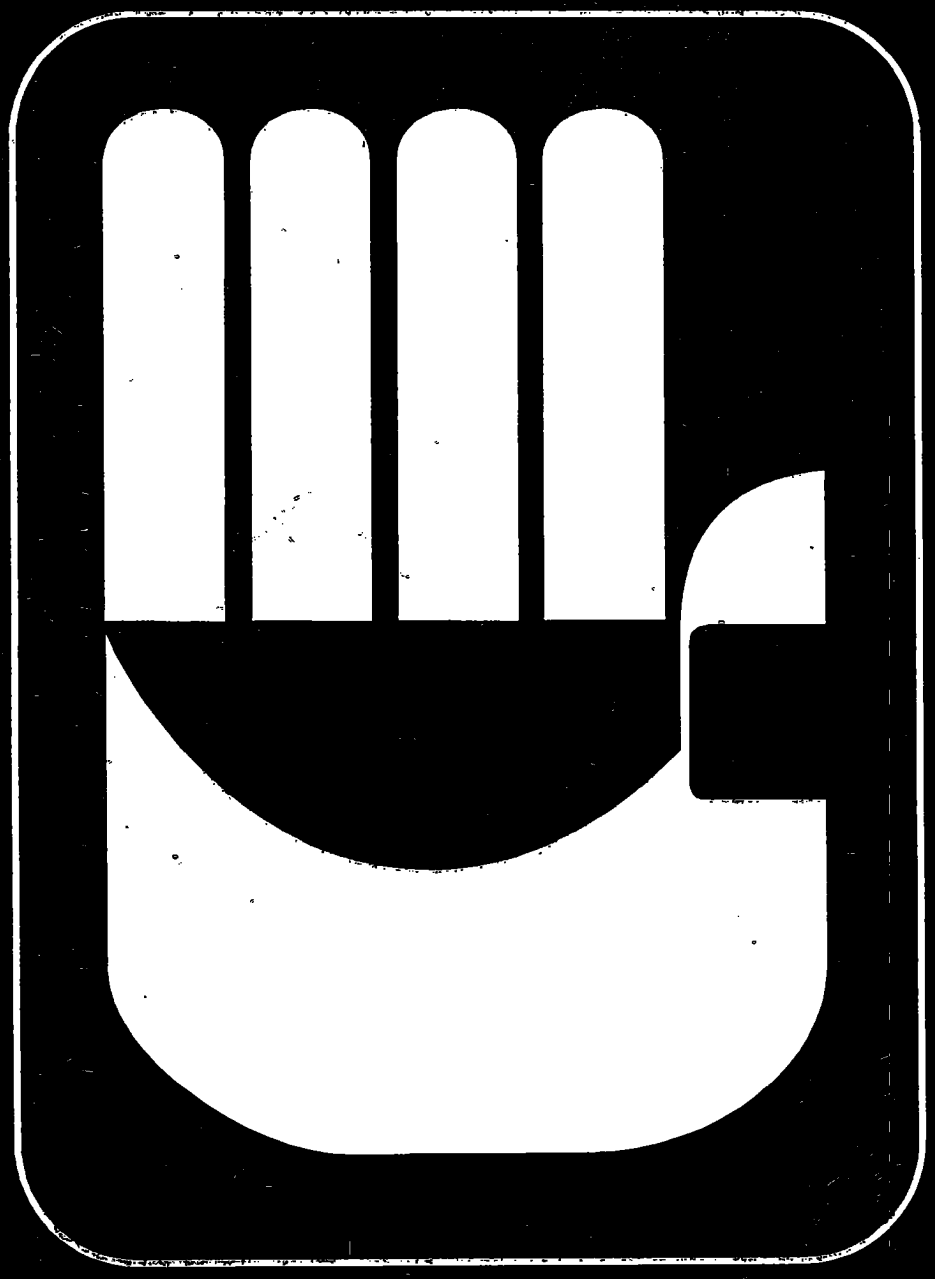
THE SOUTH AFRICAN SOCIETY FOR SURGERY OF THE HAND

1969 - 1994

25 years



Instructional Course and 25th Congress

Pretoria, 27 - 28 August 1994

CONTENTS

INHOUDSOPGAWE

MESSAGE OF WELCOME

DR JOHN H FLEMING
PRESIDENT
THE SOUTH AFRICAN SOCIETY FOR SURGERY OF THE HAND

I bid you welcome to an historic occasion. This is the first Hand Congress held in the New Democratic South Africa and is, co-incidentally, the Twenty-fifth Anniversary of the SA Society for Surgery of the Hand.

Hand Surgery is a new addition to the portfolio of surgical skills. Indeed, it is still not recognised as a distinct entity in many countries, including South Africa. The early pioneers in America and England did not have an easy time in establishing their demanding and fascinating discipline. We, in South Africa, were not far behind and shortly after the British and American Hand Societies were established, Drs Andre Boonzaier, Isadore Kaplan and Kinnie Wienand created the South African Society for Surgery of the Hand. Early meetings were rich in enthusiasm, but had limited general support. Fortunately, this has changed with time and the "Hand Meeting" is now enthusiastically attended by Therapists, Registrars and Consultants from a number of specialities.

I hope you too gain something of value from this meeting.

MESSAGE FROM

PROF ULRICH MENNEN CONGRESS ORGANISER

Welcome to Pretoria, the Capital City, in this momentous year in the history of our country!

We have celebrated the birth of a democratic South Africa, the return of our country into the international community, the restoration of our pride in being South Africans and of course the silver jubilee of our Society.

This 25th birthday will be fittingly celebrated by commemorative gifts to all full registrants and by a gala banquet. These are your festivities and it is our wish that you will fully participate to make it a memorable occasion.

For this occasion a book on the "History of the South African Society for Surgery of the Hand" has been published.

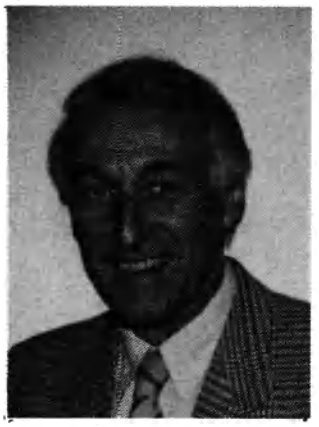
An upgraded and expanded second edition of "The Hand Book: A Practical Approach to Common Hand Problems" will also be launched during the Congress.

The beautifully designed commemorative T-shirts is the work of Dagmar Erken whom we thank sincerely.

Viva SASSH!

GUEST SPEAKERS
GASSPREKERS

Frank D Burke
Derby, United Kingdom



Karl Tillmann
Bad Bramsted, Germany

PAST PRESIDENTS
VORIGE PRESIDENTE

1969 - 1971	*I Kaplan*
1971 - 1973	*A C Boonzaier*
1973 - 1975	*M Singer*
1975 - 1977	*J H Youngleson*
1977 - 1979	*T L Sarkin*
1979 - 1981	*C E Bloch*
1981 - 1983	*S L Biddulph*
1983 - 1985	*W M M Morris*
1985 - 1987	*L K Pretorius*
1987 - 1989	*K S Naidoo*
1989 - 1991	*S L Biddulph*
1991 - April 1992	*B J Van R Zeeman*
April 1992 - 1993	*S L Biddulph*

OFFICE BEARERS
AMPSDRAERS

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HONORARY SECRETARY/ TREASURER *ERE-SEKRETARIS/ TESOURIER*	*L K Pretorius*
MEMBERS/LEDE	*S L Biddulph* *E Bowen-Jones* *U Mennen* *K S Naidoo*
EXECUTIVE SECRETARY/ UITVOERENDE SEKRETARESSE	*Hendrika van der Merwe*

CONGRESS ORGANISERS ***KONGRESORGANISEERDERS*** ***1994***	*Ulrich Mennen* *Hendrika van der Merwe*

ANNUAL GENERAL MEETING
ALGEMENE JAARVERGADERING

SATURDAY 27 AUGUST 1994
16:30 - 17:15

(Members only/Lede alleenlik)

Venue/Plek: Auditorium, CSIR Centre

1
Welcome address by the President
Verwelkoming deur die President

2
Apologies & Proxies
Verskonings & Volmagte

3
Minutes of the previous Annual General Meeting
Notule van die vorige Algemene Jaarvergadering

4
Matters arising from the minutes
Sake wat uit die notule voortspruit

5
President's report
President se verslag

6
Honorary Secretary/Treasurer's report
Ere-Sekretaris/Tesourier se verslag

7
Proposed increase in Entrance Fee and Annual Subscription
Voorgestelde verhoging in Intreefooi en Jaargeld

8
Announcement of President-Elect
Aankondiging van Pasverkose President

9
Membership
Lidmaatskap

10
General
Algemeen

11
Next Annual General Meeting
Volgende Algemene Jaarvergadering

SOCIAL EVENTS
SOSIALE BYEENKOMSTE

27 AUGUST 1994

19:00 for/vir 19:30

BANQUET/BANKET

(delegates and partners/
kongresgangers en metgeselle)

Cullinan Room
HOLIDAY INN
PRETORIA

28 AUGUST 1994

16:00-18:00

COCKTAIL PARTY

(delegates/kongresgangers)

Jade Room
Lower Ground Floor
CSIR CENTRE

Admission to these functions by invitation only

NEXT CONGRESS
VOLGENDE KONGRES

2 - 3 September 1995
DURBAN

GENERAL INFORMATION
ALGEMENE INLIGTING

Congress venue	*CSIR Convention Centre* *Meiring Naude Road* *Brummeria* *PRETORIA*
Information Desk	*Will be run by Smith & Nephew in the Foyer of the Auditorium*
Telephone Number	*(012) 841 3818*
Teas and Lunches	*Will be served in the trade exhibition area*
Congress Photograph	*The congress photograph will be taken on Saturday 27 August at 0955*
Hospitality Room	*Smith & Nephew is sponsoring a Hospitality Room in the Amethyst Room, Ground Floor*
Slide Preview Room	*Author's Rest Room, off the Diamond Auditorium*
Parking	*Ample parking at the venue*
Transport to/from venue	*Bus transport is available between the Holiday Inn, Pretoria and the venue*

Please wear your name tag at all times

SCIENTIFIC PROGRAMME

CONGRESS
27 AUGUST 1994

07:15 - 08:00	Registration/Registrasie	
08:00 - 08:10	Welcome and announcements: Verwelkoming en aankondigings	*Dr J H Fleming*

SESSION ONE

CHAIRMAN/VOORSITTER: Dr J H Fleming

08:10 - 08:35	Pisotriquetral Arthritis	*Mr Frank Burke, Derby, UK*
08:35 - 08:45	Discussion/Bespreking	
08:45 - 08:55	The Management of Rheumatoid Arthritis of the Elbow	*Prof K S Naidoo, Durban*
08:55 - 09:00	Discussion/Bespreking	
09:00 - 09:20	Resection Interposition Arthroplasties in the Hand in Rheumatoid Arthritis	*Prof Karl Tillmann, Bad Bramsted*
09:20 - 09:25	Discussion/Bespreking	
09:25 - 09:35	Interscalene Nerve Block for Shoulder Surgery	*Drs J F De Beer, M A De Beer, P Harrington, Cape Town*
09:35 - 09:40	Discussion/Bespreking	
09:40 - 09:50	Above-Elbow Re-implantation: 10 Years Result	*Prof U Mennen, Miss C Van Velze, Pretoria*
09:50 - 09:55	Discussion/Bespreking	
09:55 - 10:20	Congress Photograph	
10:20 - 10:45	TEA/TEE	

SESSION TWO

CHAIRMAN/VOORSITTER: Prof U Mennen

10:45 - 11:10	Mal-union and Non-union of Digital Fractures	*Mr Frank Burke, Derby, UK*
11:10 - 11:20	Discussion/Bespreking	

11:20 - 11:30	Handgun Wounds of the Hand *Drs L T De Jager, G Vardi, Cape Town*
11:30 - 11:35	Discussion/Bespreking
11:35 - 11:45	Debridement of Rotator Cuff Tears *Drs J F De Beer, M A De Beer, L K Pretorius, Cape Town*
11:45 - 11:50	Discussion/Bespreking
11:50 - 12:00	Chronic Dislocations of the Shoulder *Prof K S Naidoo, Dr S Senoge, Durban*
12:00 - 12:05	Discussion/Bespreking
12:05 - 12:25	Soft Tissue Procedures for Correction and Reconstruction in the Rheumatoid Hand *Prof Karl Tillmann, Bad Bramsted*
12:25 - 12:30	Discussion/Bespreking
12:30 - 13:30	LUNCH/MIDDAGETE

SESSION THREE

CHAIRMAN/VOORSITTER: Dr S L Biddulph

13:30 - 13:40	Osteosynthesis in the Hand with Titanium Mini Plates *Dr S Johannes*, Drs C Song, M Ritz, Johannesburg*
13:40 - 13:45	Discussion/Bespreking
13:45 - 13:55	Major Upper Limb Injuries: .... The Dilemma of the Reconstructive Surgeon *Dr G De Aguiar*, Drs M Ritz, C Song, Johannesburg*
13:55 - 14:00	Discussion/Bespreking
14:00 - 14:10	Septic Arthritis of the Small Joints of the Hand *Dr M Boustred*, Mr M Singer, Dr D Hudson, Cape Town*
14:10 - 14:15	Discussion/Bespreking
14:15 - 14:25	The Use of Adipofascial Flaps for Complicated Dorsal Skin Defects of the Hand *Dr S Johannes*, Drs C Song, M Ritz, Johannesburg*
14:25 - 14:30	Discussion/Bespreking
14:30 - 14:40	Stenosing Tenosynovitis: Demographic Patterns, Associated Conditions and Response to Therapy *Dr B Bernstein*, Mr M Singer, Cape Town*
14:40 - 14:45	Discussion/Bespreking

14:45 - 14:55 Retrospective Analysis of the Treatment of Boxers' Fractures at 1 Military Hospital
Dr C A O'Brien, Pretoria*

14:55 - 15:00 Discussion/Bespreking

15:00 - 15:10 Segmental Aponeurectomy for Dupuytren's Disease - A Preliminary Report of Five Cases
Dr V V Jandera, Mr M Singer, Dr L T De Jager, Cape Town*

15:10 - 15:15 Discussion/Bespreking

* Papers for consideration for Smith & Nephew Literary Award

15:15 - 15:45 TEA/TEE

SESSION FOUR

CHAIRMAN/VOORSITTER: Dr J H Fleming

15:45 - 16:10 A Profile of Hand Surgery Needs and Benefits
Mr Frank Burke, Derby, UK

16:10 - 16:15 Discussion/Bespreking

16:15 - 16:20 Closure/Afsluiting

16:30 - 17:15 Annual General Meeting (members only)
Algemene Jaarvergadering (slegs lede)
(Venue/Plek: CSIR Auditorium)

INSTRUCTIONAL COURSE/OPKNAPPINGSKURSUS 28 AUGUST 1994

Presented by / Aangebied deur

MR FRANK BURKE
and
PROF KARL TILLMANN

07:30 - 08:00	*Registration*	
CHAIRMAN/VOORSITTER: Dr L K Pretorius		
08:00 - 08:35	Flexor Tendon Repair and Reconstruction	*Mr Frank Burke*
08:35 - 08:45	Discussion/Bespreking	
08:45 - 09:20	Arthrodeses in the Region of the Hand in Rheumatoid Arthritis	*Prof Karl Tillmann*
09:20 - 09:30	Discussion/Bespreking	
09:30 - 10:05	Digital Amputation	*Mr Frank Burke*
10:05 - 10:15	Discussion/Bespreking	
10:15 - 10:45	TEA/TEE	
CHAIRMAN/VOORSITTER: PROF K S NAIDOO		
10:45 - 11:20	Resection and Interposition Arthroplasty of the Rheumatoid Wrist : Technique and Longterm Results	*Prof Karl Tillmann*
11:20 - 11:30	Discussion/Bespreking	
11:30 - 12:05	Scaphoid and Other Carpal Bone Fractures	*Mr Frank Burke*
12:05 - 12:15	Discussion/Bespreking	
12:15 - 12:50	Incisions for Surgery at the Rheumatoid Hand	*Prof Karl Tillmann*
12:50 - 13:00	Discussion/Bespreking	
13:00 - 14:00	LUNCH/MIDDAGETE	

CHAIRMAN/VOORSITTER: Dr E Bowen-Jones

14:00 - 14:45	MCP Joint Reconstruction in the Rheumatoid Hand *Prof Karl Tillmann*
14:45 - 15:00	Discussion/Bespreking
15:00 - 15:45	So-called Repetitive Strain Injuries and Psychological Aspects of Hand Injury *Mr Frank Burke*
15:45 - 16:00	Discussion/Bespreking
16:00 - 18:00	Cocktail function, Jade Room, Lower Ground Floor, CSIR

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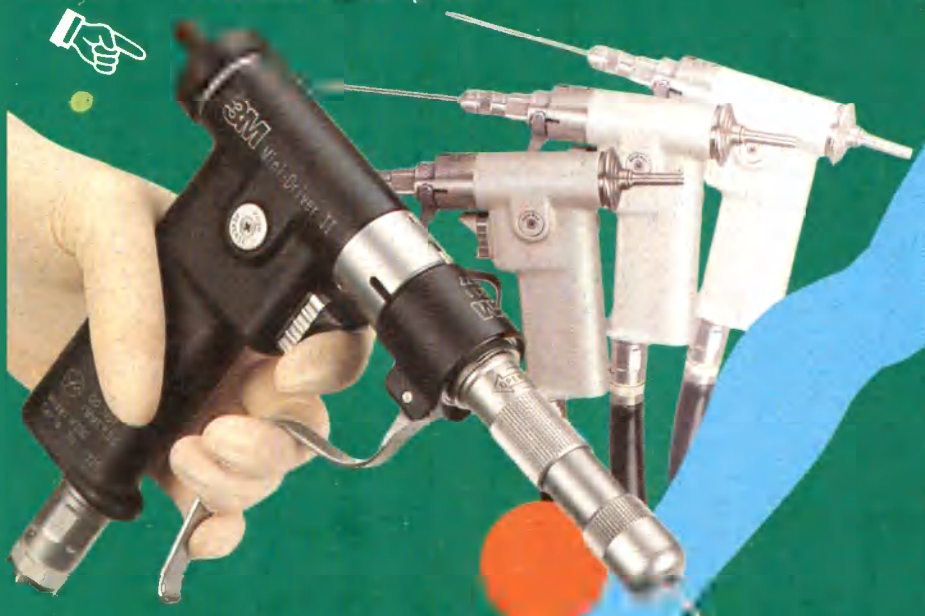

Surgical Products Division
3M Health Care
P.O. Box 926 Isando
Johannesburg 2000
Tel. (011) 922-2466

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SUMMARIES OF PAPERS
OPSOMMINGS VAN VOORDRAGTE

1. *MR FRANK BURKE: PISOTRIQUETRAL ARTHRITIS*

Twelve patients with pain in the pisotriquetral region are described. Eleven had radiological evidence of osteoarthritis of the pisotriquetral joint which was confirmed in the 9 cases treated by excision of the pisiform. Seven of these had complete relief of symptoms. The clinical findings are constant and relief of pain by conservative treatment is usually only temporary. Ulnar nerve symptoms were present in 4 patients and these were also relieved by surgery. Excision of the pisiform is a useful operation for this condition which often remains undiagnosed due to incomplete clinical and radiological evaluation. Full return to normal function is the rule if the problem is not associated with other wrist pathology.

2. *PROF K S NAIDOO: THE MANAGEMENT OF RHEUMATOID ARTHRITIS OF THE ELBOW*

The elbow is involved in 20 - 50% patients afflicted with rheumatoid arthritis. However, there is considerable delay before patients are referred for surgical treatment. Reasons for the delay includes the insidious progress of the disease and the masking of elbow symptoms by other joint involvement. Attitudes to surgical management may also be a cause of delay in referral. For instance, Michael Freeman (in Mason and Currey's textbook of Clinical Rheumatology, 4th Ed, 1986) says "synovectomy is occasionally useful at the elbow when the joints are painful, the synovial membrane thickened, but the bone intact." The delay in referral of patients for surgical treatment makes even salvage surgery extremely difficult.

The purpose of this paper is therefore to: (1) draw attention to the need for continued assessment of the elbow in cases of rheumatoid arthritis; (2) illustrate benefits of radial head excision with synovectomy of the elbow (debridement); (3) comment on the choice of surgical managment between debridement and joint replacement.

These observations are based on a study of 20 patients treated and followed up from 4 months to 15 years. Nine patients had elbow replacement, 10 radial head excision and synovectomy and 1 synovectomy alone.

The surgical technique and complications will be briefly illustrated. In all groups there was good pain relief and increased range of movement with 2 exceptions.

An interesting observation in this study is the value of radiological assessment in choosing treatment, ie the choice between debridement and joint replacement. It appears that elbow debridement can give useful results in spite of severe radiological destruction.

3. *PROF KARL TILLMANN: RESECTION INTERPOSITION ARTHROPLASTIES IN THE HAND IN RHEUMATOID ARTHRITIS*

In principle, resection arthroplasties can be performed in any joint of the upper extremities.

According to our present experience the IP I, DIP and PIP joints may be the only exceptions. Due to the unprotected, exposed position the reconstruction and balancing of the collateral ligaments seem to be problematic and mere resection in our hands yielded unsatisfactory mobility.

In CMC I joints resection interposition suspension arthroplasty is our method of choice. Usually it is a demanding and time consuming procedure. In R A the indication for CMC I reconstruction is seldom necessary in spite of frequent affection. Other indications are usually more urgent. So, in case of necessity we prefer more rapid procedures so as the KESSLER-arthroplasty, which can be performed in addition to other operations at the same hand in one session.

In the MCP joints nowadays, we perform predominantly SWANSON-arthroplasties, but in younger patients also the TUPPER-procedure with resection of the metatarsal head and interposition of the palmar plate.

In the late sixties and early seventies we used resection arthroplasties according to STELLBRINK (resection of the metatarsal heads, reconstruction of the collateral ligaments and rerouting of the extensor tendons). In a late (15 - 22 years) follow-up of 23 patients (32 hands, 128 joints) RüTHER et al found a poor active flexion, good stability, sufficient correction of the deformity and good pain relief. In 4 patients (13 joints) an ankylosis was observed. Considerable bone loss on the side of the metacarpals was seen in about 40%, usually without jeopardising the results.

At the wrist in 1969 together with STELLBRINK, we created a new technique of resection, interposition and suspension arthroplasty, reshaping the joint surfaces on both sides and using the dorsal retinacular ligament for interposition and for suspension of the carpus. In a late (7 - 16 years) follow-up of 31 patients (37 joints) we found a slight loss of mobility (minimally increasing over the years), good pain relief and marked improvement of stability and grip strength.

We feel that especially at the wrist and, in selected cases, also in the MCP joints resection arthroplasties can be a worthwhile alternative to arthrodesis and alloarthroplasty.

4. *DRS J F DE BEER, M A DE BEER, P HARRINGTON: INTER-SCALENE NERVE BLOCK FOR SHOULDER SURGERY*

Introduction : The authors have been using interscalene blocks for their shoulder operations (open and arthroscopic) since 1992. The block is administered by the anaesthetist after induction of general anaesthesia.

Aims of study: (1) To evaluate the effect of these blocks on the operation and the general anaesthetic itself; (2) to evaluate the blocks for post-operative analgesia; (3) to note the incidence of complications due to the blocks.

Methods: A retrospective study was done on 400 cases and the effects and side-effects were noted.

Results: The blocks "worked" in 90% of cases. There were 10% minor complications and 2% major complications (eg unilateral phrenic nerve blocks which were transient).

Conclusions: The interscalene block is safe and of great advantage for the patient undergoing shoulder surgery.

5. *PROF U MENNEN, MISS C VAN VELZE: ABOVE ELBOW RE-IMPLANTATION - 10 YEARS RESULT*

Ten years ago a 5-year old child was involved in a motor vehicle accident sustaining an above elbow traumatic amputation of the R. dominant arm. She was rushed to hospital where a re-implantation of the limb was done.

The post-operative period was uneventful with recovery of most of her motor and sensory functions. Intrinsic function including thumb never returned fully.

Left hand dominance training was instituted from the beginning. However, when the function in the re-attached hand returned, she showed much keenness to use it in all activities of daily living, sport and schooling.

6. *MR FRANK BURKE: MAL-UNION AND NON-UNION OF DIGITAL FRACTURES*

Non-union, with the exception of the scaphoid, is relatively uncommon in the hand. A variety of clinical situations are presented discussing initial management errors and possible reconstructive techniques. Mal-union is more commonly seen in the hand. Causes of mal-union and management of a variety of cases are discussed.

7. *DRS L T DE JAGER, G VARDI: HANDGUN WOUNDS OF THE HAND*

Aims: To identify the pitfalls in the management of gunshot wounds to the hand.

Methods: 17 patients with low velocity gunshot wounds were assessed at a mean follow-up of 15,7 months. Primary debridement and prophylactic antibiotics, with tetanus toxoid followed by early rehabilitation, was the mainstay of treatment. Three patients had significant tissue defects, requiring early skin flaps and for bone grafting.

Results: Fractures were present in 15 patients, requiring external fixation in 2 patients and internal fixation in 2 patients. The other fractures were stable. Ten nerve injuries occurred. Two were neurotmesis, 3 flexor tendons were severed, 2 digits were amputated. 83% of digits had good or excellent movement.

Conclusions: Most gunshots respond well to conservative surgery and early rehabilitation. Severe tissue defects must be aggressively reconstructed within 5 days, to allow early rehabilitation. All nerve injuries must be explored.

8. *DRS J F DE BEER, M A DE BEER, L K PRETORIUS: DEBRIDEMENT OF ROTATOR CUFF TEARS*

Introduction: Reconciling the paradox of rotator cuff repair vs debridement has been recently addressed by Burkhart. His valuable concept of the "Rotator Cable" will be presented.

Aim of study: To determine the outcome of patients with cuff tears who were treated by arthroscopic subacromial decompression and cuff debridement.

Methods: Eight patients treated in this manner (1992 - 1994) were evaluated retrospectively.

Results: Seven of the 8 patients were shown to have good to excellent results as far as pain relief and function were concerned.

Conclusions: In the older, less active patient with a "stable" cuff tear, arthroscopic decompression/debridement offers a favourable alternative to open surgery.

9. *PROF K S NAIDOO, MR M E SENOGE: CHRONIC DISLOCATIONS OF THE SHOULDER*

Some experts recommend that chronic dislocations of the shoulder should be left untreated because (1) they are asymptomatic and (2) the patients have useful function (which can't be improved according to the experts!).

The purpose of this paper is to question the above opinion. In our experience, chronic dislocations of the shoulder may be symptomatic complaints being painful, stiffness and varying degrees of brachial neuritis. These complaints were relieved by careful open reduction. The surgical technique will be illustrated.

10. *PROF KARL TILLMANN: SOFT TISSUE PROCEDURES FOR CORRECTION AND RECONSTRUCTION IN THE RHEUMATOID HAND*

Isolated soft tissue procedures are exceptions. Usually they have to be performed in combination with joint surgery - together either with preventive- or reconstructive operations.

At the tendons there is an overlapping of preventive and reconstructive surgery. Tenosynovectomy and excision of nodules out of affected tendons may prevent later ruptures and restore the function as well - especially of the flexors.

Ruptures of flexor tendons in rheumatoid arthritis afflict most frequently the pollicis longus tendon, caused by defects in the palmar capsule of the carpus on the radial side. We prefer in this case a transfer of the superficialis IV tendon. In case of destruction and instability of the IP I joint, its fusion is less demanding and safer.

Much more frequent and ruptures of the extensor tendons: preferably V, IV and EPL. The most popular reconstruction may be the transfer of the distal stumps of the ruptured communis-tendons on the ulnar side to better preserved radial ones. If all communis-tendons are ruptured, a free tendon graft will be necessary. In this case, we use one of the proximal stumps of the ruptured tendons. If all EDC tendons are ruptured, it is important to operate early enough. If the original motors have already lost their function, the transfer to one of the wrist extensors with interposition of a free graft can only restore a limited function. As in non-rheumatoid discontinuities, in later cases of EPL rupture the EIP-transfer will be the best solution.

Many different procedures have been published for the correction of buttonhole or swan-neck deformities. All are demanding and problematic. In advanced cases with sufficient mobility of the PIP joints we perform mainly the MATEV-procedure (similar to that of B HEYWOOD) for buttonholes, the ZANCOLLI-procedure for swan-neck deformities.

Very common but in spite of these offering great problems are severe ulnar deviations with destruction of the radial collateral ligaments. This can be solved by an extended transfer of the ulnar intrinsics to the ulnar neighboured joints: modification of STRAUB's procedure for the fingers III-V. In our experience the radial collateral ligament II is very seldom absent. In this case the transfer of the EIP-tendon gives good results. In addition, a re-routing of the extensor tendons is necessary for avoiding a recurrence of the deviation.

11. *DRS S JOHANNES, C SONG, M RITZ: OSTEOSYNTHESIS IN THE HAND WITH TITANIUM MINI PLATES*

In the hand bone internal fixation osteosynthesis can be achieved using Kirschner wires, medullary pins, interosseous wires, external fixation to plates. The optimal aim of internal fixation is to achieve bony stability and early mobilization. Although many techniques achieve satisfactory results, some have limitation in various clinical situations. Mini plates overcome the limitations and achieve good results in most cases.

Titanium is one of the least reactive implant metals and has a modulus of elasticity which closely approximates cortical bone. The plates are bendable for contour approximation and are fixed with self-tapping screws of varying sizes. Newer hand plating systems offer preshaped plates with many more options.

A series of 50 patients requiring osteosynthesis for fractures, bone grafting and arthrodeses have been successfully treated using a set of Titanium mini plates. There was a variety of pathology and involved both metacarpals and phalanges. Technical aspects as well as clinical cases will be presented.

All patients achieved satisfactory reduction and stability, allowing early controlled mobilization and the functional results were similar to other fixation series. To date all patients have achieved bony union.

Mini plates can be used for a variety of indications in the hand and should form part of the hand surgeon's repertoire.

12. *DRS G DE AGUIAR, M RITZ, C SONG: MAJOR UPPER LIMB INJURIES - THE DILEMMA OF THE RECONSTRUCTIVE SURGEON*

A prospective study of a series of patients with major upper limb injuries (MULI) and the results of complex surgical interventions on these patients are critically analyzed. This is compared to a "control" group of patients with similar injuries, who were managed by early simple ablation. The overall systemic effects of injuries was documented using the APACHE II severity of disease classification system. This also serves as a prognostic tool for predicting probable outcome. Patient demographics were documented. Complex salvage surgery in the patient with MULI results in an almost three-fold increase in predicted post-operative mortality. Mortality was unchanged in the group of patients treated by simple ablation.

We establish possible poor prognostic factors likely to lead to non-survival and provide guidelines when faced with the dilemma, "life or limb"? It would appear that in the patient with MULI ablation is conservative and salvage surgery aggressive.

13. *DR M BOUSTRED, MR M SINGER, DR D HUDSON: SEPTIC ARTHRITIS OF THE SMALL JOINTS OF THE HAND*

A study of 21 cases of septic arthritis of the metacarpophalangeal- and interphalangeal joints presenting over the period November 1992 - January 1993. The type of injury, joint involved and time of presentation are discussed. The majority had a mixed infection on bacteriology. Management consisted of immediate surgical debridement, antibiotics and early active hand therapy. Patient compliance and follow-up proved difficult owing to the indigent nature of the population treated. Those available for follow-up have been seen for a period of up to 3 - 24 months post-injury. Despite evident objective sequelae in certain patients, none of the patients followed up complained of functional limitation. The patients with immobile joints or range of movement limitation uniformly presented late or absconded early in their management. Good results were obtained in those who presented early.

14. *DRS S JOHANNES, C SONG, M RITZ: THE USE OF ADIPO-FASCIAL FLAPS FOR COMPLICATED DORSAL SKIN DEFECTS OF THE HAND*

Skin defects with exposed bones or tendons on the dorsum of hands can be a difficult problem, because immediate or early closure is of paramount importance to the preservation of function of the involved tendons. Because the hand performs a unique mechanical function, good soft tissue cover is imperative. The hand surgeon has various options for soft tissue reconstruction on the hand. The ideal flap for covering soft tissue defects of the hand must (a) provide a layer in which tendons can glide through; (b) supply cover to vital structures and (c) be aesthetically acceptable.

Since Ponten's description of the fasciocutaneous flap, interest in local fasciocutaneous flaps have increased. An extension of the fasciocutaneous flap is the adipofascial flap that satisfies the criteria of an ideal flap.

Cases with different problems are presented to show the use and application of local adipofascial flaps in reconstruction of soft tissue defects of the dorsum of the hand.

All defects were closed using a local adipofascial flap. The post-operative cause of each patient is presented in more detail.

The local adipofascial flap appears to be a useful technique with several advantages and allows immediate or early closure of difficult wounds on the dorsum of hands.

15. *DR B BERNSTEIN, MR M SINGER: STENOSING TENOSYNOVITIS - DEMOGRAPHIC PATTERNS, ASSOCIATED CONDITIONS AND RESPONSE TO THERAPY*

Stenosing tenosynovitis is one of the most common minor ailments seen at hand clinics worldwide. The literature abounds with reports of possible associations with this condition and response to therapies.

In an attempt to clarify these factors, a random retrospective study involving 75 patients with 110 involved digits was undertaken at the Groote Schuur Hospital Hand Clinic.

Factors studied included sex, age, race, predominant digit and hand, associated medical and local (hand) conditions, occupation and response to steroid/local injections and surgery.

Our conclusions indicate a definite demographic trend and therapeutic results of surgery compatable with the literature. However, steroid/local infiltration seems to have fair short term effect only.

16. *DR C A O'BRIEN: RETROSPECTIVE ANALYSIS OF THE TREATMENT OF BOXERS' FRACTURES AT 1 MILITARY HOSPITAL*

Aims: A perception existed that better results could be achieved in the management of boxer's fractures by more aggressive means.

Methods: Forty patients with boxers' fractures treated over a 10 year period were interviewed and radiologically evaluated.

Results: Results will be discussed under the following headings: (1) Mode of injury; (2) Sex; (3) Dominance; (4) Occupation; (5) Loss of power; (6) Extension lag; (7) Cosmetic deformity; (8) Patient satisfaction; (9) Grip strength; (10) Radiological appearance

Conclusion: Aggressive treatment is seldom, if ever, required.

17. *DR V V JANDERA, MR M SINGER, DR L T DE JAGER: SEGMENTAL APONEURECTOMY FOR DUPUYTREN'S DISEASE - A PRELIMINARY REPORT OF FIVE CASES*

Aims: We report 5 cases of Dupuytren's disease treated by means of segmental palmar aponeurectomy. We have prospectively adopted this method of treatment in selected cases in our unit after encouraging reports in the international literature.

Methods: Pre-operative, intra-operative and follow-up measurements of ranges of movement at the involved MP- and PIP joints were measured. Additional relevant features in the history and examination were also recorded as well as details of the operative procedure and any complications.

Results: The follow-up period ranged from 10 - 24 months. Thusfar all patients show significant post-operative improvement in range with no loss of the original improvement obtained.

Conclusions: We conclude that segmental palmar aponeurectomy is a valuable treatment option in dealing with patients with Dupuytren's disease.

A prospective study is presently in progress.

18. *MR FRANK BURKE: A PROFILE OF HAND SURGERY NEEDS AND BENEFITS*

A recent detailed audit of hand surgery activity for a district population (Derby) has identified the core frequency of elective and traumatic hand conditions. The resources required to service that need have also been identified. The Derby figures indicate that a population of 250,000 would generate 14 new elective outpatient referrals per week and 36 reviews, 23 new trauma patient attendances per week and 83 reviews, 372 elective operations per year (297 hours of surgery), 258 trauma operations per year (268 hours of surgery). 898 inpatient bed days.

These needs could be supplied by the provision of 6 doctor outpatient sessions per week (new and review). Two elective operating lists per week and 2 operating lists for trauma.

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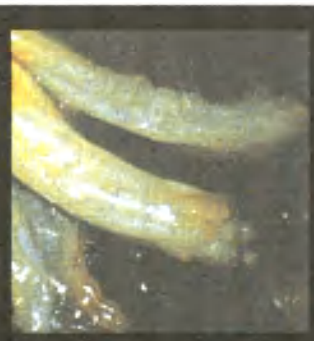

The intact epineurium next to the site of damage is split and the fascicle groups are dissected.

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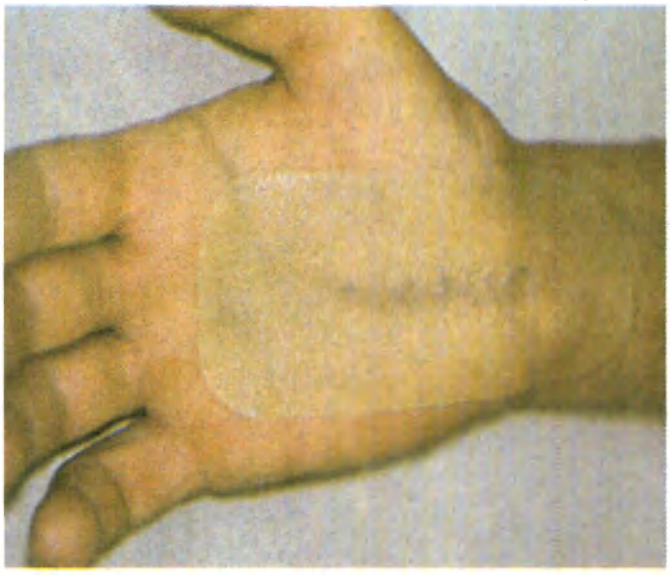

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ADDRESS LIST OF SPEAKERS
ADRESLYS VAN SPREKERS

BERNSTEIN, B

Dept of Orthopaedic Surgery
Medical School
University of Cape Town
Observatory
7925 CAPE TOWN
Tel (021) 794 2805

BOUSTRED, M

Dept of Orthopaedic Surgery
Medical School
University of Cape Town
Observatory
7925 CAPE TOWN
Tel (021) 794 2805

BURKE, FRANK D

28 Midland Place
Derby DE1 2RR
UNITED KINGDOM
Tel (0944) 332 290480
Fax (0944) 332 291425

DE AGUIAR, G

Division of Plastic & Reconstructive Surgery
University of the Witwatersrand
7 York Road
Parktown
2193 JOHANNESBURG
Tel (011) 647 1111

DE BEER, J F

Suite 1
Leeuwendal Medi-Clinic
Derwent Road
Tamboerskloof
8001 CAPE TOWN
Tel (021) 23 4040
Fax (021) 26 2095

DE JAGER, L T

15 Broadwalk
Pinelands
7405 CAPE TOWN
Tel (021) 531 3621
Fax (021) 531 3621

JANDERA, V V

Department of Plastic & Reconstructive Surgery: Ward F16
Groote Schuur Hospital
Observatory
7925 CAPE TOWN
Tel (021) 404 3461
Fax (021) 47 8955

JOHANNES, S	*Division of Plastic & Reconstructive Surgery* *University of the Witwatersrand* *7 York Road* *Parktown* *2193 JOHANNESBURG* *Tel (011) 488 3493* *Fax (011) 680 5115*
MENNEN, U (PROF)	*Dept Hand- and Microsurgery* *PO Box 186* *0204 MEDUNSA* *Tel (012) 529 4219* *Fax (012) 560 0086*
NAIDOO, K S (PROF)	*Dept of Orthopaedic Surgery* *Medical School* *University of Natal* *PO Box 17039* *Congella* *4013 DURBAN* *Tel (031) 260 4374* *Fax (031) 260 4518*
O'BRIEN, C A	*Department of Orthopaedic Surgery* *HF Verwoerd Hospital* *Private Bag X169* *0001 PRETORIA* *Tel (012) 329 1111*
TILLMANN, K (PROF)	*Rheumaklinik* *2357 Bad Bramstedt/Holst.* *GERMANY* *Tel (0949) 41 92 902232* *Fax (0949) 41 92 902388*

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