

2022 NEHS Annual Meeting Abstract Submission

COMPLETE

NEHS Vice President, Daniel Mastella, M.D., is currently accepting abstract submissions for presentation at our Annual Meeting on December 2, 2022.

This meeting will be held at the Sturbridge Host Hotel in Sturbridge, MA.

Therapists, NPs, and PAs are also encouraged to submit.

THE DEADLINE FOR SUBMISSION IS OCTOBER 15, 2022

RESIDENTS AND FELLOWS ONLY. Please indicate if you want your paper to be considered for the prestigious H.Kirk Watson, M.D. Founder's Award. The abstracts for award consideration will be presented in the morning and the award will be presented in the afternoon.

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* ABSTRACT TITLE

Ulnar FDS Slip Excision in the Treatment of Trigger Fingers: An Anatomic Study

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Jack Bragg

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Name of who will present abstract at NEHS meeting on December 2, 2022 Please note that the same person cannot present more than one abstract at the meeting.

Jack Bragg

* Please indicate if the presenter is:

Not currently a resident or fellow

* List full names of abstract authors

Jack Bragg BS
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*** ABSTRACT - should include background information and a description of methods, programs, or practices.**

Background:

A common condition, trigger finger can be treated both conservatively and surgically. When conservative treatment fails, release of the A1 pulley is a widely accepted surgical treatment while a minority of cases are indicated for a flexor tenoplasty or flexor slip excision. Patients requiring slip excision tend to have long-standing symptoms, RA, DM and/or a PIP joint contracture. There have been multiple technical descriptions of flexor slip excision with most authors recommending a two incision or extended single incision technique that transects the slip(s) of tendon distally in the digit at the level of the middle phalanx. The decision to take one or both slips of the FDS is the choice of the surgeon and based largely on the macroscopic condition of the tendon at the time of surgery. A theoretical concern of the single incision technique is that a portion of the FDS left inside the tendon sheath could cause continued triggering.

Purpose:

The aim of this study was to anatomically evaluate the distal end of the slip that is left in the sheath using the single incision technique.

Methods:

Nineteen digits in four hands were dissected. The hands were cadaveric specimens that were amputated at the midhumerus. The technique used was a single palmar trigger finger incision with proximal traction and distal sectioning of the ulnar slip of the FDS. Measurements included the length of additional tendon resection with an A1 release, length of the distal slip from the cut end to the distal edge of A2, length of the FDS slip left in the sheath and the length of the tendon resected.

Results:

With the release of the A1 pulley an average additional 7.6mm (5-12mm) of tendon was excised. The average distance from the cut end of the distal slip to the distal edge of the A2 was 4.9mm (1-11mm). The average length of the ulnar slip of the FDS left in the sheath was 26.2mm (20-35mm) to the proximal edge of the footprint. The average length of the tendon excised from the sheath, from the proximal edge of A1, was 23mm (18-29mm).

Conclusion:

There was great variance in the distance from the cut end of the slip to the distal edge of A2. However, the length of tendon left in the sheath was consistent across all samples.

This study shows that with the single incision technique a length of tendon is left in the sheath. In the setting of enlarged, degenerative tendons, a PIP contracture and rheumatoid arthritis, a more complete slip excision may be needed via an extended single or a two incision technique to prevent recurrence of symptoms.

Please attach files with diagrams and/or photos to support your abstract (10 MB limit)

*** Please attach the abstract presenter's CV**

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