Sussex Hand Surgery

SURGERY
TFCC Repair

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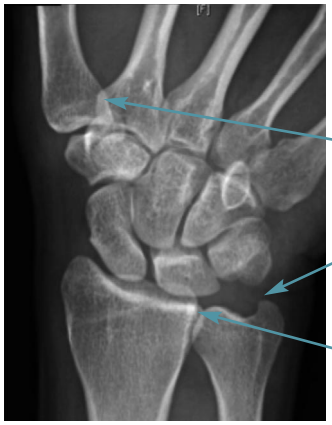
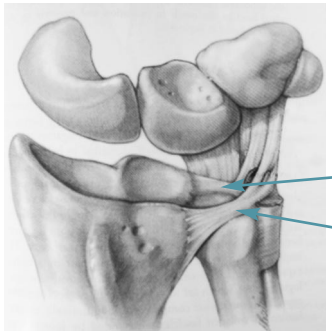
# TFCC Repair

## Xray to show where TFCC is




## Sketch to show parts of TFCC




## What does this involve?

This involves repairing the Triangular Fibrocartilage Complex of the wrist (see 'Conditions we Treat'). The TFCC is, as its name suggest, complex. It is made up of several parts, some of which seem to be more important than others.

The middle part of the TFCC is thin with a poor blood supply and tears here are trimmed to a smooth edge rather than repaired.

The rim of the TFCC has connections to surrounding bone and soft tissues and a good blood supply to help healing. Repairs can be undertaken for significant tears of the rim of the TFCC to bone or soft tissues. Repairs can be undertaken arthroscopically (through the telescope), open (usual type of surgery) or by a combination of the two (arthroscopically assisted).

## When is surgery needed?

Surgery is probably most useful when there are signs that the TFCC tear is big enough to be causing instability of the joint between the radius and ulna (DRUJ, see xray to the left). Patients often describe this as clunking and clicking when they load and rotate the forearm. Even without frank instability though tears in the TFCC can cause pain and a catching sensation on the ulnar (little finger) side of the wrist. If this is persistent and is causing difficulty day to day surgery might be considered.

## Which operation is the right one for me?

The operation performed will depend on which bit of the TFCC is damaged and how bad the damage is.

| | |
|---|---|
| *Type of Operation* | Day case |
| *Length of Procedure* | 0.5 to 1.5 hours (depending on the complexity) |
| *Anaesthesia* | Regional Anaesthetic (arm numbed) and/or General Anaesthetic (asleep) |

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## What are the main risks of this operation?

### *Swelling, Stiffness and Scar pain*

This can be reduced by keeping the arm elevated and moving all the free joints as soon as possible. Local swelling around the surgical site can persist for several months. Local swelling can be helped by massaging the tissues and this may also improve any irritability in the surgical scar.

Occasionally patients are troubled by more swelling and stiffness than average. In this case complex regional pain syndrome (CRPS) is sometimes the cause (see relevant information sheet in 'Conditions we Treat'). Severe CRPS occurs in less than 1% of cases.

### *Infection*

This is unusual in the hand (less than 1% of cases). Local wound infections can often be treated with oral antibiotics. Rare, deep seated infections may require re-admission to hospital, antibiotics into the vein and occasionally more surgery.

### *Nerve Damage*

The nerves most at risk with these operations vary with the site of the surgery. Most commonly injured are small branches supplying the skin next to the scar. Occasionally the ends of these nerves can be very tender after the operation but usually this responds well to time and massage.

### *Tendon damage/irritation*

The TFCC is close to the tendons that move the wrist and hand. These have to be moved aside to get the repair site and can become scarred or irritated after the surgery because of this. In addition knots from the suture material left inside can occasionally irritate the tendons and soft tissues nearby. This can sometimes mean another small operation is necessary to remove this suture material when the TFCC has healed.

### *Residual symptoms*

Most studies have shown improvements in pre-operative function after this surgery but equally most patients still have some symptoms relating to this side of the wrist. That is to say we hope to make you better with this operation, but we are unlikely to return you to perfect function.

### *Failure of the Repair*

It is difficult to guarantee that the TFCC will heal back down after this surgery and in some cases it is clear that the repair has failed. A further repair might be attempted but this is less likely to be successful if the TFCC is already badly damaged. There are alternative options that might be considered at that stage but it would depend on how significant your symptoms were.

## Post Operative Course

### *Week 0 – 2 after surgery*

- A sticky dressing and padded bandage with a plaster incorporated is applied after the operation.
- Keep the dressings clean and dry
- Keep the arm elevated in a sling or on pillows to reduce swelling
- Start moving all the joints that are not immobilised immediately after the operation to prevent stiffness
- Take painkillers before the anaesthetic wears off and as necessary thereafter

### *During the first 2 Weeks*

- An appointment will be made for a wound check, dressing change and a removal of the sutures (if necessary). The details will be arranged on the day of surgery
- A removable splint will be provided
- Hand Therapy will be arranged to help with your rehabilitation
- Further clinic appointments will be arranged as necessary

### *Plaster Cast Information*

Contact your surgical centre if:

- Your fingers become blue, swollen or numb and tingling with a plaster cast in place
- You see any discharge, wetness or detect any unpleasant smells from around your cast
- The cast becomes cracked, soft, loose or uncomfortable.

Outside normal working hours you may need to attend your local Accident and Emergency Department for help with these issues.

### *Driving*

You may drive when you feel confident to control the car, even in an emergency.

Driving is not recommended until at least 6 weeks after this surgery, depending on your progress.

### *Time off Work*

This will vary depending on the nature of your job.

Sick notes can be provided on the day of your operation, at your clinic visits and by your own GP.