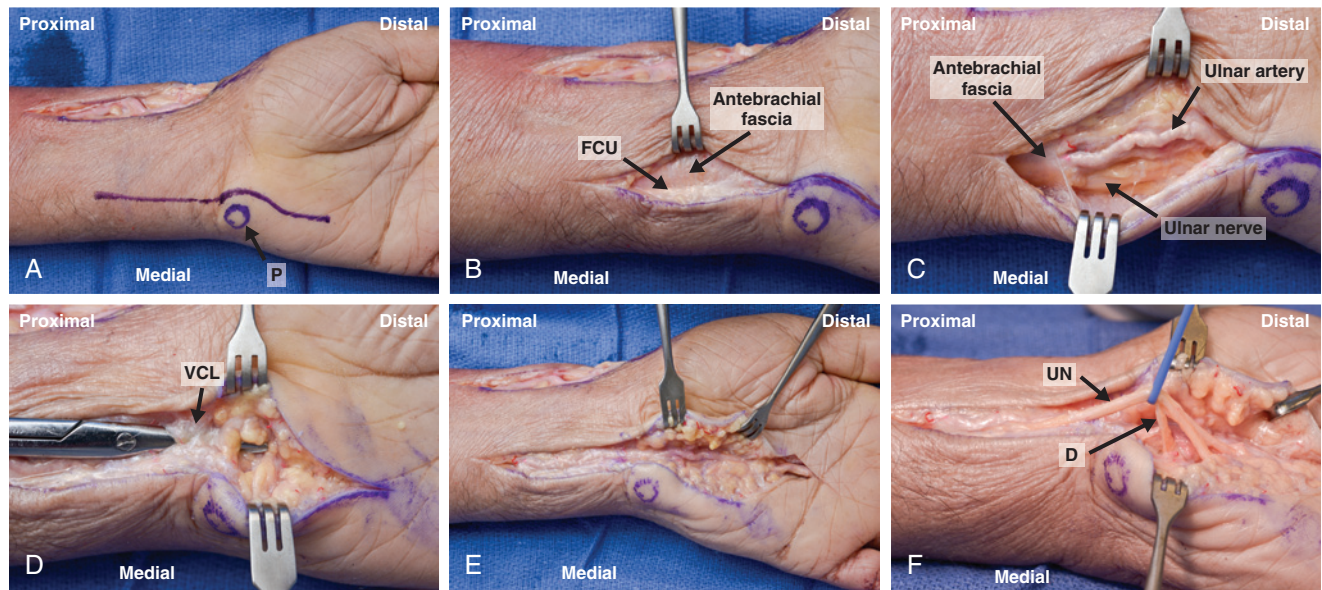
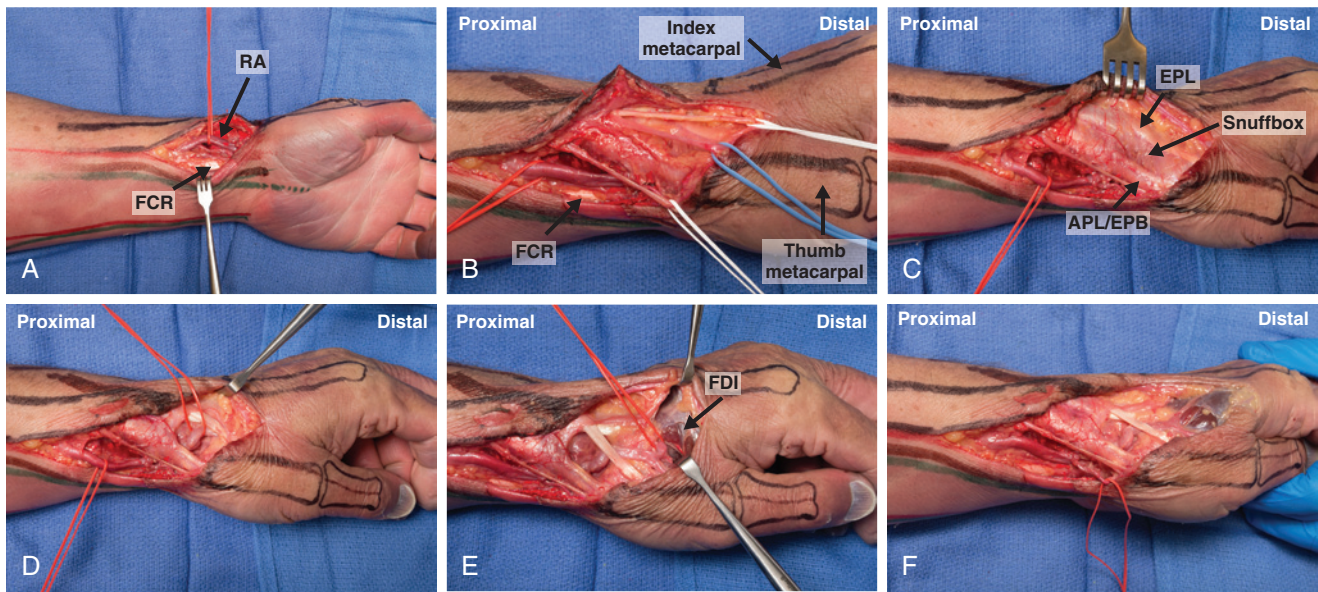


**CASE 12.3 Exposure of the Ulnar Artery at the Wrist and Guyon's Canal**

**Figure 12.11** Case 12.3: Exposure of the ulnar artery at the wrist and Guyon's canal. (A) A longitudinal incision is made radial to the flexor carpi ulnaris (FCU) tendon. For more distal exposure, the incision can be curved around the pisiform (P), into the palm (lateral defect is from previous radial artery exposure on this specimen). (B) The antebrachial fascia is exposed and the FCU tendon can be seen on the medial side of the surgical field. (C) After the deep fascia is incised, the ulnar neurovascular bundle is easily identified. The artery lies radial to the nerve at this level. (D) For more distal exposure, note that the palmar soft tissues are significantly thicker. The volar carpal ligament (VCL), which forms the roof of Guyon's canal is incised to allow access to the ulnar artery in the proximal palm. (E) The ulnar artery lies more superficial to the nerve at this level. (F) The branching pattern of the ulnar nerve (UN) at this level includes a deep motor branch (D) that is not usually visible from the superficial exposure, and care should be taken not to inadvertently injure this branch.

**CASE 12.4 Exposure of the Radial Artery in the Wrist and Anatomic Snuffbox**

**Figure 12.13** Case 12.4: Exposure of the radial artery in the wrist and anatomic snuffbox. (A) A longitudinal incision is made radial to the flexor carpi radialis (FCR) tendon in the distal forearm, directly overlying the palpable radial artery. The deep fascia is incised and the FCR tendon is retracted medially exposing the radial artery (RA). (B) For exposure of the radial artery (red loop) distally, an incision is made over the radial side of the anatomic snuffbox. Branches of the superficial radial nerve (white loops) and cephalic vein (blue loop) are preserved. (C) The deep fascia is identified overlying the extensor pollicis longus (EPL) tendon ulnarly, and the 1st compartment (APL/EPB) tendons radially. (D) The deep fascia is opened between the tendons, blunt dissection exposes the radial artery (red loop) deep in the snuffbox, entering under the first compartment tendons. (E) The radial artery dives into the palm (red loops) between the two heads of the first dorsal interosseous (FDI). Immediately prior to this, it gives rise to the first dorsal metacarpal artery. (F) The radial artery gives off a smaller palmar branch (red loop) prior to entering the snuffbox, and this can also be used as a recipient vessel in end-to-end fashion.