

TENDON TRANSFERS

GUY BROOME

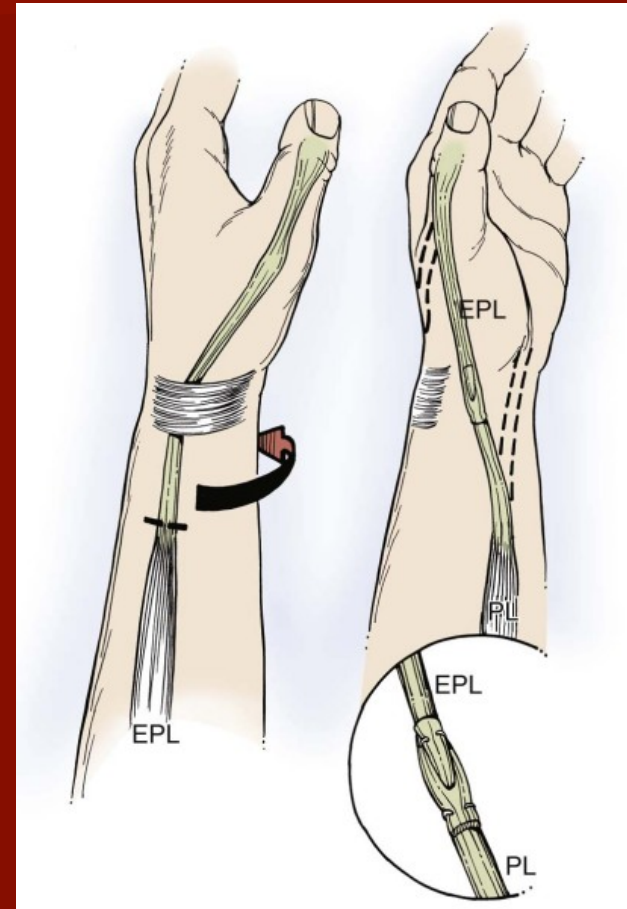
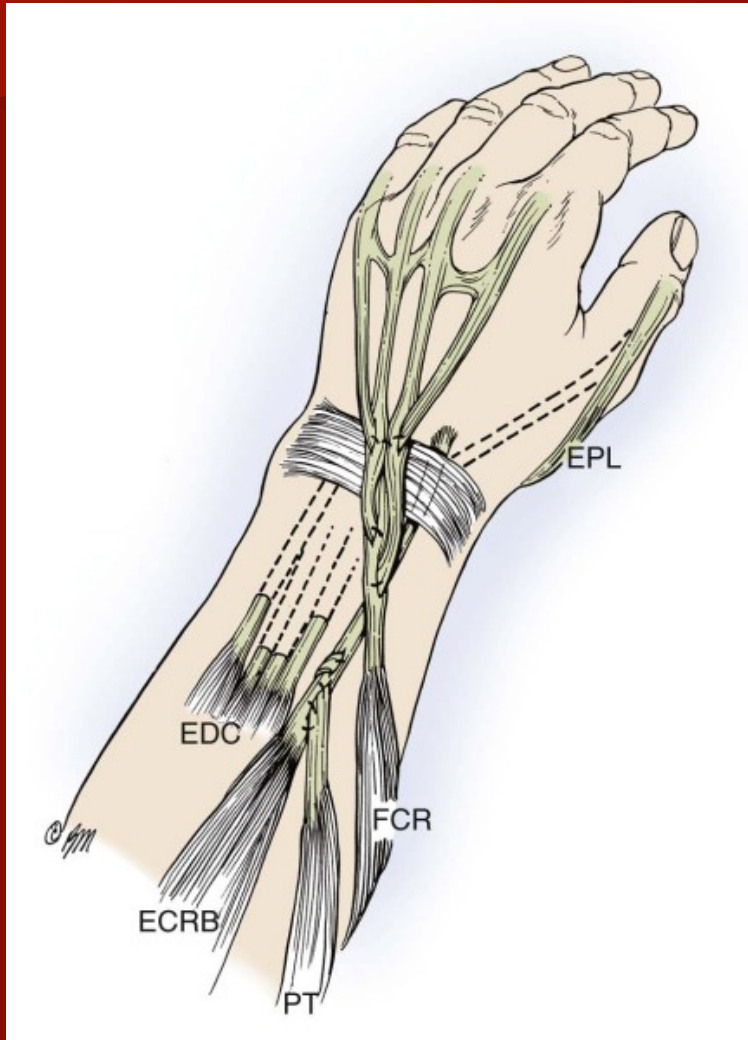
INTRA-OPERATIVE DECISION MAKING

- APPEARANCE OF MUSCLE, BEIGE COLOUR IF DE-INNERVATED
- MOTOR NERVE STIMULATOR
- ALWAYS HAVE A PLAN B

TYPICAL CASE, RADIAL NERVE PALSY

- PRONATOR TERES TO EXTENSOR CARPI RADIALIS (L OR B)
- FCR TO EXTENSOR DIG COMMUNIS
- PALMARIS LONGUS TO EPL

Tendon Transfers – Radial nerve



INDICATIONS

- LOWER MOTOR NEURONE PARALYSIS
- UPPER MOTOR NEURONE PARALYSIS
- TENDON RUPTURE
- CONGENITAL DEFORMITIES

GENERAL PRINCIPALS ABSOLUTE

- NO FIXED DEFORMITY
- DONOR TENDON DISPENSIBLE
- ADEQUATE POWER OF DONOR
- HEALTHY SOFT TISSUE BED

DISPENSIBLE DONORS SHOULDER / ELBOW

- PECTORALIS MAJOR, ALL OR HALF
- PECTORALIS MINOR
- LATISSIMUS DORSI
- TERES MAJOR

DISPENSIBLE DONORS HAND / WRIST

- FLEXOR CARPI RADIALIS
- PALMARIS LONGUS
- EXTENSOR INDICIS
- FLEXOR DIGITORUM SUPERFICIALIS
- PRONATOR TERES
- BRACHIORADIALIS

TENSION / SARCOMERE LENGTH

- GENERALLY, SARCOMERE LENGTH CAN BE 1 cm TOO LONG OR TOO SHORT
- 1 MRC GRADE LOST
- THE MORE PROXIMAL THE TRANSFER, THE GREATER THE LEVER ARM AND THE MORE POWER IS NEEDED

GENERAL PRINCIPALS LESS IMPORTANT

AGONIST

SAME TYPE OF MUSCLE FIBRE

AVOID RUNNING ROUND CORNERS