

Surgical technique

Angle-stable distal Ulna-plate

- Make a dorso-ulnar, S-shaped skin incision starting from the distal ulna.
- Identify and protect the dorsal sensory branches of the ulnar nerve.
- Reflect the skin flaps and identify the extensor carpi ulnaris tendon (ECU).
- Reduce the fracture.
- Select the appropriately sized plate. Note that there are separate implants for right and left side.
- Apply the plate. Lift the ECU tendon proximal to the fracture and insert the plate underneath. A small incision in the ECU tendon sheath may be necessary to mobilize the tendon sufficiently.
- The curved distal blade is passed subperiosteal ulnar and volar, deep to the flexor carpi ulnaris tendon. The straight distal blade of the plate is passed underneath the ECU tendon sheath, and placed immediately radial to the tendon. The proximal limb of the plate is placed ulnar to the ECU tendon.
- Depending on the size of the patient the distal Y of the plate may not fit perfectly and a slight compression of the two distal blades may be necessary. Be careful not to bend the plate in the screw holes.
- After appropriate reduction and fitting of the plate the proximal holes are used to attach the plate with one or two standard cortical screws.
- Ensure correct reduction and stabilize the ulnar head with minimum two 2 mm angular stable distal screws. Insert the remaining screws as necessary.
- Close the wound.
- Postoperatively a splint is recommended until the wounds are healed and sutures removed (10-14 days). Unrestricted range of motion exercises are begun. Full weight bearing 6 weeks postoperative.

Clinical example: 64-year old woman.



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