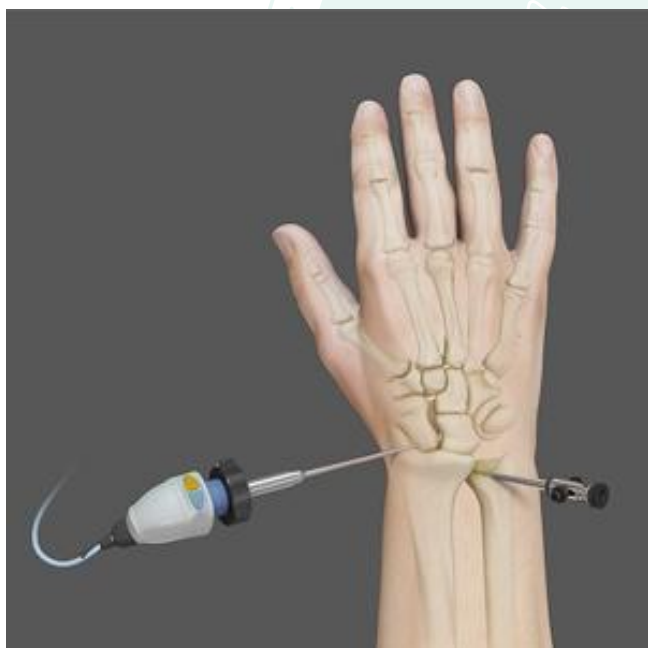
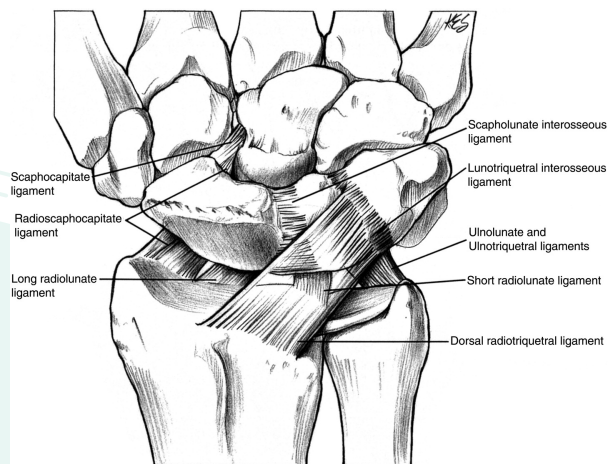


Scapholunate Ligament Patient Information

Date: 29 Oct 2022

Reason for surgery:

The scapholunate ligament (SCL) is the main support of the wrist, that allows strong grip. The ligament can sustain a partial or complete tear. Complete tears occur during motor vehicle accidents or playing football and can require emergency surgery if there is nerve involvement. Partial tears are treated based on patient expectation - pain, and activity levels.



Surgery technique: The surgery is performed initially with an arthroscope (keyhole) and then an incision is made over the back of the wrist between the finger tendons. This then allows access to the torn ligament, and it is reinforced with a stitch and 3 anchors which are drilled into the bone. The wrist is then stable to movement but not load.

Post operative Recovery times: Most patients prefer to stay in hospital overnight, for the support of the nursing staff.



The pick up time is usually around 9 or 10 am. The most important exercises commence as soon as you wake from surgery. You are welcome to start moving your fingers on the same day - some patients feel comfortable opening packets of food but most rest. Please ask for help if you can't manage. Making a full fist is your task for the first week. Patients are in a cast for 1 week after surgery which then needs to be changed

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to a full cast at 7-10 days at the Cairns Hand Clinic. This is required for another 5 weeks. At 6 weeks, your cast is removed but your wrist is very stiff and can be sore when you move it. At 12 weeks you have most of your range of motion, but not full grip strength. Depending on your requirements some patients can take 6-12 months before they can appreciate that they have full strength of their grip.



Exercises after surgery: see Wrist surgery handout.

Sarah Coll.

Sarah Coll



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