

S.A. Society for Surgery of the Hand

(Incorporated Association not for gain)

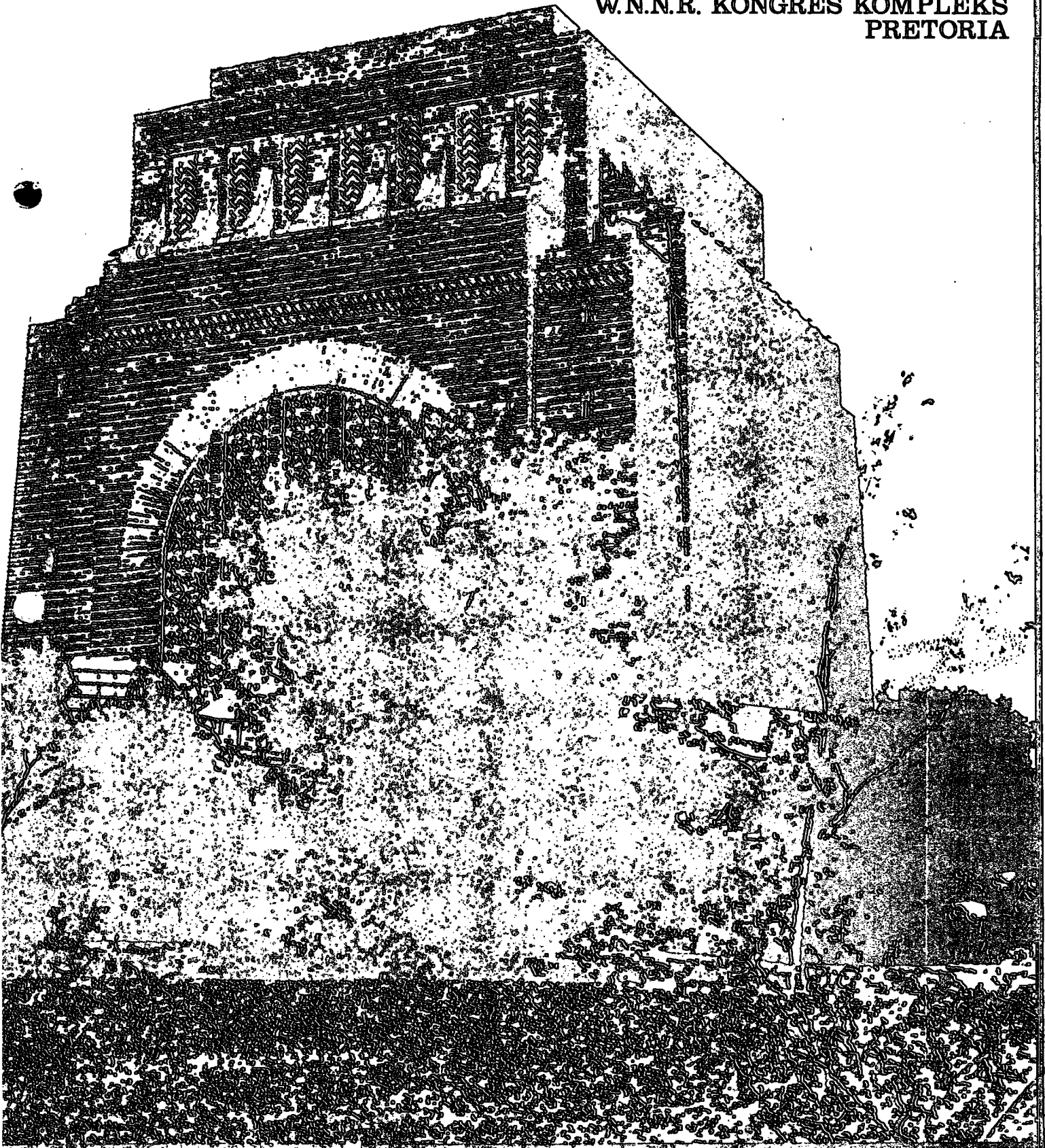
S.A. Vereniging vir Handchirurgie

(Ingelyfde Vereniging sonder winsbesag)

Congress-1979-Kongres

C.S.I.R. CONGRESS COMPLEX
W.N.N.R. KONGRES KOMPLEKS
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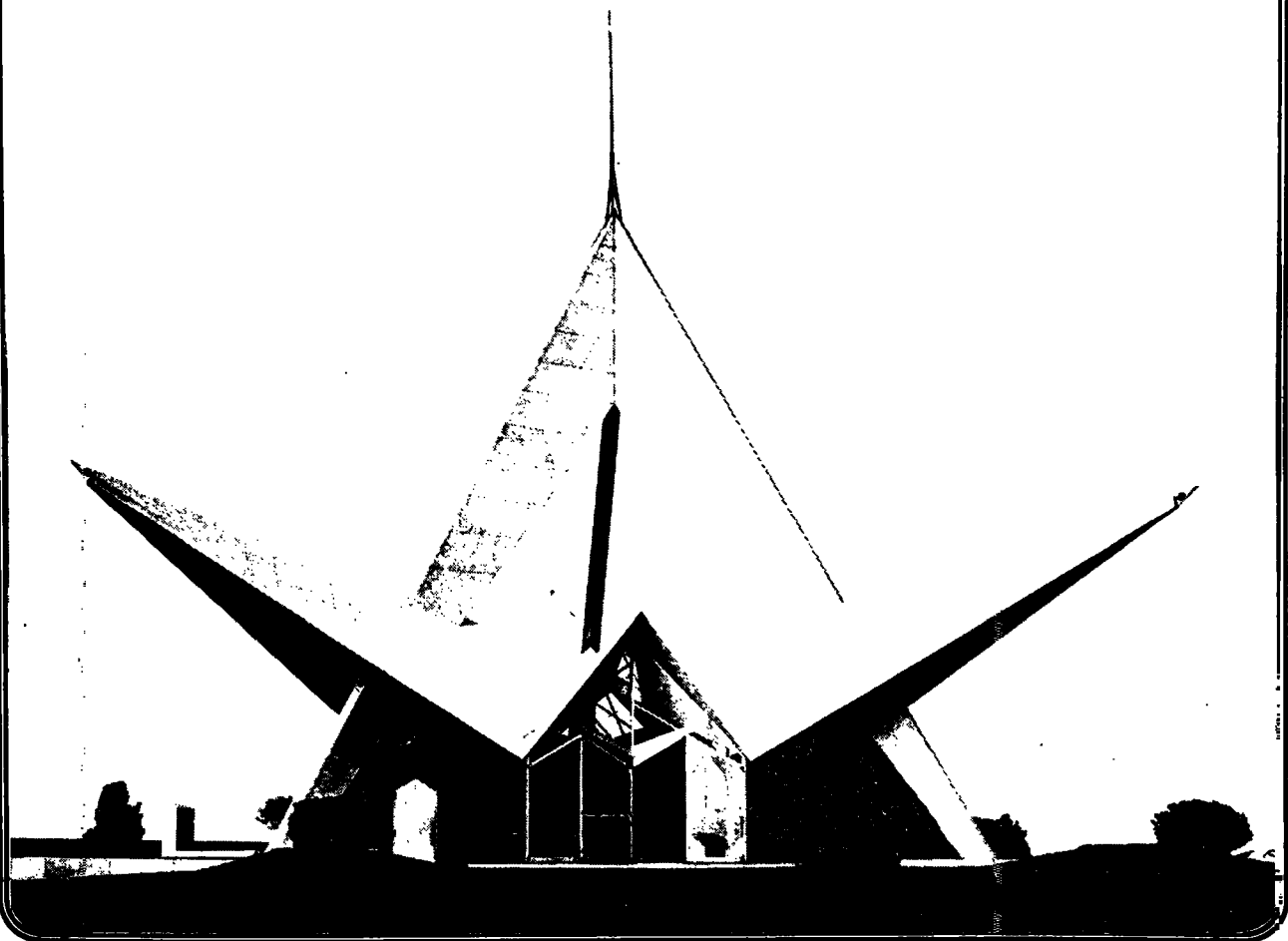
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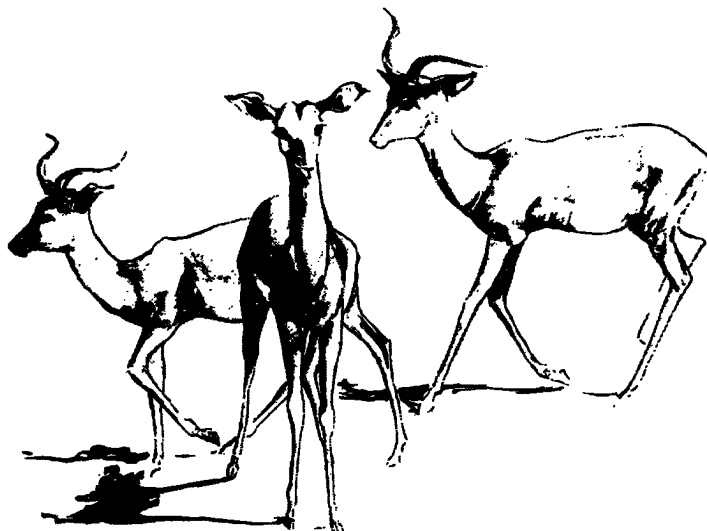
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MAANDAG: 10 SEPTEMBER
REGISTRASIE: 8·00 - 9·00vm.
BESIGHEIDSVERGADERING
(lede alleenlik) 9·00vm.

Agenda

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/PENNINGMEESTERVERSLAG
8. VOORSTEL VAN NUWE LEDE
9. AANKONDIGING VAN VERKIESINGSUITSLAE
10. VOLGENDE JAARVERGADERING
11. ALGEMEEN

PROGRAMME - PROGRAM

09h00 - 09h45 Annual General Meeting / Algemene Jaarvergadering.

CHAIRMAN / VOORSITTER: *Prof. T. Sarkin*

09h45 - 10h00 Flexor Tendon Healing - The Role played by Synovial Fluid and Blood Vessels / Fleksor Tendon heging - Die rol van Sinoviale vloeistof en Bloedvate.

P.J. Erasmus

10h00 - 10h05 Discussion / Bespreking.

10h05 - 10h20 The delayed presentation of Brachial Plexus Injuries / Die vertraagde verskynsel van Brachiale Flexus Beserings.

K.S. Naidoo, L. Leve & J. Robbs

10h20 - 10h25 Discussion / Bespreking.

10h25 - 10h45 Multiple Fractures of the Hand / Veelvuldige Frakture van die Hand.

N.J. Barton

10h45 - 10h50 Discussion / Bespreking.

10h50 - 11h20 T E E

CHAIRMAN / VOORSITTER: *Mr. / Mnr. C. Bloch*

11h20 - 11h40 A New Technique in the Treatment of Non-union of the Scaphoid / 'n Nuwe Tegniek vir die behandeling van nie-heging van die Skafoïd.

F. Enders (Jnr)

11h40 - 11h45 Discussion / Bespreking.

11h45 - 12h00 The Management of the Intrinsic Plus Rheumatoid Hand / Behandeling van die Intrinsieke Plus Hand in Rumatoïde Artritis.

A.W.B. Heywood

12h00 - 12h05 Discussion / Bespreking.

- 12h05 - 12h20 The Gouty Hand Masquerading as Rheumatoid Arthritis /
Vinger swelsel - Jig of Rumatoïde Artritis.
I.A.P. Tunley
- 12h20 - 12h25 Discussion / Bespreking.
- 12h25 - 12h40 The Extensor Sling Procedure for the Unstable Trapezio-
Metacarpal Joint / Die Ekstensor Strop operasie vir
onstabiliteit van die Trapesio-Metakarpale gewrig.
S.L. Biddulph
- 12h40 - 12h45 Discussion / Bespreking.
- 12h45 - 14h00 L U N C H

CHAIRMAN / VOORSITTER: *Mr. / Mnr. J. Youngleson*

- 14h00 - 14h20 Tendon transfer for Radial Paralysis / Tendonoor-
planting vir Radiale paraliese.
K.S. Naidoo
- 14h20 - 14h25 Discussion / Bespreking.
- 14h25 - 14h45 Extensor Indicis Opponensplasty / Ekstensor Indicis
Opponens Plastiek.
L.K. Pretorius
- 14h45 - 14h50 Discussion / Bespreking.
- 14h50 - 15h30 Fractures of the Phalanges of the Hand / Falanks
frakture van die Hand.
N.J. Barton
- 15h30 - 15h40 Discussion / Bespreking.
- 15h40 - 16h10 T E E

CHAIRMAN / VOORSITTER: *Mr. / Mnr. D. Marais*

- 16h10 - 16h50 The Assessment and Indications for Surgery of the
Hand in Cerebral Palsy / Skatting en Aanduidings vir
sjirurgie in die Serebraal Verlamde Hand.
W.J.W. Sharrard
- 16h50 - 17h00 Discussion / Bespreking.
- 19h30 B A N Q U E T



Flexor Tendon Healing-the Role Played by Synovial Fluid and Blood Vessels.

P. J. ERASMUS

An experimental rabbit model was established to study the part played by synovial fluid and blood supply in the role of tendon union.

The following conclusions are presented:-

- a) Normal synovial fluid is necessary for tendon healing and can probably prevent adhesion formation.
- b) Adequate blood supply is essential to prevent central tendon necrosis.

For strong-adhesion-free tendon repair the following is necessary:-

- a) To restore the parietal synovium over the laceration.
- b) To use a tendon suture that disrupts the blood supply as minimally as possible and avoid damage to the segmental boosters from the intrinsic tendon blood supply.



Delayed Presentation of Brachial Plexus Lesions.

K.S. NAIDOO, L. LEVE & J. ROBBS

A group of patients with delayed onset of brachial plexus lesions will be presented.

The mechanism of production of the lesions and their management will be discussed.

The need for careful examination and accurate recording of notes will be emphasized.

Multiple Fractures of the Hand. N. J. BARTON

The special problem relating to the management, rehabilitation and management of patients with multiple fractures of the hand is described and presented.

A New Technique in the Treatment of Non-Union of the Scaphoid.

F. ENDERES (JNR)

Non-union of the scaphoid can be a most disabling problem, especially in the young male who is required to do strenuous work.

As no surgical answer to the problem which is satisfactory in all cases has yet been described - a new technique is presented and described in detail.

Matti Russe - bootstrap

The Management of the "Intrinsic-Plus" Rheumatoid Hand.

A.W. B. HEYWOOD

A classification of the various types of the "intrinsic-plus" hand as seen in rheumatoid arthritis and producing the swan-neck deformity is presented and the pathological anatomy of each type with its rational treatment is discussed.

* Swan neck due to stuck lat. bands to
dorsum middle and not intrinsic
m. contracture (re. Bunnell)

* No intrinsic m. spasm in R.A. hand.

The Gouty Hand Masquerading as Rheumatoid Arthritis.

I.A.P. TUNLEY

O.L. MEYERS

Co-existing gout and rheumatoid arthritis is exceedingly rare. Four patients whose hand deformities were thought to be due to Rheumatoid Arthritis were subsequently shown to have gout. The diagnosis, aetiology and management will be discussed.



The Extensor Sling Procedure for the Unstable Trapezio-Metacarpal Joint.

MR. S.L. BIDDULPH

Instability of the 1st Carpo-metacarpal joint is often associated with pain around the base of the thumb. Subluxation or total dislocation may occur. In later years secondary degenerative changes may be seen. Many procedures have been described to restore stability to this joint. Few, however are successful. It was felt that the description of a further procedure is justified. A strong ligament is fashioned as a sling around the base of the 1st metacarpal.

This serves as an interim report as only three cases have been done - in all the patients total stability was achieved with full mobility.

Tendon Transfers for Radial Paralysis.

MR. K.S. NAIDOO

The various tendon transfers possible for radial paralysis will be reviewed.

The results in a group of patients who underwent tendon transfers will then be presented.

The operative technique used will be described in detail.

PT → ECR.
 FCU → EDC. + EPL. 1EI
 PL → EDB₂ + APL₂
 (retracted & divided) toward volar side

Extensor Indicis Opponensplasty.

L. K. PRETORIUS

Selecting a suitable tendon for the performance of an opponensplasty in the presence of a high median or a combined median and ulnar nerve lesion is a problem which is overcome by using the tendon of Extensor Indicis. The procedure was originally described by Santiago Choutry-Aguirre of Buenos Aires in 1956.

The advantages are that:

- a) The deformities sometimes caused by the transfer of flexor digitorum sublimis in the Bunnel Transfer are avoided.
- b) No tendon graft is necessary and no suture line is needed except at the new insertion.
- c) The tendon acts "in-phase" with abductor pollicis and rehabilitation is therefore easy.
- d) The procedure is technically easy.

A slide demonstration of the technique and experience with twenty cases will be presented.



Fractures of the Phalanges of the Hand.

N.J. BARTON

The management of fractures of the phalanges of the hand and the place of internal fixation will be discussed and presented in detail.

The Assessment and Indications for Surgery of the Hand in Cerebral Palsy.

W. J. W. SHARRARD

The special problems referable to the assessment and indications for Surgery of the Hand in Cerebral Palsy will be presented and discussed. Although normal function can never be obtained surgery has a definite place.

Careful assessment is essential. Fixed deformity requires correction by soft tissue release followed by an appropriate tendon transfer. Even if correction is only a cosmetic reason, correction of the flexed wrist, adducted thumb and tightly closed fingers is worthwhile.

Moemi hande & wet:

1. *Atetose*
2. *Flexor release*
3. *gebrek aan "valskem refleks."* neg nie teunis
4. *toniese nekrefleks teunisdog na 18/12.*

@ 18/12

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