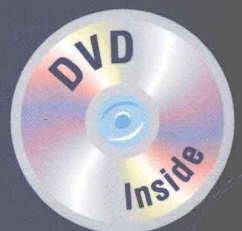
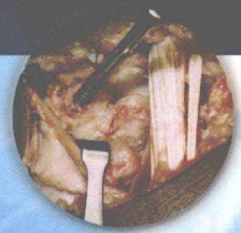
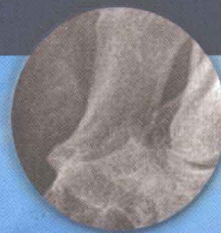
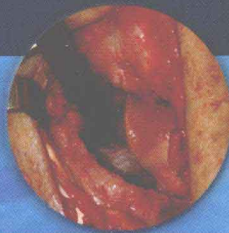


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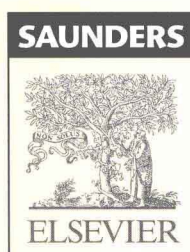
Principles and Practice of Wrist Surgery



Principles and Practice of Wrist Surgery

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The Hand and Wrist Institute
Torrance, California



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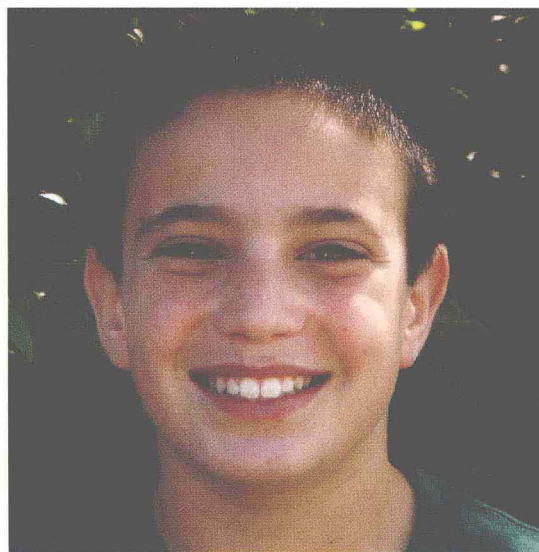
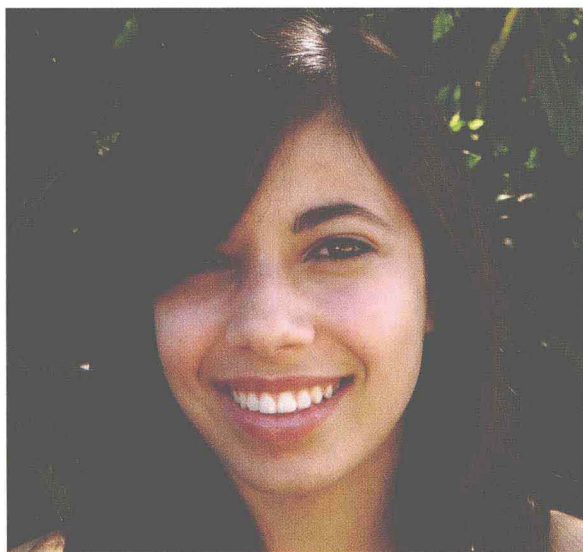
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To my best friends, Brett and Jesse, for all of the joy and love that you bring to my life.



Foreword

In this book, we meet 75 experts in the different areas of wrist surgery, who in 67 chapters give us a comprehensive presentation of the current frontline of this subject. Having studied the list of contents, two things came to my mind: one retrospective and one prospective.

As I remember my first years of surgical training in the early 1960s, the wrist was not much of a problem. Distal radius fractures, for instance, were treated uniformly by closed reduction and a dorsal splint. Of course they all did re-dislocate to some extent, but that was expected and did not bother us, as the patients seemed to be happy regardless of the outcome. Open reduction and internal fixation were never considered. The common view was: as there is no correlation between the x-ray picture and the clinical outcome, why should an exact open reduction followed by internal fixation be attempted? Erik Moberg, my mentor, emphasized the importance of checking the finger and shoulder mobility more than the x-ray. This was in order to prevent the fearful condition he named *shoulder-hand-finger syndrome*, which was thoroughly investigated by Moberg's associate Dr. Frykman in his doctoral thesis in 1967.

In his famous book on pediatric fractures in the 1950s, Dr. Blount stated: "Doctor, treat the patient, not the picture." That sentence was framed and hung on the wall in Moberg's office. Of course, some cases ended up in what is incorrectly defined as "ulna plus," in which case resection of the ulnar head, according to Darrach, was the treatment of choice (today, everybody knows it is not an "ulna plus" but a "radius minus"). I ask myself: what did we know about the distal radioulnar joint in the middle of the 1960s? Based on what we know today, the answer must be: nothing!

One condition treated very respectfully was the scaphoid fracture, which was typically immobilized with a complete

above-elbow cast for 12 weeks. Interestingly, the elbow did not suffer, but regained full range of motion rather soon after the cast was removed. Kienböck's disease was another condition treated with special respect, perhaps because it had up until the late 1940s been studied extensively by three Swedish researchers in their doctoral theses: O. Hultén, 1928; M. Persson, 1945; and F. Ståhl, 1947. I apologize if I am somewhat nationalistic in this regard, but I believe their contributions are so well recognized internationally that they deserve being mentioned in this context. In retrospect, however, the question remains: why in the 1960s did we not see the panorama of wrist problems that hand surgeons encounter today? The problems must have existed even then, albeit unnoticed. The reason for this must, in short, be knowledge. Not that *knowledge* did not exist 5 decades ago, but it did not, as I now understand, penetrate to the "floor."

Having said that, I will approach the second thing that came to mind when studying the list of contents. The wrist has over the last 3 to 4 decades been studied methodically and meticulously from every aspect—anatomical, biomechanical, traumatological, clinical—and the number of scientific publications has skyrocketed. I think we have long ago surpassed the level of knowledge that can possibly be grasped by one single individual. The challenge, therefore, is this: how can all this information penetrate down to the "floor" in terms of being implemented daily in the clinic, emergency department, and operating room? Continuous medical education certainly plays an important role in this process, as will this book as well. Being just one volume, it ought to be easily accessible to every surgeon who has any ambition to remain updated. I truly envy my younger fellow surgeons who will now have this comprehensive publication as a source of reference and inspiration.

CARL-GÖRAN HAGERT, MD, PhD

Preface

There have been huge advances in our understanding of the wrist and its disorders over the past decade. *Principles and Practice of Wrist Surgery* covers the gamut of disorders including distal radius and carpal fractures in adults and adolescents, salvage procedures, compressive neuropathies, and vascular disorders, to name but a few. It is filled with new concepts and myriad pearls as well as innovative techniques, oftentimes from the originators of the procedure. The book also contains the essential core knowledge for the entry-level wrist surgeon as well as the experienced operator. The accompanying DVD provides a number of illustrative examples on a wide range of topics and provides a glimpse into the surgical anatomy in real time.

I am indebted to all of the contributors without whom this book would not exist. I truly appreciate the time that they freely

gave to this project at the expense of their families and personal lives as well as the effort and personal sacrifice they have put forth to educate their peers. I am also indebted to Kim Murphy, Senior Publishing Director of Global Medicine at Elsevier, for asking me to undertake this project as well as the associate editors who contributed their time and energy to this project including the herculean work by Developmental Editor, Julie Mirra, and the Production Editor, Debra Schiff. Bruce Robison and his audiovisual crew did a fantastic job on the accompanying DVD. It was a real joy working with many of the pioneers and innovators in wrist and hand surgery and I hope you experience the same.

DAVID J. SLUTSKY, MD, FRCS (C)

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