

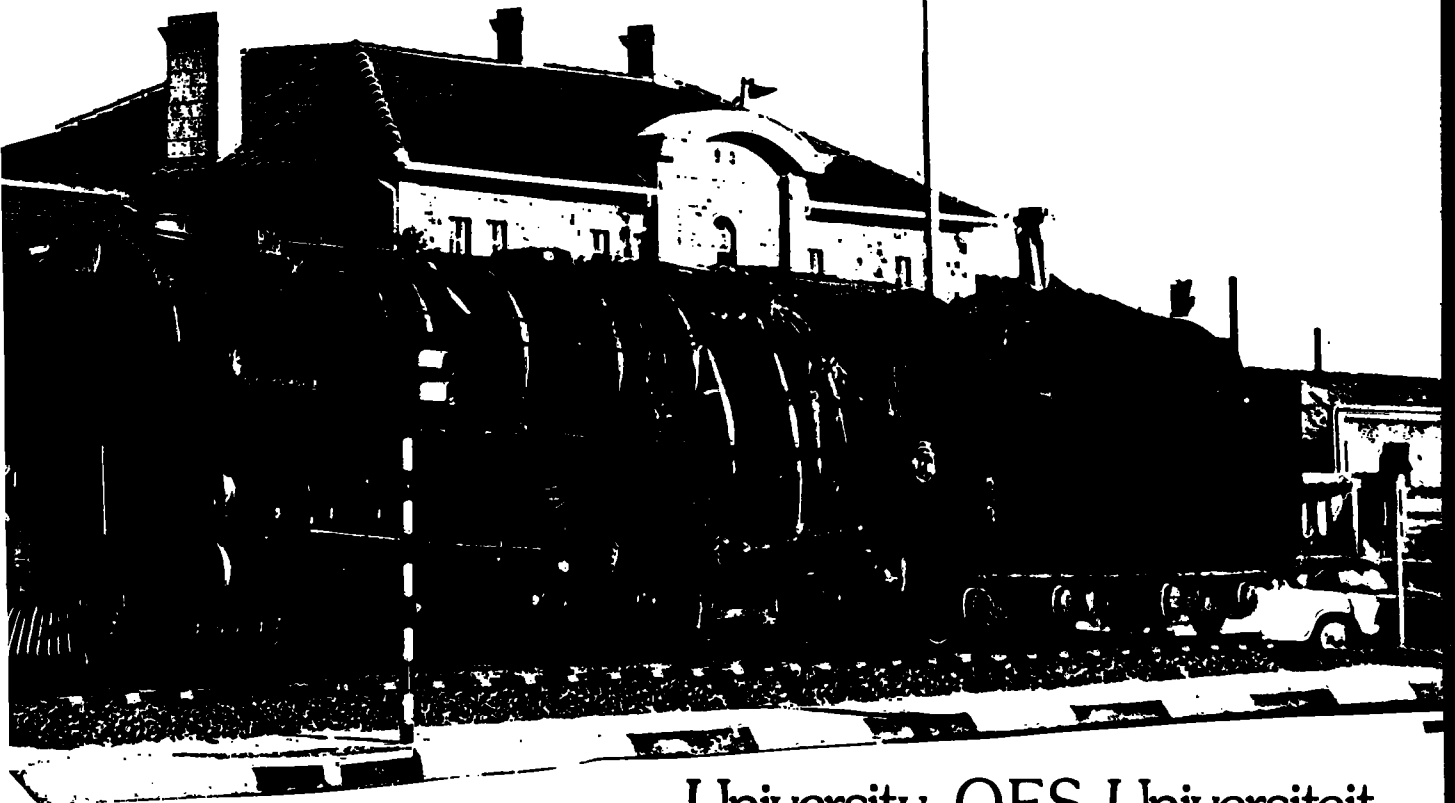
S.A. Society for Surgery of the Hand

(Incorporated Association not for gain)

S.A. Vereniging
vir Handchirurgie

(Ingelyfde Vereniging sonder winsbesag)

Congress
1978
Kongres



University O.F.S. Universiteit

This programme
with the compliments of
Bristol/MeadJohnson
Pharmaceutical Division of
The B-M Group (Pty) Ltd.

PAST PRESIDENTS VORIGE PRESIDENTE

1969 - 1971

I. KAPLAN

1971 - 1973

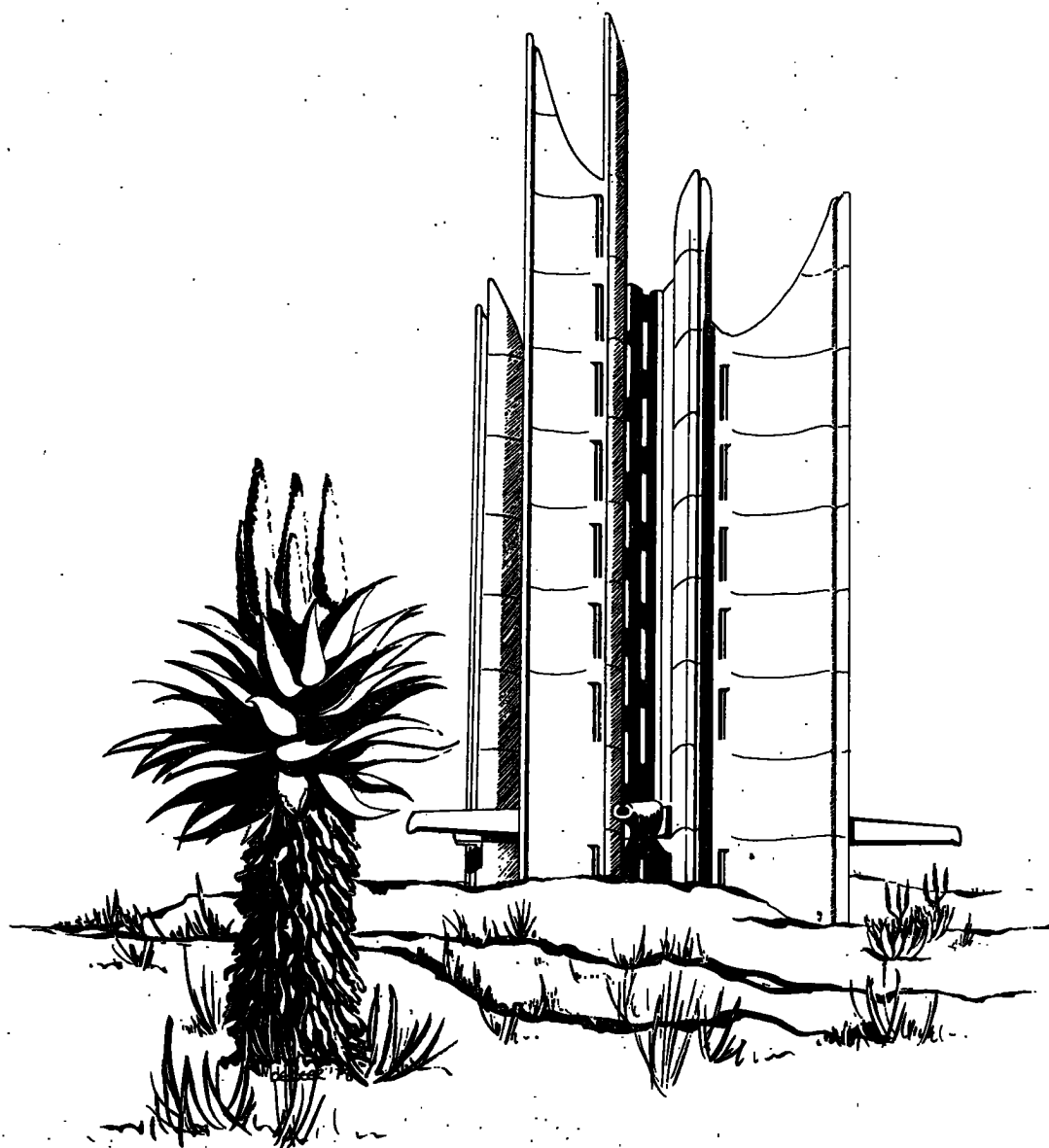
A. BOONZAIER

1973 - 1975

M. SINGER

1975 - 1977

J. YOUNGLESON



OFFICE BEARERS

PRESIDENT

Prof. T.L. Sarkin

PAST PRESIDENT

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CONGRESS COMMITTEE

Prof. T.L. Sarkin

Dr H. Enslin







RENIER DU WENNAAR AND THE DEVIL
 from the painting by Penny Miller
 courtesy of Mobil "Treasury of Travel Series"
 by T V Bulpin

The folklore of the Orange Free State is incomplete without the tales of Renier du Wenaar. He would roam around the country, with his faithful companion Boesman, hunting and telling tales.

A typical Renier du Wenaar story explains how the tunnel was bored through the rocks of the Aasvoëlbarg, behind Zastron, in the south eastern Orange Free State.

It tells how Renier, out hunting one day, encountered someone with long hair and curling fingernails, dressed in filthy rags. This individual pointed at Renier's pan geweer (an ancient rifle requiring loads of gunpowder and courage to fire) and asked what it was.

Renier recognised the individual as the devil so, thinking quickly, replied that it was his pipe. The devil asked for a draw. Renier, after loading the rifle with an extra amount of gunpowder as well as lead and nails, handed it to the devil telling him to hold it in his mouth while he lit it. The devil put the muzzle in his mouth and Renier lit the fuse.

Through the smoke of the explosion, Renier saw the devil's head rush through the air, hit the mountain, tear a great hole through the rocks, and hurtle off into space.

Renier faintly heard the devil's startled voice :
 „Wraggies, jong, daardie twak was darem sterk!"

**MAANDAG
11 SEPTEMBER 1978**

REGISTRASIE: 8·00vm~9·00vm

**BESIGHEIDSVERGADERING
(lede alleenlik) 9·00vm**

A G E N D A

- 1.. VERWELKOMING DEUR DIE PRESIDENT
- 2.. VERSKONINGS
- 3.. VOLMAGTE
- 4.. NOTULE VAN VORIGE JAARVERGADERING
- 5.. SAKE WAT UIT DIE NOTULE VOORTSPRUIT
- 6.. VOORSITTERSVERSLAG
- 7.. SEKRETARIS/PENNINGMEESTERSVERSLAG
- 8.. VOORSTEL VAN NUWE LEDE
- 9.. AANKONDIGING VAN VERKIESINGSUITSLAE
- 10.. VOLGENDE JAARVERGADERING
- 11.. ALGEMEEN



CLINICAL PROGRAMME~ HAND CONGRESS

0800 - 0900 REGISTRATION
0900 - 1000 ANNUAL GENERAL MEETING

CHAIRMAN: Prof. T.L.Sarkin

1000 - 1015 Dupuytren's Contracture in a Black Male - DR V. MENNEN
1015 - 1040 Surgery of Dupuytren's Contracture - MR DONAL BROOKS
1040 - 1050 DISCUSSION
1050 - 1120 TEA

CHAIRMAN: Mr. Cecil Bloch

1120 - 1140 Fractures of the Forearm - DR PETER MATTER
1140 - 1145 DISCUSSION
1145 - 1200 The treatment of Old Unreduced Dislocations of the
Elbow - MR K.S. NAIDOO
1200 - 1205 DISCUSSION
1205 - 1225 Carpal Injuries with particular reference to the
treatment of delayed Union of the Scaphoid
- MR E.L. TRICKEY
1225 - 1230 DISCUSSION
1230 - 1400 LUNCH

CHAIRMAN: Mr. J. Youngleson

1400 - 1410 The International Classification of Congenital Hand
Deformities - MR C. BLOCH
1410 - 1415 DISCUSSION
1415 - 1425 Surgery of the Hand for Birth Palsy - MR E. MASON
1425 - 1430 DISCUSSION
1430 - 1440 Toe to Hand Transplantation - MR J.H. FLEMING
1440 - 1445 DISCUSSION
1445 - 1455 The Experimental Production of the Swan Neck
Deformity - MR A.W.B. HEYWOOD
1455 - 1500 DISCUSSION
1500 - 1525 The Repair of Peripheral Nerve Injuries
- MR DONAL BROOKS
1525 - 1530 DISCUSSION
1530 - 1600 TEA

CHAIRMAN: Mr. S. Biddulph

1600 - 1645 Reconstructive Surgery of Flaccid Paralysis of the
Upper Limb - MR DONAL BROOKS
1645 - 1700 DISCUSSION

KLINIESE PROGRAM~ HAND KONGRES

0800 - 0900
0900 - 1000

REGISTRASIE
JAARLIKSE ALGEMENE VERGADERING

VOORSITTER: Prof. T.L. Sarkin

1000 - 1015
1015 - 1040

1040 - 1050
1050 - 1120

Dupuytren's Kontraktuur in 'n Swartman - DR V. MENNEN
Sjirurgiese behandeling van Dupuytren's Kontraktuur
- MNR DONAL BROOKS
BESPREKING
TEE

VOORSITTER: Mr. Cecil Bloch

1120 - 1140
1140 - 1145
1145 - 1200

1200 - 1205
1205 - 1225

1225 - 1230
1230 - 1400

Voorarm frakture - DR P. MATTER
BESPREKING
Behandeling van gevestigde, ongereduseerde ontwrigtings
van die elmboog - MNR K.S. NAAIDOO
BESPREKING
Karpale beserings, veral die behandeling van vertraagte
hegting van die skafoïd - MNR E.L. TRICKEY
BESPREKING
MIDDAGETE

VOORSITTER: Mr. J. Youngleson

1400 - 1410
1410 - 1415
1415 - 1425

1425 - 1430
1430 - 1440
1440 - 1445
1445 - 1455
1455 - 1500
1500 - 1525
1525 - 1530
1530 - 1600

Die internasionale klassifikasie van aangebore hand
letsels - MNR C. BLOCH
BESPREKING
Sjirurgiese behandeling van geboorte verlamming
- MNR E. MASON
BESPREKING
Toon - hand oorplanting - MNR J.H. FLEMING
BESPREKING
Eksperimentele Swaan-nek deformasie - MNR A.W.B. HEYWOOD
BESPREKING
Senuwee hegtings - MNR DONAL BROOKS
BESPREKING
TEE

VOORSITTER: Mr. S. Biddulph

1600 - 1645
1645 - 1700

Rekonstruktiewe sjirurgie in slap paraliese van
die bo-ledemaat - MNR DONAL BROOKS
BESPREKING

Dupuytren's Contracture in a black male.

MR V. MENNEN

A single case of Dupuytren's contracture in a proven genetically pure black male, is reported.

The patient was an epileptic and had both plantar and palmar lesions, and is thought to be the first case in this Race Group to be reported.

Surgery of Dupuytren's Contracture.

MR DONAL BROOKS

The indications for operative intervention will be discussed and the details of surgical technique described. Some of the unaccountable post-operative complications will be considered and their treatment elaborated.

*Pathologie le kussen vel + deep fascia.
① - horizontale snit o mes kussen 2 lg.*

Fractures of the Forearm.

MR P MATTER

An approach to the treatment of fractures of the forearm by means of rigid internal fixation using the AO technique will be presented and illustrated, together with a discussion on the advantage of the method with special emphasis on the maintenance of movements of the joints of the upper limb and the avoidance of stiffness and wasting by the avoidance of external splintage.

The treatment of Old Unreduced Dislocations of the Elbow.

MR K.S. NAIDOO

Nine cases are presented in whom posterior dislocations of the elbow were left untreated for periods ranging from 4 weeks to 1 year.

Surgery and the results thereof are discussed.

Goed resultaat na opreuking.
Triceps verkort: versing deur V-Y plastiek.
Granulatie weefsel in olekranon & trochleair fossa.

Treatment of Delayed Union of the Scaphoid.

MR E.L. TRICKEY

It is a well known fact that over 80% of fresh fractures of the carpal scaphoid bone will unite with adequate conservative treatment.

However, many cases of delayed union are seen. Most of these are due to a lack of proper immobilisation.

The delay is not due to lack of blood supply. The treatment is rigid immobilisation without bone grafting.

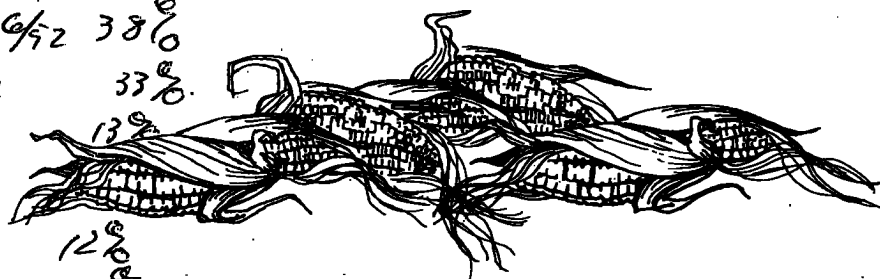
Regime
Out 10ks. sonder beneoospl. & skroef sonder gips.
45 gevalle. — 100% heptyng 3/12 — 36/12.

Union Rate. 6/52 38%

12/52 33%

> 12/52 13%

non-union 4/12



Experiences with the International Classification of Congenital Hand Deformities

Go. H. Auer
Sept 1976.
Vol. 1. No. 1.
p. 8.

MR C BLOCH

The International Classification has formed the basis for this study on Congenital Hand Deformities. A number of cases will be presented showing how usable the Classification is and also some of its defects. It is hoped that by this presentation all Centres will be stimulated to use the same Classification so that results may be compared throughout the world.

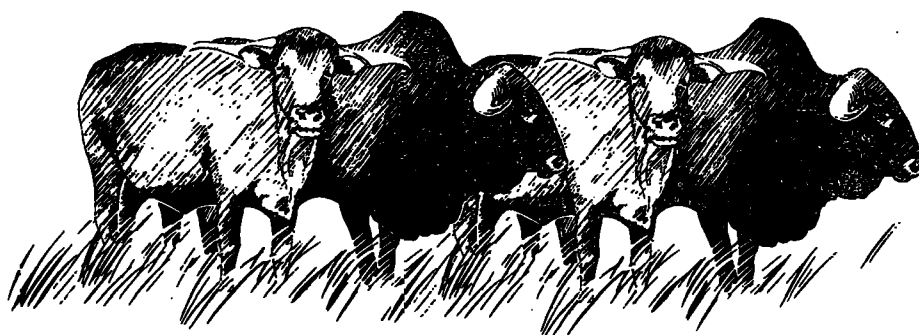
- I Failure of development < horizon.*
- II Failure of devesenization*
- III Duplication.*
- IV Overgrowth.*
- V Undergrowth.*
- VI Long constriction band syndrome.*
- VII Regionalized skeletal abn of Marfan etc*

Surgery of the Hand for Birth Palsy.

MR E.I.H. MASON

In a series of 51 cases of birth palsies, eight required surgery to the hand.

Procedures included tendon transfers and joint fusions. The indications and results are discussed.



Toe to Hand Transplants.

MR J.H. FLEMING

A series of eight toe to hand transplants are presented. Candidates for the operation are encouraged to assess their own degree of disability at work prior to surgery. Selection of patients is very stringent and a "soft sell" approach is adopted.

The technique of the procedure is presented and the advantages and disadvantages discussed.

Experimental Production of the Swan Neck Deformity.

MR A.W.B. HEYWOOD

In experimental models, extension of the distal inter-phalangeal joint, and not flexion is seen when the lateral bands are put on tension. Flexion, as seen in Swan neck deformities, occurs only under specific circumstances. Thus, pure intrinsic tightness is unlikely to be the basic cause of Swan necking.

At clinical surgery the lateral bands are usually found to be adherent to the central slip at the proximal inter-phalangeal joint level.

Surgery should therefore be directed at freeing the lateral bands to allow the normal volar migration during flexion.

Pathogen. Swanneck:

1. Tight intrinsics
2. Vergroeiing van lat. bande
3. Mallet finger.
4. Strik. van volare kapsel.
5. Flex tenosynovitis.
6. Distoc. van M.P. gewrig.

Gutierrez contract. is a consequence not a cause
of P.D. Swanneck

The Repair of Peripheral Nerve Injuries.

MR DONAL BROOKS

Repair of peripheral nerves by epineural suture has been in vogue since the middle of the last century. In exceptional circumstances nerve grafting is used to restore continuity.

With the advent of the operating microscope it is suggested that with higher magnification and improved surgical technique, that greater accuracy of apposition of nerve ends can be achieved, with correspondingly better results.

Controversy that exists in relation to epineural and interfascicular repair will be discussed.

A case is made for the continuing use of epineural suture in routine nerve repair.

How soon should a nerve be spliced: as soon as reasonably possible.

Reconstructive Surgery of Flaccid Paralysis of the Upper Limb.

MR DONAL BROOKS

A careful functional assessment is essential before embarking on any form of reconstructive surgery of the upper limb. The presence or absence of normal sensibility in the hand to a great extent determines the choice of operation and the extent of surgery. The timing of surgery is important as is the sequence of operations. Tendon transfer, tenodesis, arthrolysis and arthrodesis all have their place in the programme of reconstructive surgery and will be described.

Those techniques that have been well tried over the years will be considered in detail.

*Opponens van duim: pectoralis profundus.
brachioradialis → palmaris longus.
tenodesis van EPB → ulna kop.
(as pols exten. wordt afgevoerd duim in oppositie)*

EPB → palmaris longus.

as aktive opposens

Arthrodesis wrist: do tendon transpl. before arthrodes.
Nerve: sensorine sensory dist ulna & rad.
— motion pr + sup

Henry ϕ : Straps of fascia lata \rightarrow spine
 \rightarrow stabilize scapula to thorax.

Arthrodesis shoulder:

Brooks: hand in the pocket:

Abd - 30°
Flex - 0°
IR - 45°

to much abd \rightarrow flat shoulder & pain trochanter.
 ϕ : use spine of scapula: use as a peg through g-joint.
Hierdie program

met die komplimente van
Bristol/MeadJohnson
Farmaseutiese Afdeling van
Die B-M Groep (Edms) Bpk.

Clawing of fingers: R & ϕ :

- ① limit ext. at MP joints. (anything will work!)
— tenodesis.
— tendon transplants: — act as tenodesis
- ② EPB \rightarrow 1st interos. for N. uln. tendon.

Clark ϕ : Pect major plex \rightarrow Biceps. (skinner ^{arthod. word} ~~word~~)
Skinner ϕ : plex. sking can flex plex

Triceps \rightarrow Biceps. — for flex. (under N. uln.)

Ter. maj. + Latiss. dorsi \rightarrow \rightarrow rotator cuff.
external area of humerus
— for active E.R.
 \rightarrow or ext. rot. on the way.

