

# 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.

## CREATED

## IP ADDRESS



PUBLIC

Oct 14th 2022, 5:50:40 pm



## \* ABSTRACT TITLE

Patient-reported Outcomes and Function after Surgical Repair of the Ulnar Collateral Ligament of the Thumb

## \* Contact Person Name

Ingmar Legerstee

## \* Contact Person Email

## \* Contact Person Phone Number

## \* 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.

Ingmar Legerstee

## \* Please indicate if the presenter is:

Not currently a resident or fellow

## \* List full names of abstract authors

Ingmar W.F. Legerstee, MD; Mark J.W. van der Oest, PhD; J. Sebastiaan Souer, MD, PhD; Caroline A. Hundepool, MD, PhD; Liron S. Duraku, MD, PhD; Ruud. W. Selles, PhD; Hand-Wrist Study Group\*; J. Michiel Zuidam, MD, PhD

## Acknowledgments\*

RAM Blomme, BJR Sluijter, DJJC van der Avoort, GJ Halbesma, A Kroeze, J Smit, J Debeij, ET Walbeehm, GM van Couwelaar, GM Vermeulen, JP de Schipper, JFM Temming, JH van Uchelen, HL de Boer, KP de Haas, K Harmsen, OT Zöphel, R Feitz, R Koch, SER Hovius, TM Moojen, X Smit, R Hagen, R van Huis, PY Pennehouat, K Schoneveld, YE van Kooij, RM Wouters, J Veltkamp, A Fink, L Esteban Lopez, WA de Ridder, HP Slijper, JT Porsius, J Tsehaie, R Poelstra, MC Jansen, L Hoogendam, JS Teunissen, JE Koopman, J Dekker, MHP ter Stege, CA van Nieuwenhoven, BEPA van der Heijden, JW Colaris, WR Bijlsma

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

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**Background** To make an informed choice for thumb ulnar collateral ligament (UCL) surgery, surgeons and patients need to be aware of clinical outcomes after surgical treatment. The purpose of this study was to report prospectively collected patient-reported outcomes of patients who underwent open thumb UCL repair and to find risk factors associated with lower patient-reported outcomes.

**Methods** Patients undergoing open surgery for a complete thumb UCL rupture were included between December 2011 and February 2021. Michigan Hand Outcomes Questionnaire (MHQ) Total Scores at baseline were compared to MHQ Total Scores at 3 and 12 months. Associations between the 12-month MHQ Total Score and several variables (i.e., sex, injury to surgery time, K-wire immobilization) were analyzed.

**Results** Seventy-six patients were included. From baseline to 3 and 12 months after surgery, patients improved significantly with a mean MHQ Total Score of 65 (standard deviation [SD] 15) to 78 (SD 14) and 87 (SD 12), respectively. We did not find any differences in outcomes between patients who were operated on in the acute (<3 weeks) setting compared to a delayed setting (<6 months).

**Conclusions** We found that patient-reported outcomes improve significantly both 3 and 12 months after UCL surgery of the thumb compared to baseline. We did not find an association between injury to surgery time and lower MHQ Total Scores. This suggests that acute repair for full-thickness UCL tears might not always be necessary.

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

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figure\_2\_final\_mhq\_scores.jpg

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

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curriculum\_vitae.pdf

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**Abstract submission**

1 message

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**Ingmar Legerstee** <ingmar\_legerstee@live.nl>  
To: "nehandsociety@gmail.com" <nehandsociety@gmail.com>

Fri, Oct 14, 2022 at 5:08 PM

Dear Sir or Madam,

I just submitted our abstract called "Patient-reported Outcomes and Function after Surgical Repair of the Ulnar Collateral Ligament of the Thumb".

I would like to add something to the abstract if that's possible. I apologize for this error.

The changes have been marked in red.

**Background** Open surgical treatment of acute thumb UCL rupture has been reported to yield good clinical results, including low pain scores, similar strength to the unoperated thumb, and restored stability. However, these studies do not compare preoperative outcome measures to postoperative outcome measures. They also lack prospectively gathered data, and patient-reported outcomes through validated questionnaires, and, they usually only report on small samples as most articles include less than 35 patients. The purpose of this study was to report prospectively collected patient-reported outcomes of patients who underwent open thumb UCL repair and to find risk factors associated with lower patient-reported outcomes.

**Methods** Patients undergoing open surgery for a complete thumb UCL rupture were included between December 2011 and February 2021. Michigan Hand Outcomes Questionnaire (MHQ) Total Scores at baseline were compared to MHQ Total Scores at 3 and 12 months. Associations between the 12-month MHQ Total Score and several variables (i.e., sex, injury to surgery time, K-wire immobilization) were analyzed.

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**Conclusions** We found that patient-reported outcomes improve significantly both 3 and 12 months after UCL surgery of the thumb compared to baseline. We did not find an association between injury to surgery time and lower MHQ Total Scores. This suggests that acute repair for full-thickness UCL tears might not always be necessary.

Thank you,



