

S.A. SOCIETY  
FOR SURGERY  
OF THE HAND

(INCORPORATED ASSOCIATION NOT FOR GAIN)

CONGRESS  
1985  
KONGRES

S.A.  
VERENIGING VIR  
HANDCHIRURGIE

(INGELYFDE VERENIGING SONDER WINSBEJAG)



Warmest congratulations to the organisers of this congress which provides a platform for interaction between members of the medical profession involved in surgery of the hand.

The speakers, both South African and from overseas, will undoubtedly prove to be most stimulating and further knowledge in this important field of surgery.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Norm Nossel'. The signature is fluid and cursive, with the first name 'Norm' and last name 'Nossel' clearly distinguishable.

NORMAN NOSSEL  
CHAIRMAN  
ADCOCK-INGRAM LIMITED

---

## PAST PRESIDENTS

---

---

## VORIGE PRESIDENTE

---

**1970 — 1971**

I. Kaplan

**1972 — 1973**

A.C. Boonzaier

**1974 — 1975**

M. Singer

**1976 — 1977**

J.H. Youngleson

**1978 — 1979**

T. L. Sarkin

**1980 — 1981**

C.E. Bloch

**1981 — 1982**

S.L. Biddulph

---

## OFFICE BEARERS

---

---

## AMPSDRAERS

---

**President**

W.M.M. Morris

**Secretary/Treasurer — Sekretaris/Penningmeester**

L.K. Pretorius

**President elect**

L.K. Pretorius

**Members — Lede**

S.L. Biddulph

C.E. Bloch

J.H. Fleming

P. van Rooyen

---

## CONGRESS ORGANIZER 1985 KONGRES ORGANISEERDER

---

W.M.M. Morris

# PROGRAMME

# PROGRAM

**Friday, 6 September 1985**  
**Vrydag, 6 September 1985**

**07h00 — 08h30**

Registration / Registrasie

**08h30 — 09h30**

Annual General Meeting (members only)  
Algemene Jaarvergadering (slegs lede)

**09h30 — 10h30**

Scientific presentations  
Wetenskaplike voordragte

**10h30 — 11h00**

Tea / Tee

**11h00 — 12h30**

Scientific presentations  
Wetenskaplike voordragte

**12h30 — 13h45**

Luncheon  
Middagete

**14h00 — 15h30**

Scientific presentations  
Wetenskaplike voordragte

**15h30 — 16h00**

Tea / Tee

**Scientific presentations**  
**Wetenskaplike voordragte**

**19h30**

Reception (registrants only)  
Onthaal (slegs kongresgangers)

---

# ALGEMENE JAARVERGADERING    ANNUAL GENERAL MEETING

---

(slegs lede)

(members only)

08h30 — 09h30 : 6 September 1985

1.

Verwelkoming deur die President  
Welcome address by the President

2.

Verskonings  
Apologies

3.

Volmagte  
Proxies

4.

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

5.

Sake wat uit die notule voortspruit  
Matters arising from the minutes

6.

President se verslag  
President's report

7.

Sekretaris/Penningmeester se verslag  
Secretary/Treasurer's report

8.

Aankondiging van pasverkose Uitvoerende Komitee  
Announcement of elected Executive Committee

9.

Toekomstige kongresse  
Future congresses

10.

Tariewe: Handchirurgie  
Tariffs for Hand Surgery

11.

Volgende Algemene Jaarvergadering  
Next Annual General Meeting

12.

Algemeen  
General

# **S.A. SOCIETY FOR SURGERY OF THE HAND CONGRESS**

## **6 SEPTEMBER 1985 — DURBAN**

**07h30 — 08h30** Registration/Registrasie

**08h30 — 09h30** Annual General Meeting/Algemene Jaarvergadering

**Chairman/Voorsitter: Dr W M M Morris**

**09h30 — 10h10** Symbrachydactylia/Simbragidaktilie — **Professor D Buck-Gramcko**

**10h10 — 10h15** Discussion/Bespreking

**10h15 — 10h25** An analysis of 35 Fractures of Proximal Phalanges/Analise van 35 Frakture van die Proksimale Falankse — **Dr M Laric, Dr A Widgerow**

**10h25 — 10h30** Discussion/Bespreking

**10h30 — 11h00** Tea/Tee

**Chairman/Voorsitter: Dr A C Boonzaier**

**11h00 — 11h10** Habitual Dislocation of the Extensor Tendons/Habituele Ontwrigting van die Ekstensor Pese — **Dr K S Naidoo**

**11h10 — 11h15** Discussion/Bespreking

**11h15 — 11h25** A Modification of the Kleinert Technique/'n Modifikasie van die Kleinert-tegniek — **Dr C Bradfield, Dr W Edinburg**

**11h25 — 11h30** Discussion/Bespreking

**11h30 — 11h40** The Timing of Tendon Transfers in the Hand/Die Tydsbepaling van Tendon-verplasings in die Hand — **Dr J Youngleson**

**11h40 — 11h45** Discussion/Bespreking

**11h45 — 12h25** The Medical Aspects and overall Rehabilitation of the Rheumatoid Hand/Die Mediese Aspekte en totale Rehabilitasie van die Rumatoïde Hand — **Professor C B Wynn Parry**

**12h25 — 12h30** Discussion/Bespreking

**12h30 — 13h45** Luncheon/Middagete

**Chairman/Voorsitter: Dr J Youngleson**

**14h00 — 14h45** Pollicization in Congenital Absence and Traumatic Loss of the Thumb (including a movie)/Verduiming in Kongenitale Afwesigheid en Traumatiese Verlies van die Duim (insluitende film), — **Professor D Buck-Gramcko**

- 14h45 — 14h50 Discussion/Bespreking
- 14h50 — 15h00 Compound Palmar Ganglion/Saamgestelde Palmare Ganglion —  
Dr K S Naidoo, Dr W M M Morris
- 15h00 — 15h05 Discussion/Bespreking
- 15h05 — 15h15 Dorsal Carpo-metacarpal Dislocation of the Index-, Middle-, Ring- and Little  
Finger/Dorsale Karpo-metakarpale Ontwrigting van die Indeks-, Middel- en  
Ringvinger en Pinkie — Dr K S Naidoo, Dr I E Goga
- 15h15 — 15h20 Discussion/Bespreking
- 15h20 — 15h30 Experience with the Herbert Screw in Scaphoid Fractures/Ondervinding van  
die Herbert-skroef in Safoïedfrakture — Dr A J Wienand
- 15h30 — 15h35 Discussion/Bespreking
- 15h35 — 16h00 Tea/Tee

**Chairman/Voorsitter: Professor T L Sarkin**

- 16h00 — 16h10 Stab Wounds Involving the Brachial Plexus: A Review of Operated  
Cases/Steekwonde, insluitende die Bragiale Pleksus: 'n Oorsig van Geopereer-  
de Gevalle — Dr R S Boome, Dr M C Dunkerton
- 16h10 — 16h15 Discussion/Bespreking
- 16h15 — 16h55 The Management of Painful Peripheral Nerve Disorders, particularly causalgia  
and Sudeck's atrophy/Die Hantering van Pynlike Perifere Senuwee-  
aandoenings, hoofsaaklik kousalgie en Sudeck se atrofie — Professor  
C B Wynn Parry
- 16h55 — 17h00 Discussion/Bespreking

## **An Analysis of 35 Fractures of Proximal Phalanges**

**M Laric**

**A Widgerow**

A series of 35 fractures of proximal phalanges has been collected and their clinical data as to the type of fracture and their treatment has been analysed.

These facts are presented. As the majority of the fractures have only been followed up for a period of less than two months, the post-therapy range of movement will not be concentrated upon.



## **Habitual Dislocation of the Extensor Tendons**

**Dr K S Naidoo**

Habitual dislocation of the extensor tendons is an uncommon condition; it can be easily confused with trigger finger, "locking" at the metacarpo-phalangeal joint, or rheumatoid/inflammatory lesions. This paper will illustrate the important diagnostic features which distinguish Habitual Dislocation of the extensor tendons from other conditions. The various methods of treatment will be reviewed together with case illustrations.

## **A Modification of the Kleinert Technique**

**C Bradfield**

**W Edinburg**

During the last year great dissatisfaction has built up about the end result of flexor tendon repair despite a meticulous adherence to the original Kleinert technique of post-operative mobilisation.

A modification of the splint used with this mobilisation is presented. Approximately 15 cases have been done so far with satisfactory results albeit at an early stage. It is an interim report presenting the findings at a stage four to eight weeks post-operatively.

As all the patients in the case study are from a non-European hospital we foresee great difficulty in the long-term follow-up.

## **The Timing of Tendon Transfers in the Hand**

**Dr J H Youngleson M.B. Ch.B (Cape) F.R.C.S. (Edin) F.R.C.S. (Eng)**

The requirements for a successful tendon transfer are reviewed. The question of tendon transfer at the time of nerve repair is considered.

## **Compound Palmar Ganglion**

**Dr K S Naidoo**

**Dr W Morris**

This paper presents four cases of compound palmar ganglion caused by tuberculous tenosynovitis. The outstanding clinical feature was the presence of a relatively painless swelling in the carpal tunnel which caused limitation of finger flexion but no significant median nerve compression. All the patients underwent extensive surgical decompression.

The post-operative results were gratifying.

Adequate illustrations will be used to demonstrate the important clinical and intra-operative features.

## **Dorsal Carpo-metacarpal Dislocation of the Index, Middle, Ring and Little Finger**

**Dr K S Naidoo**

**Dr I E Goga**

This paper presents two cases of a rare injury — namely dislocation of the carpo-metacarpal joints of the index, middle, ring and little fingers without fractures of the metacarpals or phalanges. In both cases there was a delay in diagnosis. Open reduction and internal fixation with Kirschner wires was necessary. The short-term follow-up shows a good result.

Unreduced dislocation of the carpo-metacarpal joints may give rise not only to a cosmetic deformity but also limits flexion of the fingers as well as reduces the power of grasp. This paper will describe in detail, the operative technique used and will also briefly review the literature.

## **Experience with the Herbert Screw in Scaphoid Fractures**

**Dr A J Wienand**

Fifty cases of non-union or severely displaced fractures of the scaphoid were treated by the Herbert screw fixation. The short term results and the complications of this operation are discussed. The lateral approach is preferred to the conventional anterior approach.

## **Stab Wounds Involving the Brachial Plexus : A Review of Operated Cases**

**Dr R S Boome & Dr M C Dunkerton**

**Department of Orthopaedic Surgery, University of Cape Town.**

Thirty cases of stab wounds involving the brachial plexus that were operated on by the same surgeon over 5 years have been reviewed. They were treated by neurolysis for lesions in continuity and nerve repair or graft for nerve transactions. The results of operation showed marked improvement in nearly all cases with many of the patients returning to their previous employment as manual labourers. The C5 and C6 lesions had far better results than the T1 lesions.

**S.A. Society Hand Surgery Congress  
September 1985.**

Professor C B Wynn Parry, London United Kingdom  
is mede-gas van die SAVH, MNR en SAFV.  
is co-guest of the SASSH, MRC and SASP.


X MCR has contributed generously to the expenses of Professor Wynn Parry.

Professor D Buck-Gramcko, Hamburg, Germany.

We are grateful to the following firms for once again coming to our rescue with their generous sponsorships.

Adcock Ingram	:Programme
Ciba-Geigy	:1) Banquet 2) Computer facilities 3) Intention forms
Smiths & Nephew	:1) Satchels 2) Mini program 3) Information desk 4) Overseas visitor fund
Synthes	:Lunch
May Baker	:Donation



STOPAYNE  Tablets: Reg. No. Paracetamol 320 mg. Codeine Phosphate 8 mg. Caffeine alkaloid 32 mg. Meprobamate 150 mg. Capsules: Reg. No. C/2.9/15 Paracetamol 320 mg. Codeine Phosphate 8 mg. Caffeine Alkaloid 48 mg. Meprobamate 150 mg.

*For pain*  
*Rx Stopayne.*  
**One name that stops pain**



A division of Adcock-Ingram Laboratories Limited, 50 Commando Road, Industria West,  
 Private Bag 1, Industria, 2042. (011) 673-4000.

Printed by  
Adcock Ingram Laboratories

Futuro  
Wrist Brace

Stopayne