

THE SOUTH AFRICAN SOCIETY FOR SURGERY OF THE HAND

# 45<sup>TH</sup> CONGRESS



**VINEYARD HOTEL, NEWLANDS, CAPE TOWN, SOUTH AFRICA**

**29 – 31 AUGUST 2014**



# Surgitech

THE SCIENCE OF SPECIALISATION. THE ART OF CARING.

## *Innovative Solutions for a Range of Specialised Upper Extremity Surgical Procedures*



**PIP implants**

*The Surgitech brand  
Our leadership status and proud  
reputation rest on three pillars:*

### EXPERTISE

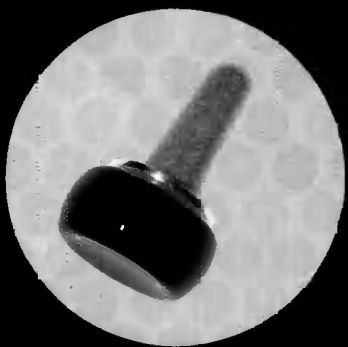
Training our staff at the highest tiers of specialist knowledge,  
and constantly keeping abreast of surgical advances.



**MCP implants**

### EXCEPTIONAL SERVICE

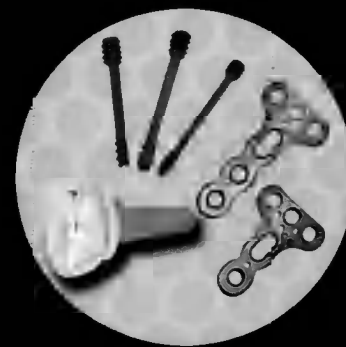
Providing the finest equipment  
and most meticulous training to empower  
medical professionals.



**Integra® CMRH®**

### EXTRAORDINARY CARE

Combining professionalism and compassion  
in striving for the healing and  
wellbeing of patients.



**RadFX**

**INTEGRA**  
LIMIT UNCERTAINTY

Building No 10, Tisbury Office  
Park, Coombe Place, Rivenia

Tel: +27 (0) 11 803 2257  
Fax: +27 (0) 11 803 4724

[info@surgitech.co.za](mailto:info@surgitech.co.za)  
[www.surgitech.co.za](http://www.surgitech.co.za)

# Contents

## Welcome Messages

- President .....	3
- Congress Chairman.....	4

## Invited International Guest Speaker

- Raja Sabapathy.....	6
- William Geissler.....	7
- Laurent Obert.....	8

Trade Exhibitors.....	10
-----------------------	----

Sponsors .....	11
----------------	----

General Announcements / Congress Information .....	12
--	----

2014 Congress Organizing Committee.....	14
---	----

Social Events.....	14
--------------------	----

Future Events .....	14
---------------------	----

Office Bearers .....	15
----------------------	----

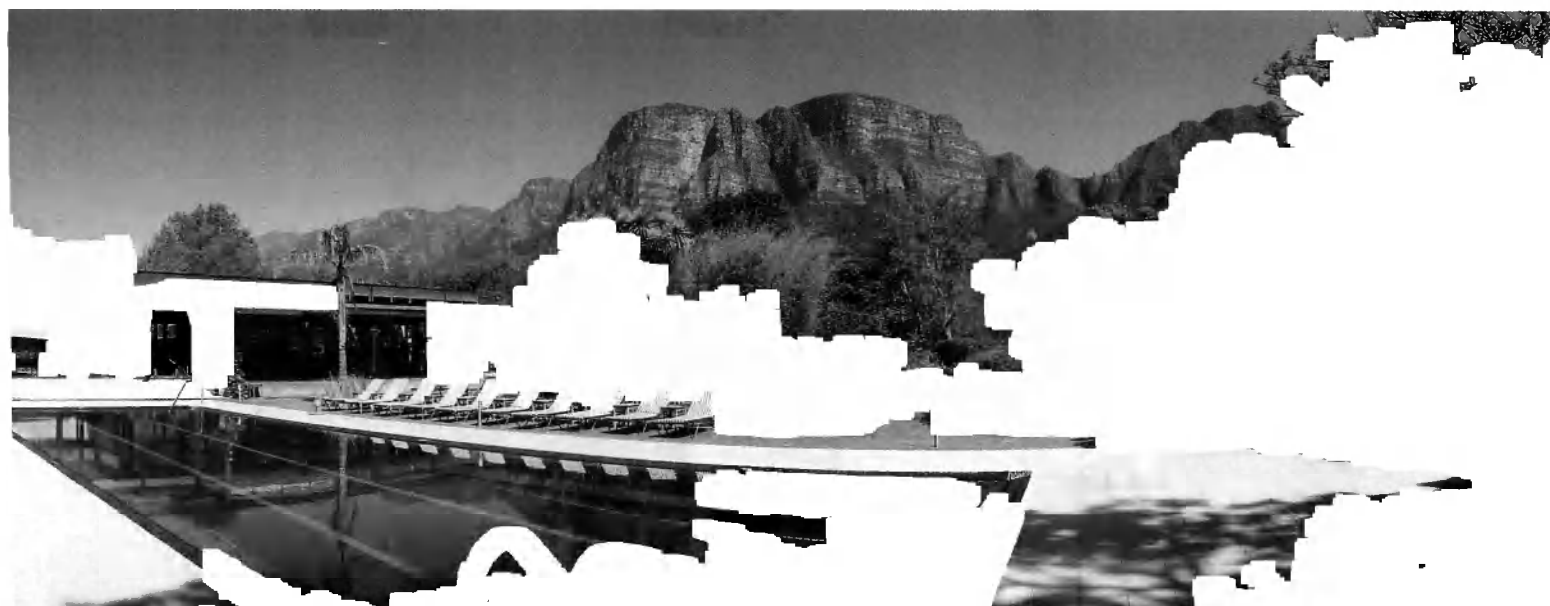
Past Presidents.....	15
----------------------	----

AC Boonzaier Memorial Lecture.....	16
------------------------------------	----

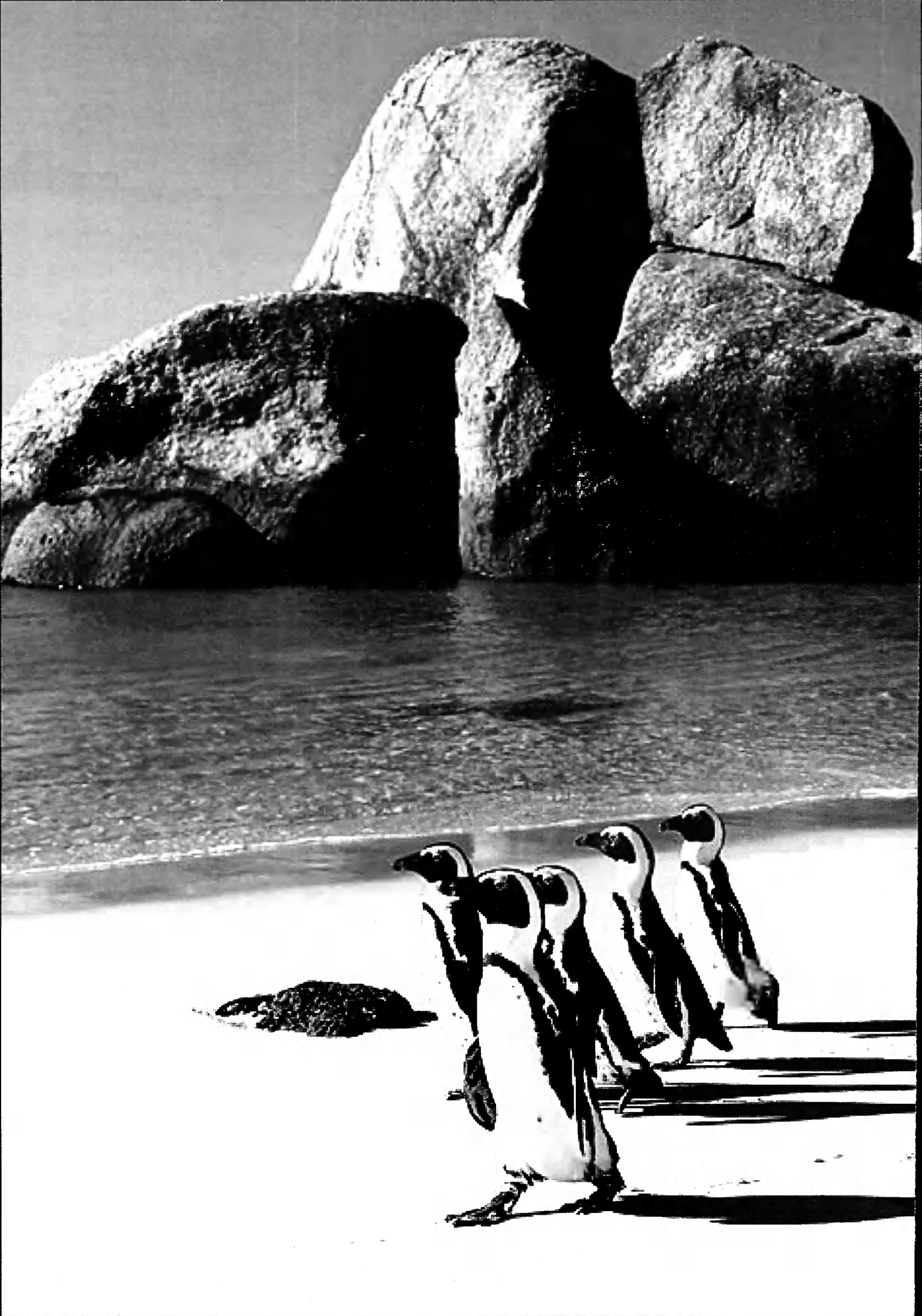
Scientific Program.....	17 - 20
-------------------------	---------

Abstracts .....	22 - 33
-----------------	---------

Prizes & Awards.....	34
----------------------	----







# Welcome message from the President

---



Dr Erich Mennen

Dear Delegates and invited Guests,

On behalf of the Executive Committee it is my honour and pleasure to welcome you to the annual congress of the South African Society for Surgery of the Hand. I look forward to an interesting academic programme and essential discussions concerning the critical issues and challenges confronting our profession.

We thank Professor Raja Sabapathy from India, Dr Laurent Obert from France and Dr Will Geissler from the United States for their presence at this congress. They will share their very valuable knowledge and experience with us, and are willing to listen to and discuss the varied talks from our own speakers and delegates. If they can do it, you can !

A special word of thanks to Mike Solomons and Martin Wells assisted by our secretary Andi Askew for all the effort in putting together such an excellent programme as well as the huge task of organising this congress and remembering all the fine details.

I sincerely hope you enjoy the meeting. Kindly participate in the discussions, share your experiences with fellow surgeons and therapists and try your best to have a bit of fun, especially at the congress dinner on Saturday evening.

Yours sincerely

Erich Mennen  
President  
SASSH



# Welcome message from the Congress Organiser

---



*Dr Michael Solomons*

Dear Colleagues

A warm welcome back to the Mother City. Cape Town in springtime – it just does not get better. We hope you get time to wander through Kirstenbosch or climb the mountain and experience the beauty of the flowering Fynbos – the world's smallest but diverse biome.

Like our meeting, the Annual congress – small yet diverse!

Over and above a record 20 free papers we have three invited guests with topics ranging from flaps to microvascular to wrist to nerves. After many meetings where we have witnessed a strong Orthopaedic bias, we have asked our official guest, Dr Raja Sabapathy to present talks focussed on Hand Trauma and lecture within the realm of Plastic Surgical topics. Dr Raja Sabapathy is presently the Chairman of the Department Plastic Surgery, Hand & Reconstructive Microsurgery & Burns at Ganga Hospital, Coimbatore, India. He has a wealth of knowledge and experience and I know we are going to pick up some useful pearls

We have also invited Dr William Geissler back again. Those who went to the P.E. meetings some years back, will remember Bill as a really fantastic and dynamic lecturer.

Dr Laurent Orbert from France has been invited to the SAO meeting and has come early to share 3 lecturers with us.

**REMEMBER – These meetings are for you. If you are not sure – ASK! If you disagree then CHALLENGE!**

Enjoy the meeting

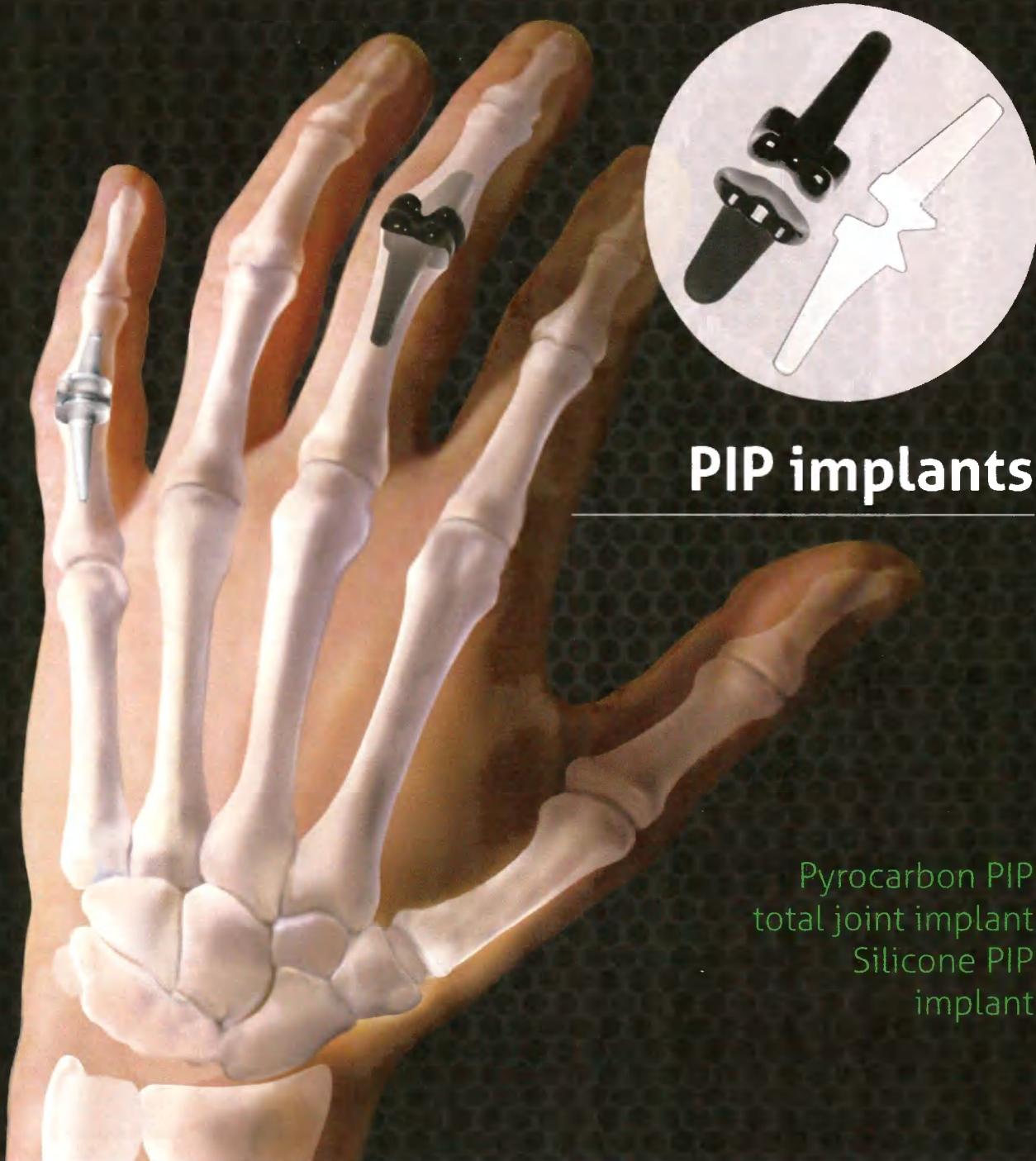
Mike Solomons





# *Surgitech*

THE SCIENCE OF SPECIALISATION. THE ART OF CARING.



## PIP implants

Pyrocarbon PIP  
total joint implant  
Silicone PIP  
implant

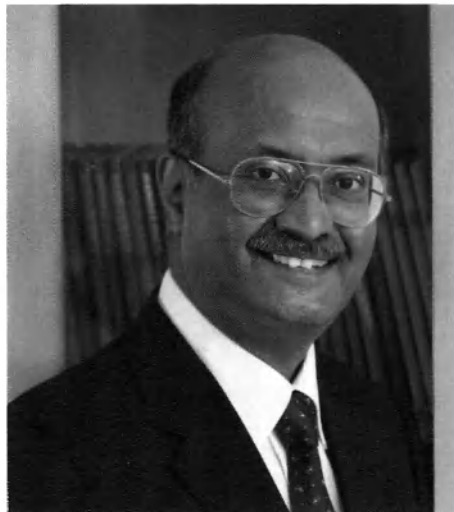
**INTEGRA.**  
LIMIT UNCERTAINTY

Building No 10, Tuscany Office  
Park, Coombe Place, Rivonia

Tel: +27 (0) 11 803 2257  
Fax: +27 (0) 11 803 4724

[info@surgitech.co.za](mailto:info@surgitech.co.za)  
[www.surgitech.co.za](http://www.surgitech.co.za)

# International Visitor



Raja Sabapathy

Raja is the Head of Plastic Surgery and Hand and Reconstructive Microsurgery and Burns at the Ganga Hospital, Coimbatore, India.

He started his medical adventure in Madras India. After a short spell as a registrar at Stoke Mandeville he went off to be a Fellow at The Kleinert Institute in Louisville Kentucky. Here he honed his microsurgical skills and returned to India. He has been instrumental in setting many systems at Ganga Hospital similar to those he experienced in Louisville. The 3rd Edition of Practice Manual for Microvascular Surgery, considered to be the bible for all trainees in Microsurgery, was co-authored by Robert Acland and S Raja Sabapathy. He runs a state of the art world class microsurgery course and has trained 100's of delegates from more than 40 countries.

He also puts together a 3 day live surgery course that has to be seen to be believed. Go to [www.gangahospital.com/Hand%20Course%20Brochure.pdf](http://www.gangahospital.com/Hand%20Course%20Brochure.pdf) and you will not believe that so much surgery can be demonstrated in 3 days!

Raja is Past President, Association of Plastic Surgeons of India – 2011,

Indian Society for Surgery of the Hand – 2010 – 12, Indian Society for Reconstructive Microsurgery, International Trauma Care (Indian Chapter)

Brachial Plexus Surgery Group of India – 2011 – 13. I first met him when he served as Congress Chairman of the 12th Triennial Congress of the International Federation of Societies for Surgery of the Hand and the 9th Triennial Congress of the International Federation of Societies for Hand Therapy, New Delhi, 2013. What an incredible meeting and well attended by many South Africans. He is member of 4 Journal Editorial Boards and 4 Journal Review Boards. He has Written 17 book chapters and more than 80 publications.

The list of his podium presentations, invited lectures, visiting Professorships goes on and on. I urge the juniors to download his CV to be inspired.

But most of all, Raja is a down to earth, humble and very experienced Hand Surgeon. We look forward to learning from him.





# International Visitor

---



*William Geissler*

Professor William Geissler is Director of Hand and Upper Extremity Fellowship at the University of Mississippi Medical Center, Jackson, Mississippi, USA. He is also Chief of the Sports Medicine and Shoulder Programs. His main fields of interest are hand surgery, sports medicine, arthroscopic surgery, shoulder and elbow surgery.

Dr. Geissler received his MD degree from Tulane University Medical School in New Orleans, LA, in 1985. He completed his internship and residency in orthopaedic surgery at the University of Mississippi Medical Center and then completed an AO orthopaedic trauma fellowship in Aarau, Switzerland. He then completed a one-year fellowship in Advanced Arthroscopy in Sports Medicine in Richmond, VA. Geissler returned to UMMC and completed a second fellowship in Hand and Upper Extremity Surgery under Dr. Alan E. Freeland. He has published a textbook on wrist arthroscopy with both national and international contributors.

He has served as faculty, moderator, and chairman in multiple arthroscopic and upper extremity courses internationally. In 2008 he co-chaired the SASSH Wrist Course in Port Elizabeth with Dr Randy Bindra.

He serves as chief of UMMC's sports medicine and shoulder programs. Prof Geissler is head team physician of numerous community high schools, Belhaven College and the Mississippi Braves. He also serves as team consultant for the University of Mississippi athletic program.

# International Visitor

---



Laurent Obert

Professor Laurent Obert is trauma and orthopaedic surgeon, specialising in surgery of the hand and upper extremity, in the University Hospital Centre, Besancon, France.

Having trained in the Traumatology Centre of the University Hospital Centre of Besancon, he was appointed professor in 2007, an associate of Prof Patrick Garbuio and Prof Yves Tropet in the organisation and formation of a mixed team of orthopaedic/plastic surgeons with a service for specific injuries. He was instrumental in the formation of the Inserm I4S EA 4268 team which combines clinicians, imaging specialists and researchers. Involved in clinical research projects concerned with tissue reconstruction and regeneration, he is keen about the problems of imparting practical surgical expertise. As principal or associate investigator in 5 national or international studies, he is the Co-Founder of the BMPs and Orthopaedics Study Group. He is winner of the international grant from GEM, the Tubiana Prize of the French Hand Surgery Society and many awards, including for communication.

Alone or in conjunction with others, he has produced 7 works on the topics of hand or bioconstructive surgery. He has published 80 articles in peer reviewed journals and he has had 129 non-referenced works published. He is Associate Member of the National Academy of Surgery and several academic societies as well as member of the College of Lecturers in his surgical specialty. He is a reviewer for the journals OTSR and JSES and Chir Main (Hand Surg).

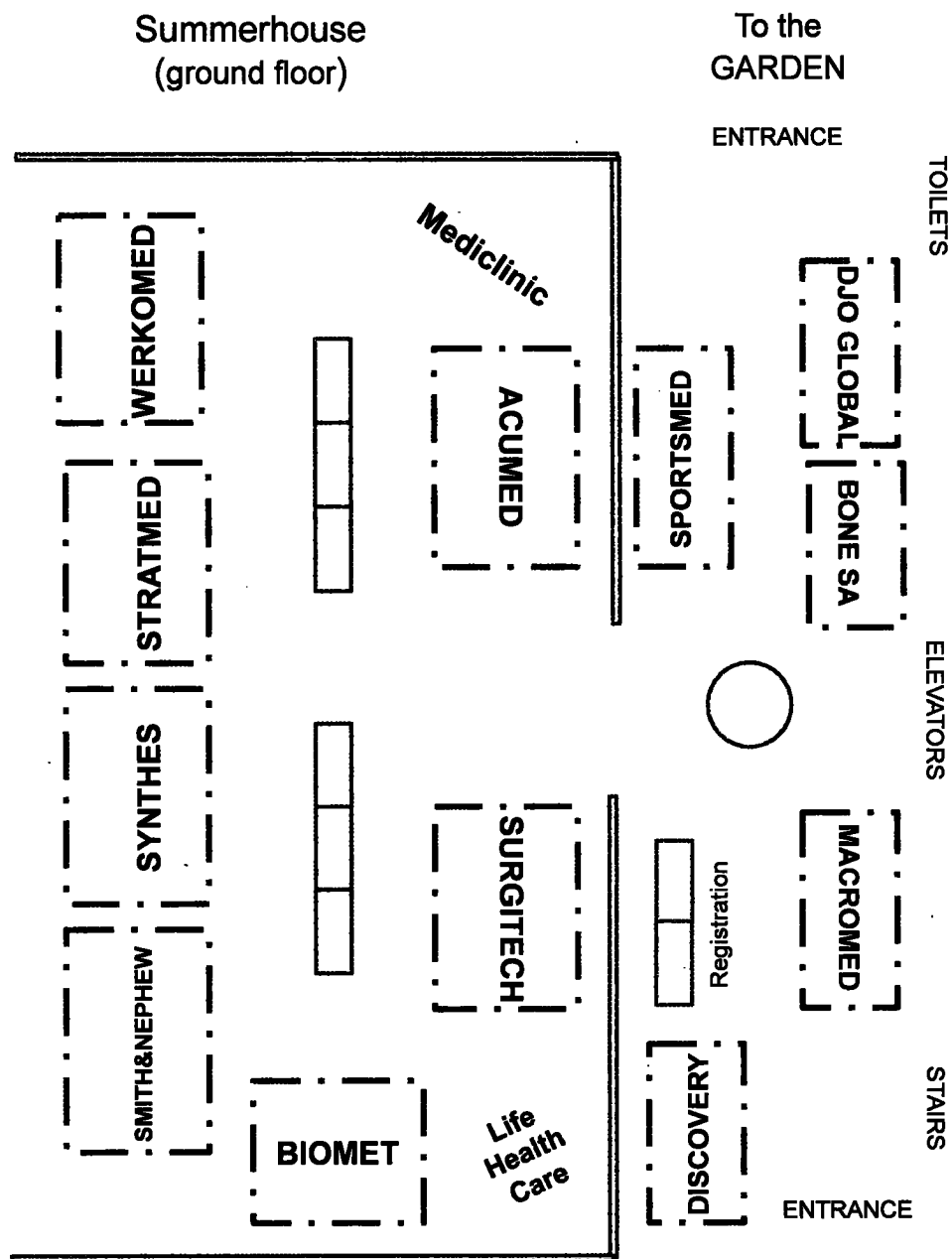






# Trade Exhibitors Floor Plan

The President and Executive Committee of SASSH would like to thank the trade for their attendance and participation of this event



ACUMED  
SURGITECH  
WERKOMED  
SPORTSMED

STRATMED  
DJO GLOBAL  
SYNTHES  
BONE SA

BIOMET  
MACROMED  
SMITH & NEPHEW  
DISCOVERY



# Sponsors



Travel and accommodation expenses: Will Geissler  
Audio-Visual Services



Travel and accommodation expenses: Laurent Obert  
Wine at Gala Dinner

*Surgitech*

Printing of official Congress Brochure  
Printing of Mini Programme



Ethics lecture and CPD points



Financial contribution



Financial contribution

*The President and Executive Committee of SASSH would like to thank the trade for their attendance and participation of this event*



# General Announcements/Congress Information

---

## **CPD REGISTER**

- Discovery Health will handle the CPD formalities on a daily basis
- Scanning will be done twice daily
- Approximately 7-10 days post-congress, you will receive notification to download your certificate from the website [www.mycpd.co.za](http://www.mycpd.co.za). You need to have your log-in and password details available to download your certificate

## **TRADE EXHIBITORS**

Kindly make every effort to visit all the stands

Teas and lunches will be served in the trade exhibition area

## **DRESS CODE**

- Casual attire for congress sessions and smart casual for the social function

## **IMPORTANT**

- Name badge: It is important to wear your name badge during the congress. Only delegates wearing name badges will be permitted to enter the lecture hall, exhibition area and the social function
- Please note that the use of mobile phones in the lecture hall is not permitted

## **INFORMATION FOR SPEAKERS**

Keeping to your allocated time is a courtesy to all following speakers. The chairs of the sessions have been instructed to exert tight control and interrupt lengthy presentations. Please make sure you are aware of the time allotted to you for your presentation

Please hand your presentation to the audiovisual technicians at least 3 hours prior to the session in which the presentation is being given. The technicians will be available in the congress venue to receive your material

## **INFORMATION/REGISTRATION DESK**

The Information/Registration Desk will be situated downstairs, next to the Exhibition area. Please feel free to visit the Desk should you require any assistance

## **LANGUAGE**

The official language of the congress will be English. No simultaneous translation service will be provided

## **SMOKING**

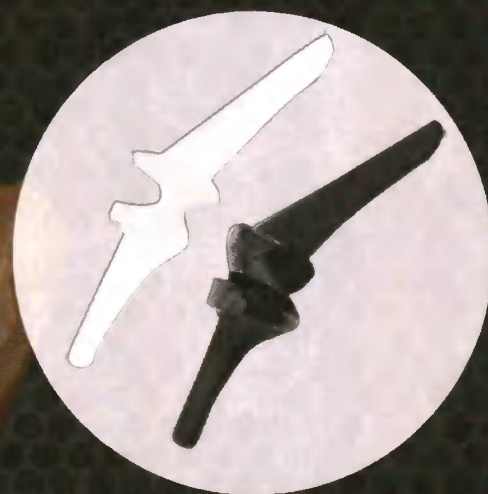
In accordance with Government Legislation regarding smoking in public areas, kindly note that this venue is a non-smoking area





# *Surgitech*

THE SCIENCE OF SPECIALISATION. THE ART OF CARING.



## MCP implants

Pyrocarbon MCP Total  
Joint implant  
Silicone MCP implant

INTEGRA

LIMIT UNCERTAINTY



Building No 10, Tuscany Office  
Park, Coombe Place, Rivonia

Tel: +27 (0) 11 803 2257  
Fax: +27 (0) 11 803 4724

[info@surgitech.co.za](mailto:info@surgitech.co.za)  
[www.surgitech.co.za](http://www.surgitech.co.za)

# 2014 Congress Organizing Committee

---

**Congress Chairman**

Michael Solomon

**Congress Coordinator**

Andi Askew

---

## Social

---

**Get-together**

(Optional)

Friday 29 August 2014

The ladies bar in the Garden Lounge located on the ground floor of the Vineyard Hotel is an ideal place to meet and greet colleagues and friends.

**Congress Dinner**

Saturday 30 August 2014

Conference Centre – Vineyard Hotel



19h00 – 20h00

Wine tasting offered by boutique Wine Farms Iona and Brothers Wines

20h00

Gala Dinner with dance music provided by Starsound

Dress: Smart Casual

---

## Future Events

---

**ANNUAL REFRESHER COURSE**

2015

February

Topic: Congenital differences, Applied Anatomy (functional),  
Biomechanics & Tendon transfers and Microsurgery.

Date: 20-22 February 2015

Venue: Johannesburg

**ANNUAL CONGRESS**

2015

August

46th Congress and Instructional Course

Venue: Bloemfontein (to be confirmed)

---



# AC Boonzaier Memorial Lectures

---

1997	PROF ULRICH MENNEN <i>"In Appreciation of the Hand"</i>
1998	DR JOHN YOUNGLESON <i>"Reminiscing the Past"</i>
1999	DR EDWARD BOWEN-JONES <i>"Bamba Isandla Qualities of a Leader in Hand Surgery"</i>
2000	PROF KS NAIDOO <i>"Overview of Hand Surgery"</i>
2001	DR LT (WIKUS) DE JAGER <i>"The Future of Hand Surgery in South Africa"</i>
2002	PROF SYD BIDDULPH <i>"The Hand – A Mirror of Disease"</i>
2003	DR JAN VAN WINGERDEN <i>"The Joy of Medical Discovery"</i>
2004	DR INGRAM ANDERSON <i>"The Hand – Cogitations of a Rheumatologist"</i>
2005	DR MICHAEL CARIDES <i>"But, on the other hand....."</i>
2006	PROF MICHAEL TONKIN <i>"On Surgeons, Heads, Hearts and Hands – A Philosophy"</i>
2007	PROF THEO LE ROUX <i>"Hand-outs from the Mind"</i>
2008	PROF ALAN MORRIS <i>"So when DID we stop climbing in trees? Current debates on the evolution of the hand"</i>
2009	DR MARTIN WELLS <i>"Standing on the Shoulders of Giants"</i>
2010	DR MICHAEL HAUSMAN <i>"The Analog Digit"</i>
2011	DR MICHAEL SOLOMONS <i>"Where do we come from?"</i>
2012	DR ZSOLT SZABO <i>"The Human Hand – The Most Beautiful Tool"</i>
2013	DR JOHAN VAN DER WESTHUIZEN <i>"SASSH – Why do we belong"</i>





# Office Bearers

---

President	Erich Mennen
Honorary Secretary/Treasurer	Martin Wells
Members	Johan van der Westhuizen Roger Nicholson Michael Solomons Nikki van der Walt
Executive Secretary/Congress Coordinator	Andi Askew
Office	✉ 2721, Bellville SA 7535 ☎ 084 055 1152 💻 <a href="http://www.sassh.co.za">www.sassh.co.za</a> 💻 <a href="mailto:sassh@iafrica.com">sassh@iafrica.com</a>

---

# Past Presidents

---

1969-1971	I Kaplan
1971-1973	AC Boonzaier
1973-1975	M Singer
1975-1977	JH Youngleson
1977-1979	TL Sarkin
1979-1981	CE Bloch
1981-1983	SL Biddulph
1983-1985	WMM Morris
1985-1987	LK Pretorius
1987-1989	KS Naidoo
1989-1991	SL Biddulph
1991-April 1992	BJ van R Zeeman
April 1992 – 1993	SL Biddulph
1993-1995	JH Fleming
1995-1997	U Mennen
1997-1999	EJ Bowen-Jones
1999-2001	LT de Jager
2001-2003	JJ van Wingerden
2003-2005	M Carides
2005-2007	TLB le Roux
2007-2009	MC Wells
2009-2011	M Solomons
2011 – 2013	J van der Westhuizen



1135-1140	Discussion	
1140-1150	A modified algorithm for the treatment of acute scaphoid fractures and scaphoid non-unions	<i>T D Pikor</i>
1150-1200	An overview of the management and treatment outcomes of non-specific musculoskeletal wrist pain	<i>T Corbishley</i>
1200-1215	Fingertip reconstruction with occlusive dressing: Clinical results and biological analysis of the dressing's content	<i>Dr Laurent Obert</i>
1215-1220	Discussion	
1220-1235	Tendon transfers - Radial nerve	<i>Dr Raja Sabapathy</i>
1235-1240	Discussion	

////////////////////////////////////  
**1240-1345 LUNCH**  
 //////////////////////////////////////

**SESSION 3 CHAIR: DR JOHAN VAN DER WESTHUIZEN**

1345-1355	A Retrospective evaluation of the conservative treatment of Thoracic Outlet Syndrome	<i>N Hendricks</i>
1355-1405	A Prospective, Randomised Controlled Study to determine the Radiological and Functional outcomes of Distal Radius Fractures using PEEK plate compared to Volar Locking Plate	<i>N Rogers</i>
1405-1420	How do I approach secondary reconstruction following Trauma?	<i>Dr Raja Sabapathy</i>
1420-1425	Discussion	
1425-1435	A simplified lateral hinge approach to the proximal interphalangeal joint	<i>T McGuire</i>
1435-1450	Induced membrane technique masquelet technique to treat bone defect at upper limb level - Prospective multicentre evaluation	<i>Dr Laurent Obert</i>
1450-1455	Discussion	
1455-1505	A retrospective Quantitative Audit Regarding Hand Injuries and Return to Work Outcomes	<i>I Vorster</i>
1505-1515	Acute Hand Infection and HIV	<i>S van Deventer</i>
1515-1525	Soft tissue complications following PIPJ Replacements – Surgical management and outcomes	<i>P W Jordaan</i>
1525-1535	Biological Scapho-lunate ligament reconstruction with SLAM technique-our experience and early results	<i>K Strauss</i>
1535-1550	Free tissue transfers in the upper extremity	<i>Dr Raja Sabapathy</i>
1550-1555	Discussion	

////////////////////////////////////  
**1555-1630 TEA**  
 //////////////////////////////////////

1630-1730	Annual General Meeting (members only)
1900	Boutique Wine Tasting
2000	Congress Dinner



# Scientific Program

45th ANNUAL CONGRESS AND INSTRUCTIONAL COURSE • 30 – 31 AUGUST 2014 • THE VINEYARD HOTEL • NEWLANDS, CAPE TOWN

## SATURDAY 30 AUGUST 2014

0730-0750 Delegate Registration

0750-0800 Welcome and Announcements

### SESSION 1 CHAIR: DR ERICH MENNEN

0800-0810 Closed traumatic Rupture of EDC and EIP of the index finger  
At Musculotendinous Junction

*T Sefeane*

0810-0820 Fragment specific fixation of the distal radius: post op experiences

*M Thiart*

0820-0830 Percutaneous fixation in patients with delayed presentation  
and established non-union scaphoid fractures

*M Carides*

0830-0845 Useful tips in the reconstruction of Congenital anomalies of the Hand

*Dr Raja Sabapathy*

0845-0850 Discussion

0850-0900 The Red Cross Children's Hospital experience with the use of the  
Evans Bilobed Flap in the management of Radial Club Hand

*S L Carter*

0900-0910 An investigation to establish the flexor tendon rehabilitation  
protocol use amongst Occupational Therapists in South Africa

*J Venter*

0910-0920 Pisiform dislocations: A case report and radiological study to assist  
in making the diagnosis

*I Koller*

0920-0935 Surgical technique and evaluation at long follow-up of a cartilage  
autograft from rib at wrist & hand surgery

*Dr Laurent Obert*

0935-0940 Discussion

0940-0950 South African Occupational Therapy Graduates: how handy are they?

*K van Stormbroek*

0950-1000 Review of Two and Three Corner Mid Carpal Fusions

*D North*

1000-1030 **TEA**

### SESSION 2 CHAIR: DR MARTIN WELLS

1030-1045 Challenging thumb reconstructions

*Dr Raja Sabapathy*

1045-1050 Discussion

1050-1100 Wrist arthroscopy in conjunction with fracture fixation with a volar plate

*V Socishe*

1100-1110 Occupational Therapy Upper Limb Assessment Practices:  
Do We Address Aspects of Activity and Participation?

*S de Klerk*

1110-1120 Surface Replacement Proximal Interphalangeal joint (SR-PIPJ)  
arthroplasty – A CASE SERIES

*P W Jordaan*

1120-1135 Sports Injuries of the Hand and Wrist

*Dr William Geissler*





# SUNDAY 31 AUGUST 2014

0730-0750 Delegate Registration

## SESSION 4 CHAIR: DR NIKKI VAN DER WALT

0800-0815	Current Concepts Management of Distal radius Fractures	<i>Dr William Geissler</i>
0815-0820	Discussion	
0820-0835	Distant pedicled flaps in the upper limb – how to improve the outcomes?	<i>Dr Raja Sabapathy</i>
0835-0840	Discussion	
0840-0850	Recipient of Stratmed prize – What I learnt at FESSH meeting	<i>Dr Martin Wells</i>
0850-0920	How to publish	<i>Prof U Mennen</i>
0920-0935	Principles of soft tissue cover in the upper limb	<i>Dr Raja Sabapathy</i>
0935-0940	Discussion	
0940-0955	Tips /Tricks Management of Wrist Arthritis	<i>Dr William Geissler</i>
0955-1000	Discussion	

1000-1040 **TEA**

## SESSION 5 CHAIR: DR ROGER NICHOLSON

1040-1055	Principles in the management of the mutilated upper limb	<i>Dr Raja Sabapathy</i>
1055-1100	Discussion	
1100-1110	Recipient of Macromed Prize – What I learnt at FESSH meeting	<i>Dr Michael Solomons</i>
1110-1125	Post burns hand contractures	<i>Dr Raja Sabapathy</i>
1125-1130	Discussion	
1130-1140	Recipient of the AFFORDABLE MEDICAL ANNUAL AWARD	<i>Dr P C Pelser</i>
1140-1230	AC BOONZAIR LECTURE Looking back the last 25 years - the lessons learnt	<i>Dr Raja Sabapathy</i>

1230-1330 **LUNCH**



## SESSION 6 CHAIR: DR MICHAEL SOLOMONS

1330-1415	To err is human: ethical & legal implications
1415-1430	Electrical burns of the Hand
1430-1435	Discussion
1435-1450	Open and Arthroscopic Management of Carpal Instability
1450-1455	Discussion
1455-1510	Finger tip replantatons
1510-1515	Discussion
1520	Closure of Congress

*Prof Keymanthri Moodley*

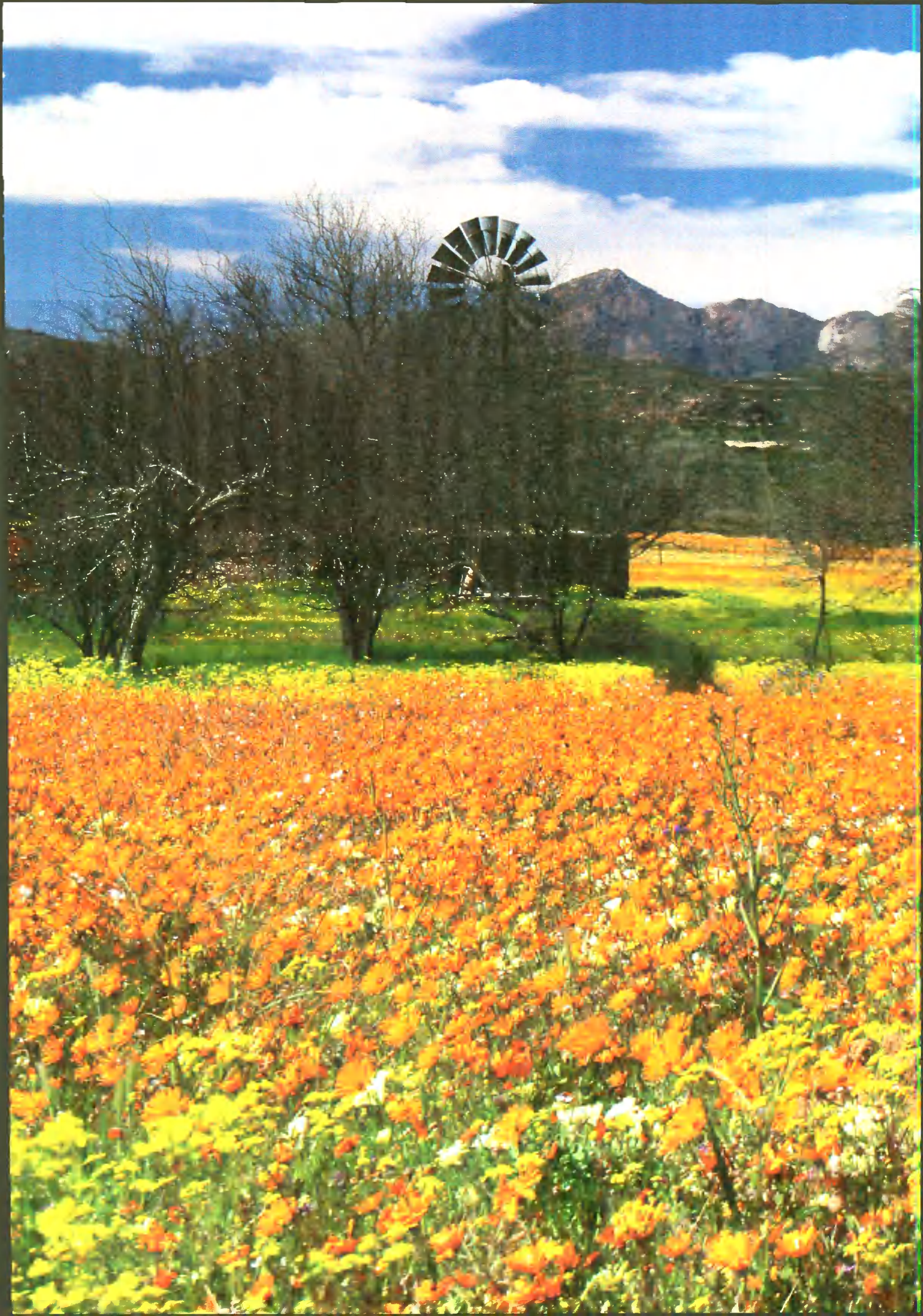
*Dr Raja Sabapathy*

*Dr William Geissler*

*Dr Raja Sabapathy*









# Abstracts

## **TITLE    CLOSED TRAUMATIC RUPTURE OF EDC AND EIP OF THE INDEX FINGER AT MUSCULOTENDINOUS JUNCTION – A CASE REPORT**

**Author(s)    Tatolo Sefeane, Prof A. A. Aden, Dr P. Mshuqwana**

Tatolo Sefeane, Consultant : Wits University Division of Orthopedics, Helen Joseph Hospital Upper limb unit  
1 Perth Road, Auckland Park 2092, Johannesburg, Email: tatolos@me.com, Tel: 0832918648

### **Introduction:**

Closed traumatic rupture of extensor tendons of fingers at the musculotendinous junction is rare. The common sites of a closed rupture are distal attachment at the distal phalanx as well as at the attachment of the central slip at base of the middle phalanx.

### **Case presentation:**

A 19 year-old male patient sustained injury of left forearm, while swinging from gymnastic bars. He felt a violent snap at the dorsum of left forearm while his body swung down from a height. He presented with pain, swelling and inability to extend the index finger. At exploration, both the extensors of the index finger were torn at their musculotendinous junctions. Both tendons were sutured side to side before the resultant joined tendon was sutured to the EDC of the middle finger. Hand therapy was started at 6 weeks. At final follow up (8 months) he demonstrated full isolated index finger extension.

### **Discussion:**

This case serves to highlight, the peculiar mechanism of injury, the violent snap that results from the rupture and the presented clinical picture. With fairly urgent surgery, a good outcome is to be expected when side-to-side suturing of the two tendons is done and the resultant joined tendon is sutured to the adjacent middle finger EDC.

## **TITLE    FRAGMENT SPECIFIC FIXATION OF THE DISTAL RADIUS: POST OP EXPERIENCES**

**Author(s)    M Thiart, A Ikram**

M Thiart, Department of Orthopaedic Surgery, Stellenbosch University, Tygerberg, South Africa

### **Aim:**

To determine the effectiveness of fragment specific fixation in complex intra-articular fractures in restoring functional wrist range of movement.

### **Method:**

All patients with intra-articular distal radius fractures who visited the Hand Unit at Tygerberg Hospital were asked to participate. Patients underwent operative fixation with fragment specific fixation with an arthroscopy. Patients were asked to return to the Hospital at six weeks and three months post-operatively for a check-up and wrist range of movement measurements.

### **Results:**

Although 48 patients initially agreed to participate in the study, only 22 completed the process. Wrist flexion improved from  $24.6 \pm 9.0$  to  $32.2 \pm 13.2$  degrees from six weeks to three months post-operatively ( $P=0.000027$ ). Wrist extension improved from  $32.3 \pm 13.2$  degrees to  $52.3 \pm 16.2$  degrees over this period ( $P=0.000014$ ). Similar improvements were found for ulnar deviation ( $20.6 \pm 7.5$  to  $30.3 \pm 9.0$  degrees,  $P=0.02$ ) and average supination ( $57.0 \pm 36.4$  to  $79.3 \pm 17.2$  degrees,  $P=0.035$ ).

### **Conclusion:**

Intra-articular fractures can be treated with fragment specific fixation techniques, resulting in good wrist range of motion.





## **TITLE PERCUTANEOUS FIXATION IN PATIENTS WITH DELAYED PRESENTATION AND ESTABLISHED MONUNION OF SCAPHOID FRACTURES**

**Author(s) M Carides**

PO Box 1729, Parklands 2121, 011-447 4481, 011-447 4488, mcarides@netcare.co.za

### **Introduction and Aims:**

The surgical treatment of fractures of the scaphoid with delayed presentation or with established non-union pose a formidable challenge with reported failure rates between 15% and 45%. The aim of this study is to report the results of percutaneous versus open fixation with bone grafting of these fractures.

### **Method:**

34 Consecutive patients who underwent surgery between 2009 and 2013 for delayed presentation and established non-union of scaphoid fractures have been reviewed retrospectively. There were 27 males and 7 females with a mean of 31 years (15 to 66). The mean delay from time of injury to operation was 12 weeks (4 weeks to 11 months) in the percutaneous fixation group and 19 months (5 months to 6 years) in the open fixation group. 19 Patients were treated with percutaneous screw fixation alone and 15 patients underwent open reduction and internal fixation supplemented with autogenous corticocancellous iliac bone graft. The classification of Slade and Dodds (2009) was used as a guide for surgical treatment and the Mini-Acutrak headless compression screw was used as the fixation device in all cases.

### **Results:**

Patients underwent final clinical and radiological assessment with plain radiographs 6 months following their surgery. There was one failed union in the percutaneous fixation group and there was one failed union in the open fixation group. One patient in the open fixation group was lost to follow up. No serious complications were recorded in either group.

### **Conclusion:**

The success of percutaneous internal fixation for acute fractures of the carpal scaphoid may be extended to include scaphoid fractures with delayed presentation and fractures of the scaphoid with established non-union. However, appropriate patient selection is necessary to ensure optimal outcomes.

## **TITLE THE RED CROSS CHILDREN'S HOSPITAL EXPERIENCE WITH THE USE OF THE EVANS BILOBED FLAP IN THE MANAGEMENT OF RADIAL CLUB HAND**

**Author(s) Dr SL Carter**

Vincent Pallotti Hospital, Pinelands 7405, Telephone (021) 506 5674, Fax (021) 506 5671, Email: docsteve@absamail.co.za

Prior to 2010 a variety of incisions, Z-plasties and dorsal rotation flaps were used in the management of Radial Club Hand with variable results.

The aim was to look at the outcome of 10 consecutive cases using a single flap as described by Evans et al in the management of Bayne Type IV Radial Club Hand.

10 Consecutive cases were performed between 2010 and 2014. All flaps remained viable, no dehiscence occurred, 20% had superficial tip necrosis on the radial flap. No redo surgery was required.

The Evans Bilobed Flap is simple reproducible, provides excellent exposure to the wrist with minimal complications and is now our incision of choice at the Red Cross Children's Hospital.

## **TITLE     AN INVESTIGATION TO ESTABLISH THE FLEXOR TENDON REHABILITATION PROTOCOL USE AMONGST OCCUPATIONAL THERAPISTS IN SOUTH AFRICA**

**Author(s)**     **Jane Venter, Robin Joubert, Ancil Prinsloo**  
Jane Venter (Private practitioner, studied M. Hand rehab at UKZN,  
Address: 22 Minaret, Welgevonden Estate, Stellenbosch, cell: 0846520176)

### **Aim:**

The aim of this study was to investigate which protocols South African Occupational Therapists (OT's) in various contexts, use, when rehabilitating clients post flexor tendon repairs.

### **Method:**

A questionnaire was sent to OT's in South Africa. 32 responded; 50% had more than 10 years experience and 50%, less experience. 81.2% were private practitioners and 28% worked in government.

### **Results:**

The trend of protocol use was as follows: 28.1% used Early Active Mobilization, 25% used a Kleinert-type protocol - a passive flexion protocol (labelled an active mobilization protocol in literature), 18.8% used a Duran-type passive mobilization protocol and 3.1% used an Immobilization-type protocol. 83.3% continued the splint at week 4 but only 26.6% were using the splint at 6 weeks. At week 1, 30% allowed active flexion of the fingers, whereas at week 4 and 5, 60% allowed active flexion.

### **Conclusion:**

Most therapists were happy with their outcomes, regardless of which protocol used. The referring doctor and confidence in one's own skills were the main factors influencing protocol choice. Therapists need to build their confidence, realising the efficacy of various protocols is similar, according to literature.

## **TITLE     PISIFORM DISLOCATIONS: A CASE REPORT AND RADIOLOGICAL STUDY TO ASSIST IN MAKING THE DIAGNOSIS**

**Author(s)**     **Dr Ian Koller, Dr Michael Solomons**  
Martin Singer Hand Unit, Department of Orthopaedics UCT, Groote Schuur Hospital

### **Introduction:**

We report on an interesting case of a pisiform dislocation. These rare injuries are often missed due to the difficulty in identifying the dislocation on routine x-rays of the wrist. An absence of literature defining normal radiological pisiform relationships prompted this study.

### **Aims of study:**

The aims of this radiological study are to describe the normal parameters of pisiform location relative to surrounding carpal structures on a AP/PA x-ray. Further we aim to identify reproducible radiological features that may suggest a dislocation.

### **Method:**

Patients were prospectively recruited into the study from a population of patients referred for x-rays at Groote Schuur Hospital over a one month period. Strict exclusion criteria were employed to minimize the chance of pisiform pathology being included in the study. Measurements were performed using the digital x-ray software in use at GSH by two independent reviewers.

### **Results:**

112 consecutive patients had wrist or hand x-rays of which 41 patients were suitable for inclusion. Significant findings were that the center of the pisiform always fell within the triquetrum and 67% of the time this was in the proximal ulna quadrant.

### **Conclusion:**

A pisiform center that falls outside the triquetrum or the proximal ulna quadrant raises the suspicion of a dislocation and should be further investigated and correlated with clinical findings.

## **TITLE SOUTH AFRICAN OCCUPATIONAL THERAPY GRADUATES: HOW HANDY ARE THEY?**

**Author(s) Kirsty van Stormbroek; Helen Buchanan**

Kirsty van Stormbroek, Health & Rehabilitation Sciences, University of Cape Town, F56 Old Main Groote Schuur Hospital Building, Observatory, 7925, Tel: 021 406 6059 / 076 0977705, Email: Kirsty.vanstormbroek@uct.ac.za

### **Introduction:**

Public and private hand clinic settings may require complex upper limb rehabilitation services from novice occupational therapists.

### **Aim:**

The study aimed to determine the extent to which community service occupational therapists (CSOTs) are equipped to treat patients with hand injuries and conditions.

### **Methods:**

A cross-sectional survey design was employed and data collected with an online questionnaire (1). All 2013 CSOTs (n=240) were invited to participate. A second (2) survey was completed by representatives from each of the universities offering undergraduate occupational therapy education covering the nature and extent of hand rehabilitation curricula (n=8). Data analysis was conducted with SPSS and responses to open-ended questions were post-coded.

### **Results:**

A 43% (n=103) response rate was obtained for survey 1. All eight universities completed survey 2. Results presented will outline the hand assessment and treatment methods taught at each university as well as conditions covered and the extent of this input. Secondly, the enablers and barriers to hand therapy practice experienced by CSOTs will be discussed.

### **Conclusion:**

Recommendations related to working with novice therapists in hand rehabilitation settings will be presented along with suggestions to support the development of hand therapy practice competencies.

## **TITLE REVIEW OF TWO AND THREE CORNER MID CARPAL FUSIONS**

**Author(s) D. North, D McGuire, M Solomons**

University of Cape Town, Groote Schuur Hospital

Scapho-lunate advanced collapse and scaphoid nonunion advanced collapse are challenging problems with the resultant degenerative arthritis of the wrist causing significant pain and disability. There have been various operative treatment strategies, with the commonest motion preserving options including proximal row carpectomy and scaphoidectomy together with mid carpal fusion. Van Riet and Bain described a 3-corner limited wrist fusion, resecting the scaphoid and triquetrum and fusing the lunate to the capitate and hamate. The 3-corner fusion is thought to provide improved ulnar deviation and good union rates, as the triquetrum is used as bone graft.

We performed a retrospective review of 26 patients (2009 to 2014) with minimum 6 months follow up, post 2 and 3-corner limited wrist fusion with memory staples. The fusions were performed for degenerative arthritis of the wrist after scapho-lunate advanced collapse or scaphoid nonunion advanced collapse. Clinical and radiological outcomes up to final follow up were recorded and documented in our results.

## **TITLE WRIST ARTHROSCOPY IN CONJUNCTION WITH FRACTURE FIXATION WITH A VOLAR PLATE**

**Author(s) Dr. A. Ikram, Dr. V. Socishe**

Dr. A. Ikram, Head Hands Firm, Tygerberg Academic Hospital, Parow, Cape Town

### **Introduction:**

- Distal radius fractures are very common injuries.
- Management options remain varied.
- The goal of treatment is to restore the patient to his/her previous level of function.



- The purpose of this trial was to determine the clinical outcomes of patients who underwent wrist arthroscopy with intra-articular distal radius fracture fixation with a volar plate.
- We asked the question:  
Does the addition of arthroscopy change our management of patients with distal radius fractures?

#### **Methods:**

- We randomized 37 patients with intra-articular distal radius fractures
- Subjects were randomized to receive fracture fixation with a volar plate either with or without wrist arthroscopy,
- This is a 26 month follow-up of functional outcomes in this cohort of patients.

#### **Results:**

DASH(mean) scores, Range of motion measurements and Grip Strengths (mean) were comparable and within normal range for the two groups of patients.

#### **Conclusion:**

- We found arthroscopy to be of benefit in aiding articular surface reduction, and to diagnose soft tissue pathology.
- We did not find any clinical benefits of wrist arthroscopy in this 26 month follow-up of clinical outcomes.

## **TITLE OCCUPATIONAL THERAPY UPPER LIMB ASSESSMENT PRACTICES: DO WE ADDRESS ASPECTS OF ACTIVITY AND PARTICIPATION?**

Author(s) **Susan de Klerk**

B OT (US), Diploma in Hand Therapy (UP), M OT (US), Lecturer: Occupational therapist, Division of Occupational therapy  
Faculty of Medicine and Health Sciences, Stellenbosch University, sdk@sun.ac.za

In this research the assessments used by South African occupational therapists when assessing the upper limb was detailed in terms of frequency and variation of use. A quantitative cross – sectional survey design was used. A convenience sample of therapists was recruited for the study. A questionnaire was developed and face and content validity established through pilot testing. Descriptive statistics were calculated for numerical and categorical data to describe demographic characteristics and to identify the assessment tools that were used most frequently. The Chi – Square test of associations was used to determine whether there were any associations between frequency of use and demographic factors. Questionnaires were completed by 81 (71%) of a potential 114 respondents. Twenty-two (27.2%) of the respondents had more than five years' experience in the field of hand therapy while the remainder (n=52, 64.2%) had less than five years. The more experienced therapists worked in the private sector (n=49, 60.5%). Goniometry (68 of 81, 84.0%) and manual muscle testing (62 of 81, 76.5%) were used most frequently. Test used to report on activity and participation was used infrequently or not at all. Significant associations were found between frequency of using assessment tools and practice setting, years of experience and holding a post graduate qualification in the field of hand therapy. The findings of this study have serious implications in terms of the upper limb assessment practices of occupational therapists. Recommendations - based on the findings - are made to inform both future research endeavours and education and training at under-graduate and post-graduate levels in this field.

## **TITLE SURFACE REPLACEMENT PROXIMAL INTERPHALANGEAL JOINT (SR-PIPJ) ARTHROPLASTY – A CASE SERIES**

Author(s) **P.W Jordaan, D. McGuire, M. Solomons**

P.W. Jordaan: Pieter.suzanne@gmail.com, Department of Orthopaedics, Groote Schuur Hospital and UCT  
H49 Old Main Building, Groote Schuur hospital, Anzio Road, Observatory, Cape Town 7925

#### **Aims of the Study:**

Our institution recently published our experience with pyrocarbon PIPJ replacements. Even though the study concluded that pyrocarbon PIPJ replacements are safe and effective, the incidence of complications was fairly high. As a result, our institution has started using cemented cobalt chrome on polyethylene Surface Replacement PIPJ Replacements in view of the high incidence of complications. The purpose of the study is to determine whether our change in practice from pyrocarbon to cemented metal on polyethylene implants have led to a decrease in the number of complications.



# Surgitech

THE SCIENCE OF SPECIALISATION. THE ART OF CARING.



## RadFX

Ascension® Radial  
Head Fixation  
System



## Integra® CMRH®

Carbon Modular  
Radial Head

INTEGRA

LIMIT UNCERTAINTY



Building No 10, Tuscany Office  
Park, Coombe Place, Rivonia

Tel: +27 (0) 11 803 2257  
Fax: +27 (0) 11 803 4724

info@surgitech.co.za  
www.surgitech.co.za

**Methods:**

This is a retrospective study. Patients who had a SR-PIPJ arthroplasty performed by the senior author from 2011 to 2013 with a minimum of one year follow were included.

**Results:**

Forty three PIPJ replacements were performed of which 6 had complications requiring further surgery.

**Conclusion:**

The change to cemented metal on polyethylene PIPJ replacements have shown a decreased number of complications.

---

## **TITLE     A MODIFIED ALGORITHM FOR THE TREATMENT OF ACUTE SCAPHOID FRACTURES AND SCAPHOID NON-UNIONS**

Author(s)     **TD Pikor, M Carides**

TD Pikor, timpikor@gmail.com, 072 539 2771

**Introduction:**

The scaphoid is the most commonly injured carpal bone. The majority of injuries are falls on an outstretched hand and affect young patients with high functional demands. Early return to function is a priority in these patients.

Due to the idiosyncratic blood supply of the scaphoid, as well as the intra-articular nature of the fractures, non-unions complicate about 10-20% of acute fractures.

Inadequate treatment commonly results in poor outcomes and reduced functional ability.

Management of scaphoid fractures and scaphoid non-unions are complex and challenging.

**Aim:**

To describe a simple algorithm that assists in the management of acute scaphoid fractures and scaphoid non-unions.

**Methods:**

Scaphoid non-unions were classified according to Slade and Dodds. (2009)

A literature review was performed to assess current treatment options of acute scaphoid fractures as well as non-unions.

Clinical and radiographic data of a single surgeon's series of scaphoid non-unions, treated with percutaneous fixation without bone graft as well as internal fixation with bone graft, was reviewed to assess outcome of treatment and compared to the literature review.

The combined results were incorporated into a single comprehensive treatment algorithm.

**Conclusion:**

The described algorithm assists in the management of acute scaphoid fractures and scaphoid non-unions.

---

## **TITLE     AN OVERVIEW OF THE MANAGEMENT AND TREATMENT OUTCOMES OF NON-SPECIFIC MUSCULOSKELETAL WRIST PAIN**

Author(s)     **Tarryn Corbishley, Nureesah Hendricks**

Tarryn Corbishley Bsc (PT), Cape Hand Clinic, 3rd Floor, Life Orthopaedic Hospital, Vincent Pallotti, Pinelands, 021-5065540

Nureesah Hendricks Bsc (PT), Cape Hand Clinic, 3rd Floor, Life Orthopaedic Hospital, Vincent Pallotti, Pinelands, 021-5065540

**Aim of Study:**

The objective of this study was to evaluate the management and the treatment outcomes of patients who presented with non-specific wrist pain.

**Method:**

Data was collected by reviewing patient records and the appropriate records were chosen in view of the patients' "non-diagnosis". Basic investigations (x-rays and ultrasound) yielded no diagnosis.



The various treatment strategies were noted and patients were contacted telephonically. A pre-and post rehabilitation Visual Analogue Scale-score was recorded. The Disabilities of the Arm, Shoulder and Hand questionnaire was used to evaluate post rehabilitation outcomes and scores were obtained.

#### **Results:**

The various treatment strategies that were identified included joint mobilisation, soft tissue release, rigid strapping, k-taping, and electrotherapy modalities, eccentric and concentric loading exercises. Results of the Disabilities of the Arm, Shoulder and Hand questionnaire...

#### **Conclusion:**

It was concluded that when treatment incorporated a home exercise program that focused on strengthening the wrist core musculature, the results were more satisfactory and the outcome scores were better.

## **TITLE    A RETROSPECTIVE EVALUATION OF THE CONSERVATIVE TREATMENT OF THORACIC OUTLET SYNDROME**

Author(s)    **Nureesah Hendricks**

Nureesah Hendricks Bsc (PT), Cape Hand Clinic, 3rd Floor, Life Orthopaedic Hospital, Vincent Pallotti, Pinelands, 021-5065540

#### **Aim of Study:**

To review and evaluate therapy outcomes of 18 patients who underwent conservative treatment for thoracic outlet syndrome.

#### **Method:**

Patients with confirmed TOS referred from both orthopaedic shoulder specialists and hand specialist were included.

Patient records and notes were reviewed prior to a telephonic follow-up to record pre and post therapy Visual Analogue Scale -scores. Disabilities of the Arm, Shoulder and Hand questionnaire was used to assess post therapy functional outcomes.

#### **Results:**

Visual Analogue Scale scores and Disabilities of the Arm, Shoulder and Hand outcome will be reported on, as well as the number of cases that required surgical intervention following completion of therapy programme.

#### **Conclusion:**

A structured, individualised conservative therapy programme is beneficial in the management of TOS.



## **TITLE    A PROSPECTIVE, RANDOMIZED CONTROLLED STUDY TO DETERMINE THE RADIOLOGICAL AND FUNCTIONAL OUTCOMES OF DISTAL RADIUS FRACTURES USING PEEK PLATE COMPARED TO VOLAR LOCKING PLATE**

**Author(s)**    **N Rogers, A Ikram**

### **Aims of Study:**

Assess and compare the functional and radiological results in patients treated with the Carbon fiber reinforced radiolucent PEEK plate compared to conventional Volar Locking Plate.

### **Method:**

All patients who presented to our institution with displaced intra-articular distal radius fractures and met the inclusion criteria were invited to take part in the study. The patients were randomly allocated to two groups, those who underwent distal radius fixation using the CFR-PEEK plate and those who underwent fixation using a volar locking plate. The patients were then asked to follow-up at 2 weeks, 6 weeks, 3 months, 6 months and 1 year. The radiological parameters, i.e radial height, inclination and tilt were compared as well as the functional outcomes by means of DASH score. Incision size and tourniquet times were recorded. Complications were reviewed.

### **Results:**

Currently we have included 20 patients in the PEEK plate group and 21 patients in the volar plate group. At 3 months the average DASH scores are 18.9 and 20.3 respectively. Tourniquet times are 29.5 and 37.8 minutes. The radiological parameters are statistically comparable. Scar sizes are 8.08 and 7.3cm respectively. There were no complications in either group. We will be presenting our three months results.

### **Conclusion:**

Volar CFR-PEEK plate fixation of distal radius seems to compare to volar lock plating in terms of radiological outcomes as well as functionally. The CFR-PEEK plate group has advantage of ability to see the union of fracture through the plate and relative ease by which the intra-articular step or fracture line can be identified.

## **TITLE    A SIMPLIFIED LATERAL HINGE APPROACH TO THE PROXIMAL INTERPHALANGEAL JOINT**

**Author(s)**    **Duncan T. McGuire**, MBCHB, FCS, MMed    **Gregory I. Bain**, MBBS, FRACS, FA Orth, PhD

**Aleksandra M. McGrath**, PhD, EDHS

Duncan T. McGuire, Martin Singer Hand Unit, Groote Schuur Hospital, University of Cape Town, Cape Town

Gregory I. Bain, Department of Orthopaedics and Trauma, Modbury Public Hospital, Adelaide, South Australia, Australia

Department of Orthopaedics and Trauma, Royal Adelaide Hospital, Adelaide, South Australia, Australia

Aleksandra M. McGrath, Department of Hand Surgery, Norrland's University Hospital, Umea, Sweden

Department of Anatomy, Integrative Medical Biology, Umea University, Umea, Sweden

### **Abstract:**

Proximal interphalangeal joint replacement is an effective treatment for painful arthritis affecting the joint. However, the complication rate is relatively high, with many of these complications related to soft tissue imbalance or instability. Volar, dorsal and lateral approaches have all been described with varying results. We describe a new simplified lateral hinge approach that splits the collateral ligament to provide adequate exposure of the joint. Following insertion of the prosthesis the collateral ligament is simply repaired, side-to-side, which stabilizes the joint. As the central slip, opposite collateral ligament, flexor and extensor tendons have not been violated, early active mobilization without splinting is possible, and the risk of instability, swan-neck and boutonniere deformity are reduced.



# Surgitech

THE SCIENCE OF SPECIALISATION. THE ART OF CARING.

arthrosurface®

**HemiCAP**<sup>OVO</sup>  
Shoulder Arthroplasty

“Our measurements show that if a variation in size is needed in the design of the prosthesis, it is the humeral component that should have **the greatest range in size.**”

*JP Iannotti, JP Gabriel, SL Schneek, BG Evans, and S Misra.*

*The normal glenohumeral relationships. An anatomical study of one hundred and forty shoulders.*

*J Bone Joint Surg Am. 1992;74:491-500.*



Providing Partial to **Full** Shoulder Arthroplasty  
*with over 40 different sizes & shapes*

- ✓ **Ovoid HemiCAP shape**  
matches humeral head geometry
- ✓ **Bone & tissue sparing**  
preserves future primary arthroplasty
- ✓ **Anatomic head & inlay glenoid**  
provides best fit scenario

Visit [www.Arthrosurface.com](http://www.Arthrosurface.com) to learn more

Building No 10, Tuscany Office  
Park, Coombe Place, Rivonia

Tel: +27 (0) 11 803 2257  
Fax: +27 (0) 11 803 4724

[info@surgitech.co.za](mailto:info@surgitech.co.za)  
[www.surgitech.co.za](http://www.surgitech.co.za)

## **TITLE     A RETROSPECTIVE QUANTITATIVE AUDIT REGARDING HAND INJURIES AND RETURN TO WORK OUTCOMES**

**Author(s)     Ilandé Vorster**

Karin Weskamp Occupational Therapy, Life Orthopaedic Hospital, 3rd Floor, Park Road, Pinelands 7405

Tel no: 021 506 5525, Fax no: 021 506 5526, E-mail: chandc@iafrica.com

### **Aim of Study:**

The aim of the paper is to provide evidence based information from findings of an audit executed at multiple hand rehabilitation centers in the private setting regarding hand injuries and return to work outcomes.

### **Method:**

A retrospective quantitative audit was conducted using clinical patient notes from the period of January 2013 to December 2013 at multiple hand therapy practices within the private setting.

### **Results:**

Preliminary results revealed a high percentage of injuries from patients doing heavy, repetitive manual work as well as machine operators and a high prevalence of injuries affecting the dominant side. Average treatment times extended beyond the expected healing times due to a need for work conditioning and facilitation of safe and progressive return to work. This includes matching the job demands to the patient's current ability throughout the healing process.

### **Conclusion:**

Understanding the trends in the current practice provided by Occupational Therapists in a clinical hand therapy and return to work setting can provide guidelines for best practice measures and treatment modalities. These results can be used to predict the required therapy intervention, which gives a more accurate timeline of return to work and can provide medical aids with a more standardized costing framework.

---

## **TITLE     ACUTE HAND INFECTION AND HIV**

**Author(s)     Susan van Deventer**

The hand is one of the most vital instruments in human function and ingenuity. The slightest pathology may result in social, economic and personal hardship.

Charlotte Maxeke Johannesburg Academic Hospital is a large quaternary level centre that services a large inner city population. Hand infections account for 20-30% of admission to the ward and 40-50% of all cases operated in theatre.

The purpose of this study is to determine the prevalence of HIV/AIDS in patients admitted to the unit and how the presence of HIV affected the medical and surgical outcomes for the patient while in hospital. Secondly we looked at the bacteriological profile of the patient.

This was a prospective comparative review of all patients admitted to CMJAH Hand Unit with a diagnosis of acute hand sepsis.

Inclusion criteria were patients older than 18 years, acute hand sepsis defined as less than 2 weeks duration, raised inflammatory markers, presence of pus at the time of surgery, 1st presentation, no previous surgery to the hand and consent to be tested for HIV.

31 patients was collected between September 2012 and May 2013. The group was predominantly male with an average age of 34 years. 65% of them employed. The HIV prevalence in this group was 57%. The main mechanism of sepsis was trauma. The average number of surgery to the hand was 2. The most common organism was Staphylococcus aureus sensitive to Cloxacillin. The patients who tested HIV positive had a longer length of stay than the non reactive patients but there was no significant difference between the number of surgery to the hand. There was also no significant difference in the bacteriological spectrum of the causing organism although Streptococcus is more common in the reactive group.

In conclusion HIV/AIDS does influence the outcome in Hand Sepsis in our environment with a large financial impact on the patient as well as the hospital.

## **TITLE     SOFT TISSUE COMPLICATIONS FOLLOWING PIPJ REPLACEMENTS – SURGICAL MANAGEMENT AND OUTCOMES**

**Author(s)     P.W Jordaen, D. McGuire, M. Solomons**

P.W. Jordaen, Pieter.suzanne@gmail.com, Department of Orthopaedics, Groote Schuur Hospital and UCT  
H49 Old Main Building, Groote Schuur hospital, Anzio Road, Observatory, Cape Town 7925

### **Aim of Study:**

PIPJ replacement has a relatively high complication rate, with up to a 20% reoperation rate in certain series. Surface replacement implants (pyrocarbon and cobalt chrome) have a high incidence of deformities including swan neck and boutonniere deformities. These are managed by soft tissue surgery to correct the deformity. Many surgeons recommend against surface replacement arthroplasty due to the high risk of complications. However, the authors believe that many of these complications are easily corrected with good results.

### **Methods:**

We will perform a retrospective chart review of patients who had surgery performed by the senior authors for soft tissue complications following PIPJ arthroplasty from 2002 to 2013, with at least a 6 month follow up.

### **Results:**

Nineteen surgeries were performed for soft tissue complications, mostly for stiffness and swan neck deformities, the majority with a satisfactory outcome.

### **Conclusion:**

Soft tissue complications can be corrected with surgery with successful outcomes.

## **TITLE     BIOLOGICAL SCAPHO-LUNATE LIGAMENT RECONSTRUCTION WITH SLAM TECHNIQUE-OUR EXPERIENCE AND EARLY RESULTS**

**Author(s)     Karl Strauss, Dirk Vander Spuy, Ajmal Ikram, Martin Wells**

Dr Ajmal Ikram, P.O.Box: 184, Howard Place-7450, Cape Town South Africa, Tel:0732631394, Email: ajmalikram@icloud.com

### **Aim of Study:**

Assess the functional, radiological results of scapho-lunate reconstruction with SLAM (Scapho-Lunate Axis Method)

### **Method:**

All patients who presented to our institution with chronic scapho-lunate ligament injury and where primary repair was not possible underwent the scapho-lunate biologic reconstruction with two tailed palmaris longus tendon autograft was used to create tether between the scaphoid and lunate, by placing the graft along the axis of motion of scaphoid and lunate with tendon graft anchor. This was coupled with reconstruction of dorsal portion of SLIL and DIC with securing of the two limbs of the graft dorsally with anchors to the lunate and capitate respectively.

The patients were follow up at 6 weeks, 3 months, 6 months and 1 year. The radiological parameters, i.e. scapholunate angle and scapholunate gap were compared as well as the functional outcomes by means of DASH score.

### **Results:**

We currently have done 7 patients with SLAM procedure and early radiological results shows the scapholunate gap is reduced post reconstruction and scapholunate angle reduction maintained. We will be presenting our early results with this novel method to address the chronic scapholunate instability.

### **Conclusion:**

SLAM procedure is biologic reconstruction of scapholunate ligament reconstruction and early results shows favourable radiological outcome.



# Prizes & Awards

---

## **SASSH REGISTRAR PRIZE:**

**R3 500.00**

This award is available for the best paper read at the SASSH Congress by a registrar or junior consultant (i.e. within one year after qualification and/or registration).

## **SASSH THERAPIST PRIZE:**

**R2 500.00**

This prize is sponsored by SASSH and is presented for the best paper read at the SASSH Congress by a hand therapist (physio- or occupational therapist)

## **ISIDORE KAPLAN LITERARY AWARD:**

**R10 000.00**

This prize is sponsored by SASSH for the best publication by a registrar or consultant between 1 January and 31 December of the previous year.

## **STRATMED PRIZE FOR THE BEST RESEARCH PAPER**

This prize is sponsored by STRATMED and awarded annually for the best research paper presented at the SASSH Congress.

The prize is open to all categories of currently paid-up members of SASSH. The value of this award includes the cost of all flights, accommodation and registration fees to the following year's FESSH (Federation of European Societies for Surgery of the Hand) Congress.

## **MACROMED BARRY O'KELLY MEMORIAL PRIZE**

This prize is sponsored by MACROMED and awarded annually for the best original content paper presented at the SASSH Congress.

The prize is open to all categories of currently paid-up members of SASSH. The value of this award includes the cost of all flights, accommodation and registration fees to the following year's FESSH (Federation of European Societies for Surgery of the Hand) meeting.

## **AFFORDABLE MEDICAL ANNUAL AWARD:**

**R25 000.00**

This grant is sponsored by AFFORDABLE MEDICAL and awarded annually to a member of SASSH for accessing hand surgery expertise.

## **SASSH TRAVELING FELLOWSHIP IN HAND SURGERY: R20 000.00**

A Travelling Fellowship has been created to enable a Senior Registrar/Junior Consultant to travel overseas to visit one or more centres of excellence in Hand Surgery.

## **ASSH BUNNELL TRAVELING FELLOWSHIP**

The ASSH Bunnell Travelling Fellowship is awarded annually to any member of SASSH at registrar level. This will allow for complimentary registration to the annual ASSH meeting as well as visits to local hand centres.





## Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Notes

[illegible]







# Surgitech

THE SCIENCE OF SPECIALISATION. THE ART OF CARING.

LIMIT UNCERTAINTY WITH CLINICAL HINDSIGHT AND INNOVATIVE PRODUCTS IN UPPER EXTREMITY

## PIP implants

Pyrocarbon PIP total joint implant  
Silicone PIP implant



## MCP implants

Pyrocarbon MCP Total Joint implant  
Silicone MCP implant



## Universal 2™

Total wrist implant system



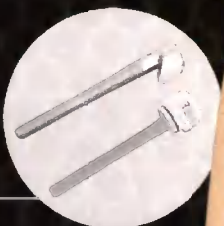
## SafeGuard™

Mini Carpal Tunnel Release System



## First choice™ DRUJ system

Partial and Total Ulnar Head replacement



## Kompressor™ screws

Compression screws



## Integra® CMRH®

Carbon Modular Radial Head



## RadFX

Ascension® Radial Head Fixation System



**INTEGRA**  
LIMIT UNCERTAINTY

Building No 10, Tuscany Office  
Park, Coombe Place, Rivonia

Tel: +27 (0) 11 803 2257  
Fax: +27 (0) 11 803 4724

[info@surgitech.co.za](mailto:info@surgitech.co.za)  
[www.surgitech.co.za](http://www.surgitech.co.za)