

2023 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 1, 2023.


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, 2023

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

Clinical Results of Trigger Finger Releases Using Real-time Ultrasound Guidance in a Single Surgeon Practice

* Contact Person Name

Brendan Hines

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* Name of who will present abstract at NEHS meeting on December 1, 2023 Please note that the same person cannot present more than one abstract at the meeting.

Brendan Hines

* Please indicate if the presenter is:

Not currently a resident or fellow

* List full names of abstract authors Please note - one of the lead authors must be present at the meeting to answer questions about the paper.

Diane C. Riley, MD, FAAOS, CAQSH
Member, American Society for Surgery of the Hand

Brendan Hines, BS

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

Clinical Results of Trigger Finger Releases Using Real-Time Ultrasound Guidance in a Single Surgeon Practice

Introduction:

Small incision techniques have been developed to minimize postoperative recovery following trigger finger release (TFR). The present series evaluates the postoperative course for the first 124 patients treated by a single hand surgeon using a minimally invasive TFR technique with ultrasound guidance (TFR-US).

Methods:

From February – September 2023, 133 consecutive TFR-US cases were performed by a single surgeon using a commercially available device (UltraGuideTFR™). Patients elected monitored or local anesthesia. All incisions were < 3mm and closed with SteriStrips™ and benzoin. Patients were evaluated preoperatively with ultrasound and assigned a Quinnell grade. Comorbidities of Dupuytren's, diabetes, arthritis, prior trigger finger surgery were noted. Postoperatively, patients were called within 3 days of surgery and additional follow-up including in-person clinical or therapy visits were individualized.

Results:

212 trigger fingers of the index, middle, ring, or little finger were released in 124 patients, with 9 patients having staged procedures (total 133 cases). Quinnell grades were available for 197 fingers: grade 2 in 80, grade 3 in 56 and grade 4 in 61 fingers. 42 cases were performed under MAC and 91 using only local anesthesia. 8 patients had simultaneous bilateral releases. At the time of surgery, 73 had a single digit released, 46 two digits, 7 three digits and 5 four digits. 1 patient required intraoperative conversion to an open release for 1 of their 3 fingers due to persistent hard snap 2nd to tendinopathy in 1 FDS slip. 100 patients had concomitant procedures, including 58 multi digit trigger finger releases, 43 carpal tunnel releases, 14 trigger thumb releases, 4 1st compartment releases and 1 cubital tunnel release. 89 patients required no further follow-up, 3 had an in person visit and 32 were referred for OT. 30/32 attended therapy. 12 had other upper extremity issues that warranted OT. 16 patients had only UltraGuideTFR™- seven 1 digit, six 2 digits, one 3 digit and two 4 digits. 8 of these patients had < 4 visits and 5 had 4-7 visits. 22 of the 124 patients had prior open trigger finger releases. 8 patients did not require therapy after either procedure. 6 patients referred for OT required less therapy after the UltraGuideTFR™ than when they had their open TFR. 2 did not require therapy after the UltraGuideTFR™ but did need therapy after open TFR. 1 patient had 1 visit after the UltraGuideTFR™ but had not needed OT after the open procedure. There were no infections, nerve injuries, or revision surgeries.

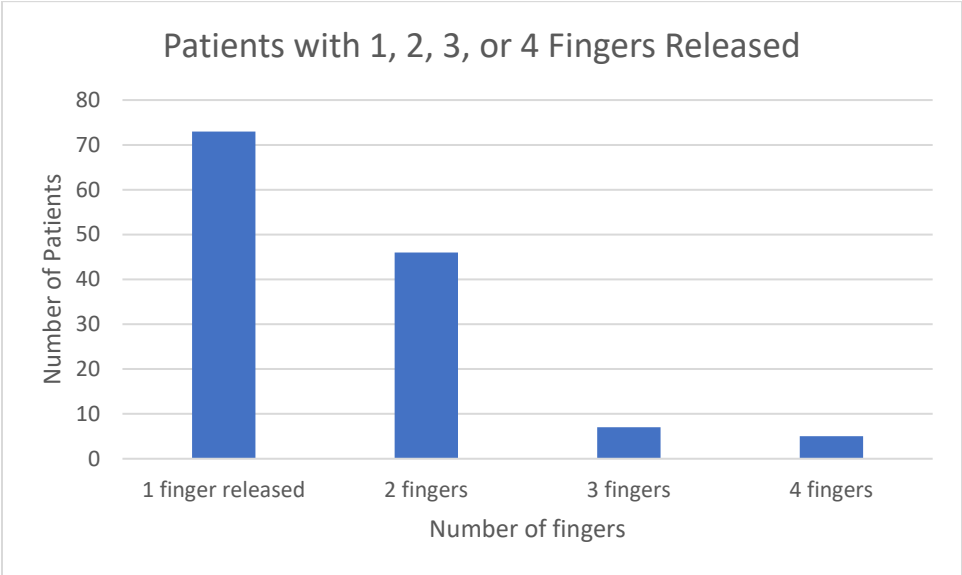
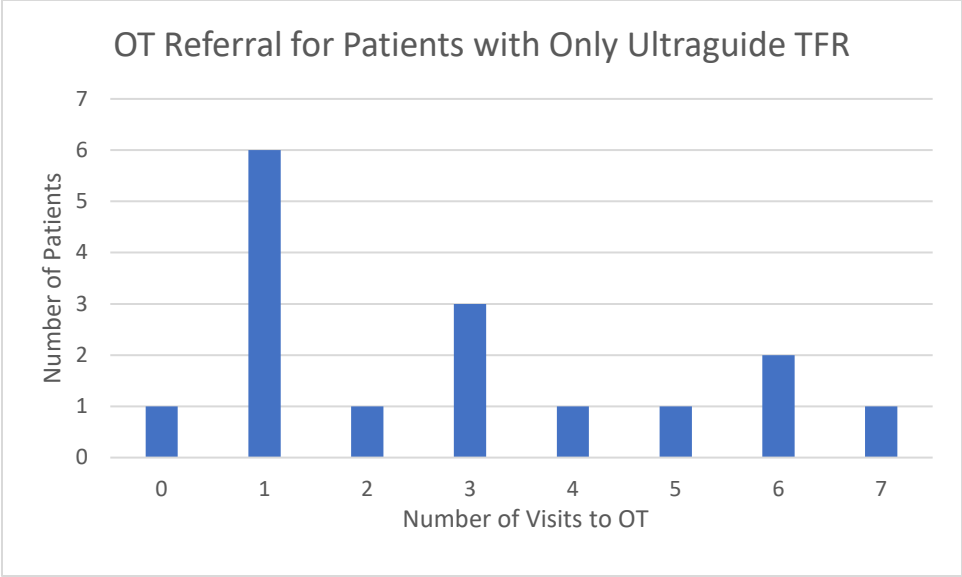
Conclusion:

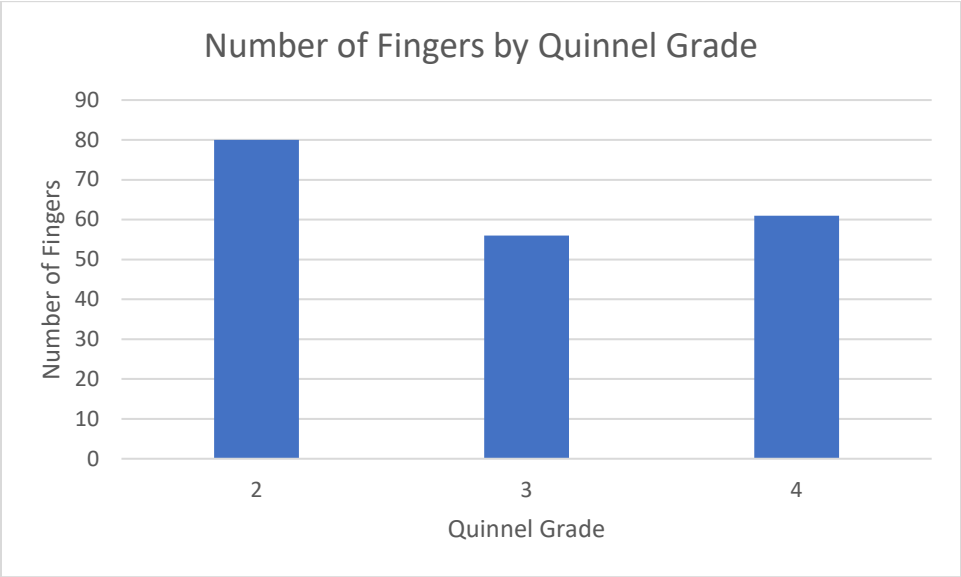
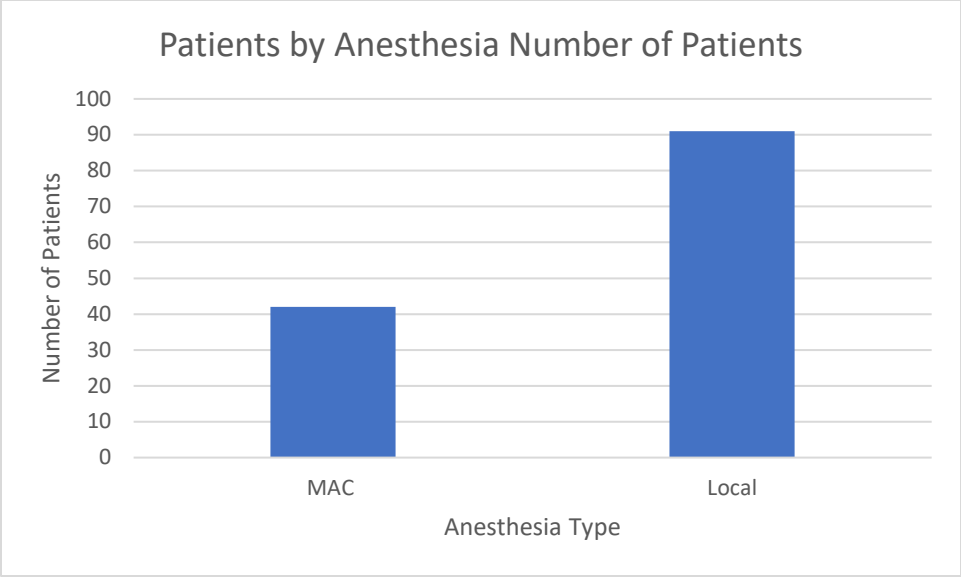
TFR-US is a safe, effective, and well-tolerated procedure with single as well as multiple trigger fingers. The micro incision and minimal dissection simplifies the postoperative course with the majority requiring only telephone follow up. Patients who required OT had a shorter course of therapy than when they had an open TFR.

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

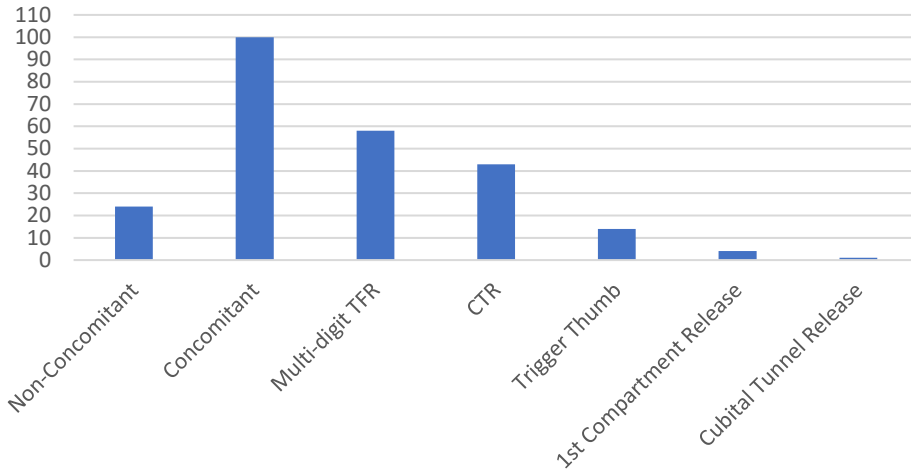
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*** Please attach the abstract presenter's CV**





Patients by Concomitant Procedures



OT Patients: Number of OT Visits after open Surgery vs UG TFR Surgery

