

PREOPERATIVE DIAGNOSIS:, Right wrist laceration with a flexor carpi radialis laceration and palmaris longus laceration 90%, suspected radial artery laceration.,POSTOPERATIVE DIAGNOSIS:, Right wrist laceration with a flexor carpi radialis laceration and palmaris longus laceration 90%, suspected radial artery laceration.,PROCEDURES PERFORMED: ,1. Repair flexor carpi radialis.,2. Repair palmaris longus.,ANESTHETIC: , General.,TOURNIQUET TIME: ,Less than 30 minutes.,CLINICAL NOTE: ,The patient is a 21-year-old who sustained a clean laceration off a teapot last night. She had lacerated her flexor carpi radialis completely and 90% of her palmaris longus. Both were repaired proximal to the carpal tunnel. The postoperative plans are for a dorsal splint and early range of motion passive and active assist. The wrist will be at approximately 30 degrees of flexion. The MPJ is at 30 degrees of flexion, the IP straight. Splinting will be used until the 4-week postoperative point.,PROCEDURE: , Under satisfactory general anesthesia, the right upper extremity was prepped and draped in the usual fashion. There were 2 transverse lacerations. Through the first laceration, the flexor carpi radialis was completely severed. The proximal end was found with a tendon retriever. The distal end was just beneath the subcutaneous tissue.,A primary core stitch was used with a Kessler stitch. This was with 4-0 FiberWire. A second core stitch was placed, again using 4-0 FiberWire. The repair was oversewn with locking, running, 6-0 Prolene stitch. Through the second incision, the palmaris longus was seen to be approximately 90% severed. It was an oblique

laceration. It was repaired with a 4-0 FiberWire core stitch and with a Kessler-type stitch. A secure repair was obtained. She was dorsiflexed to 75 degrees of wrist extension without rupture of the repair. The fascia was released proximally and distally to give her more room for excursion of the repair.,The tourniquet was dropped, bleeders were cauterized. Closure was routine with interrupted 5-0 nylon. A bulky hand dressing as well as a dorsal splint with the wrist MPJ and IP as noted. The splint was dorsal. The patient was sent to the recovery room in good condition.