

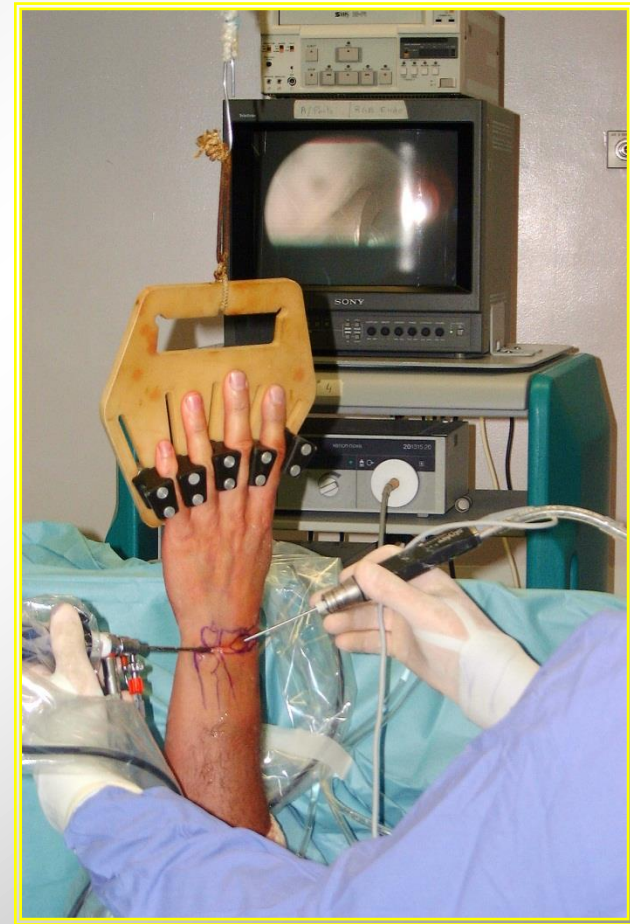
Arthroscopic resection of dorsal wrist ganglia: Technique

Christophe Mathoulin



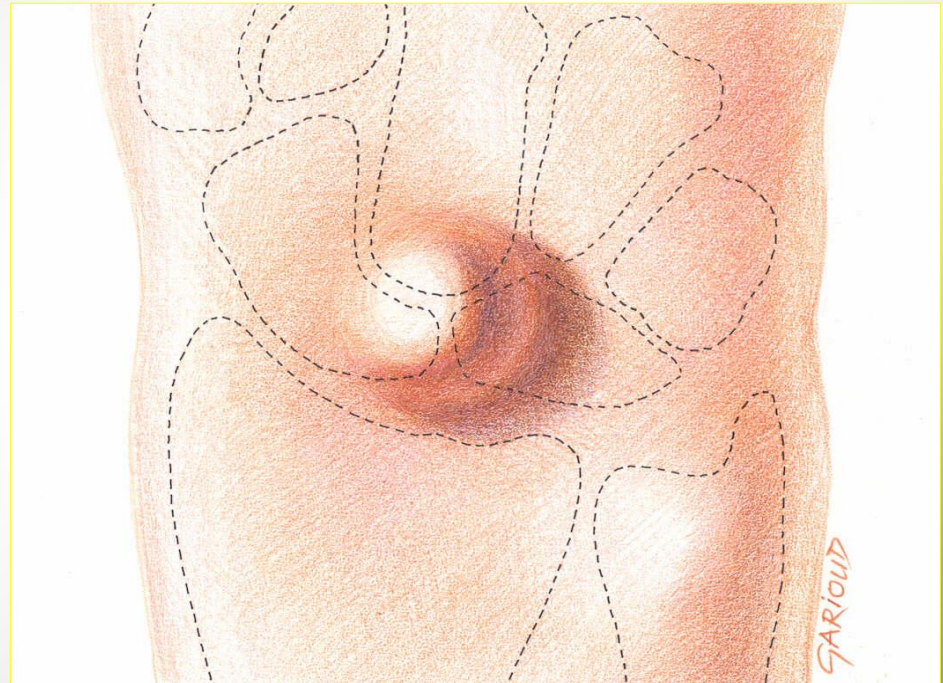
Technique

- Local-regional anaesthesia
- Tourniquet
- Outpatient surgery
- Elbow flexed 90°
- « Japanese » fingers traps



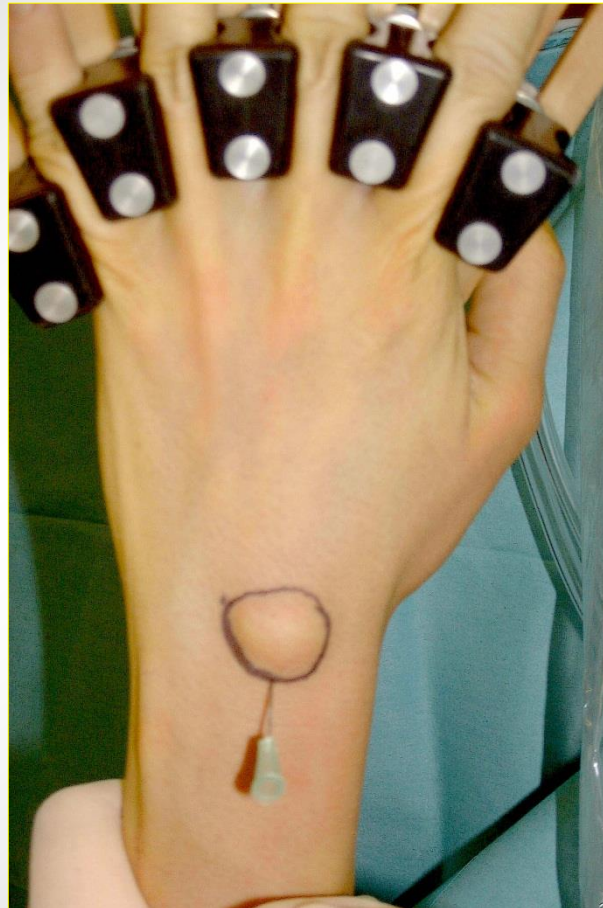
Technique

First spotting location of ganglion



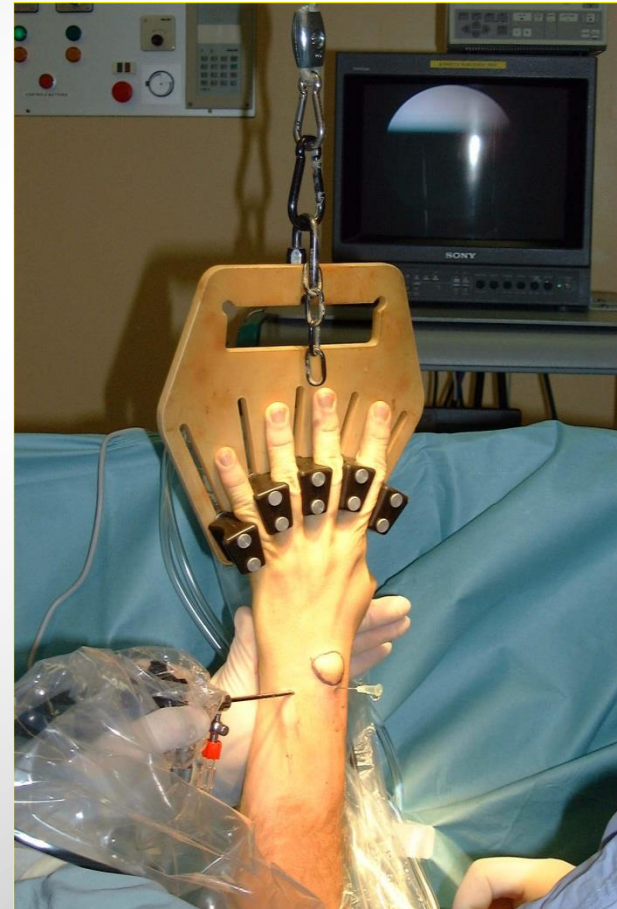
Technique

Then needle pinpointing of distal and proximal limit of ganglion



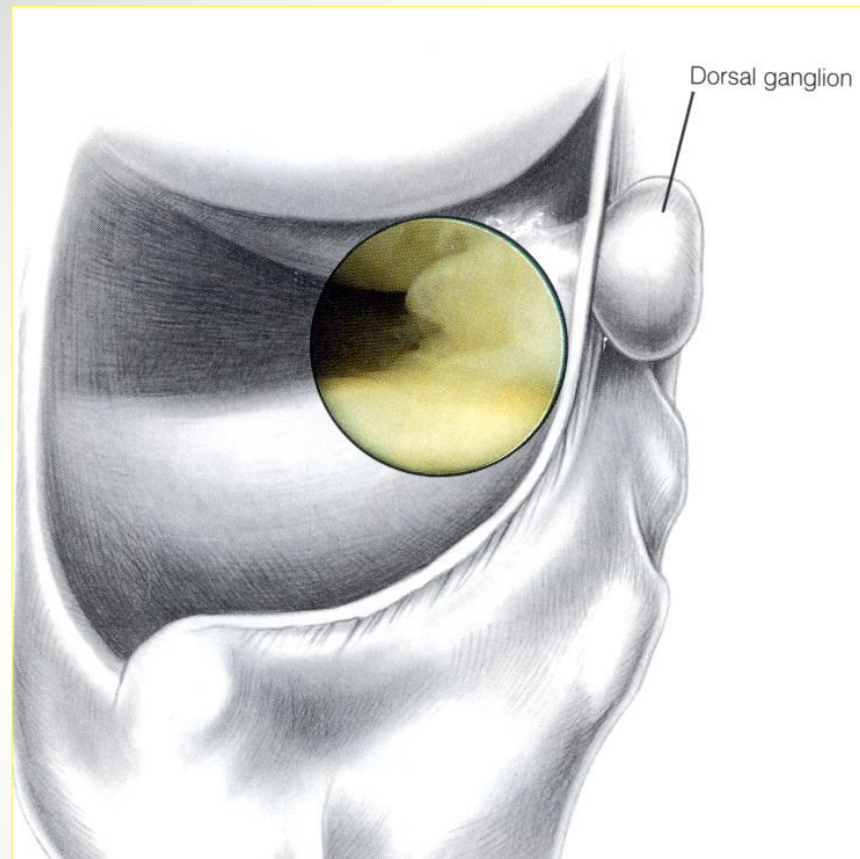
Technique

- Ulnar mid carpal portal for vision (+/- 6R)
- Radial midcarpal through the ganglion for full-radius resector



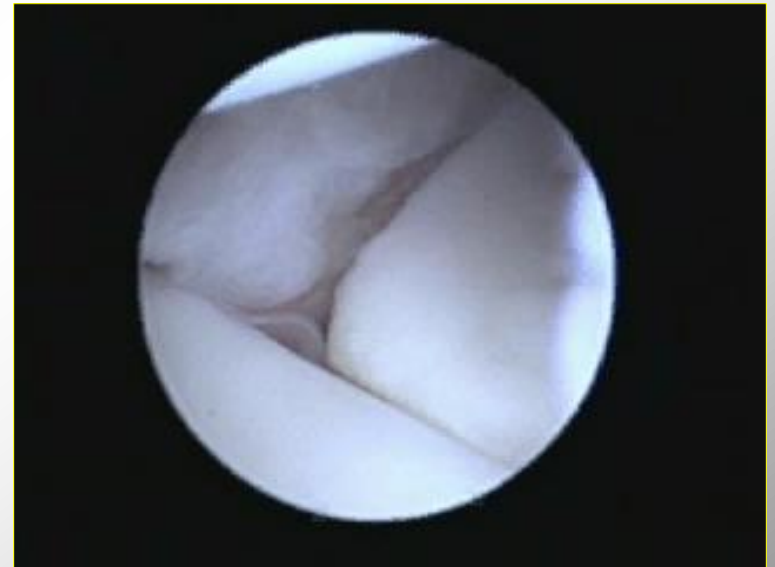
Technique

Identification of ganglion stalk with dorsal synovitis



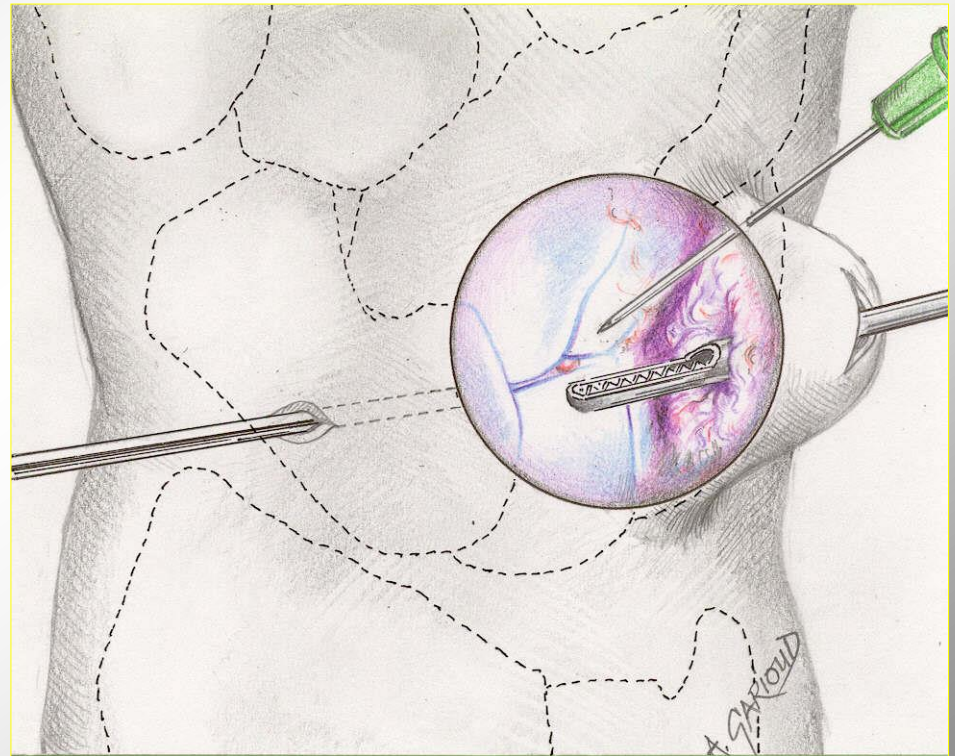
Technique

Identification of ganglion stalk with needle pinpointing



Technique

Direct ganglion portal between standard 3-4 portal and radial mid carpal portal



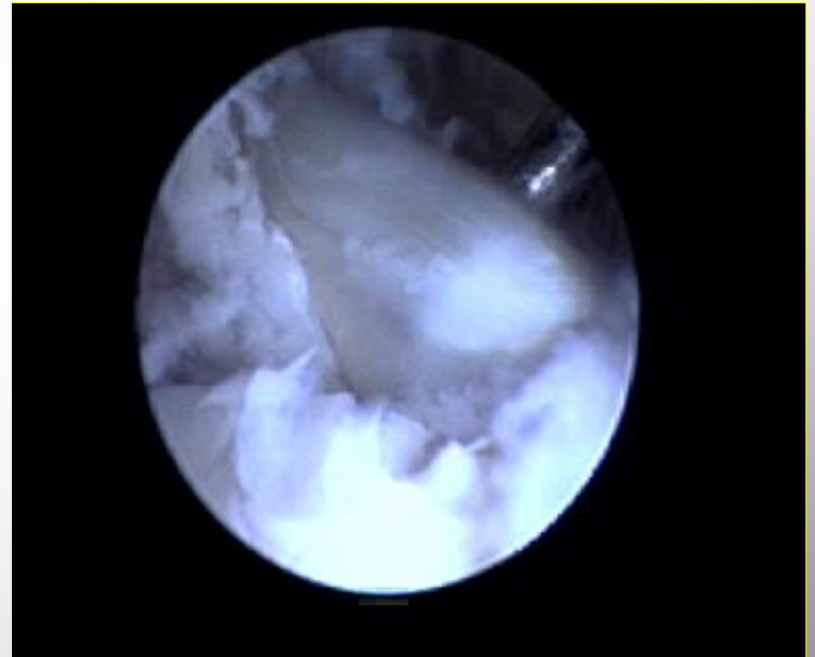
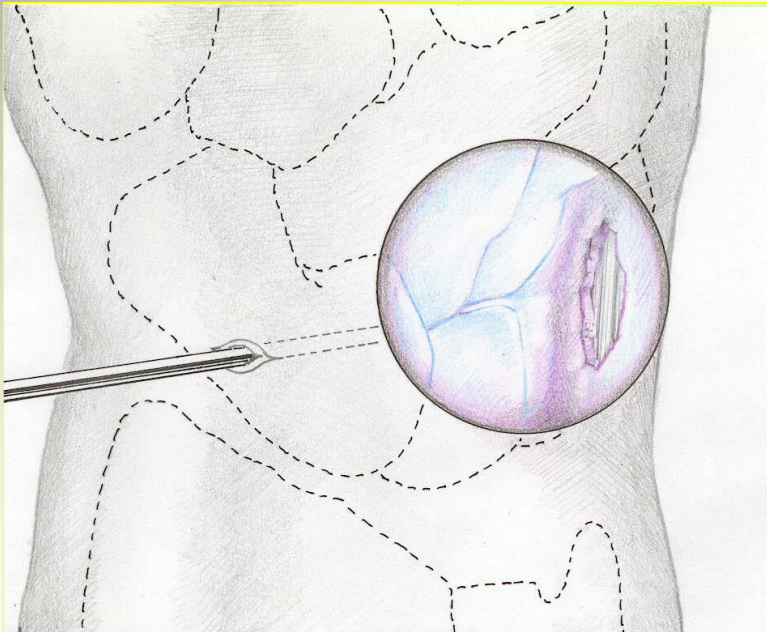
Technique

Resection of dorsal capsule with aggressive cutter and/or suction punch. Dorsal synovitis is also debrided



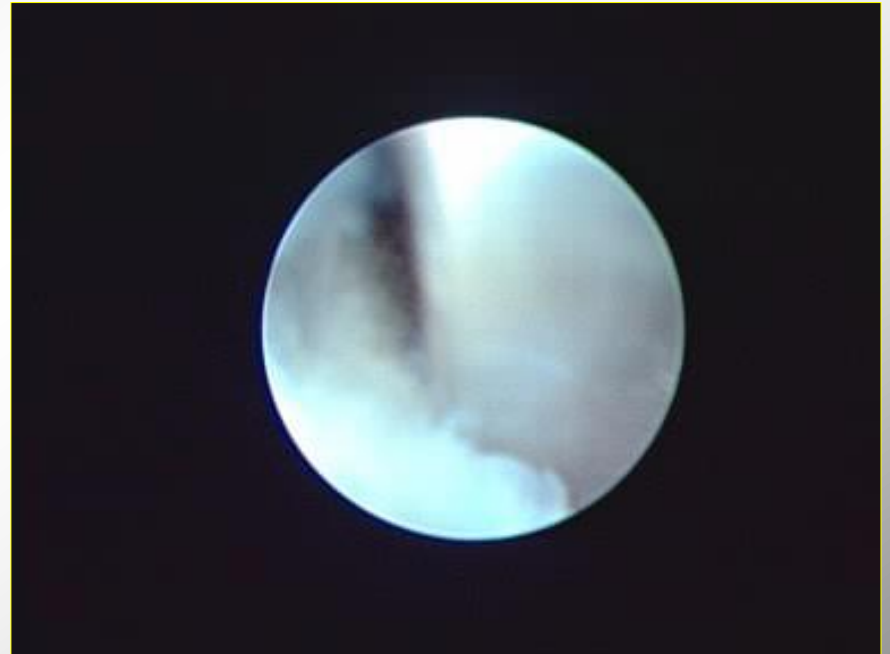
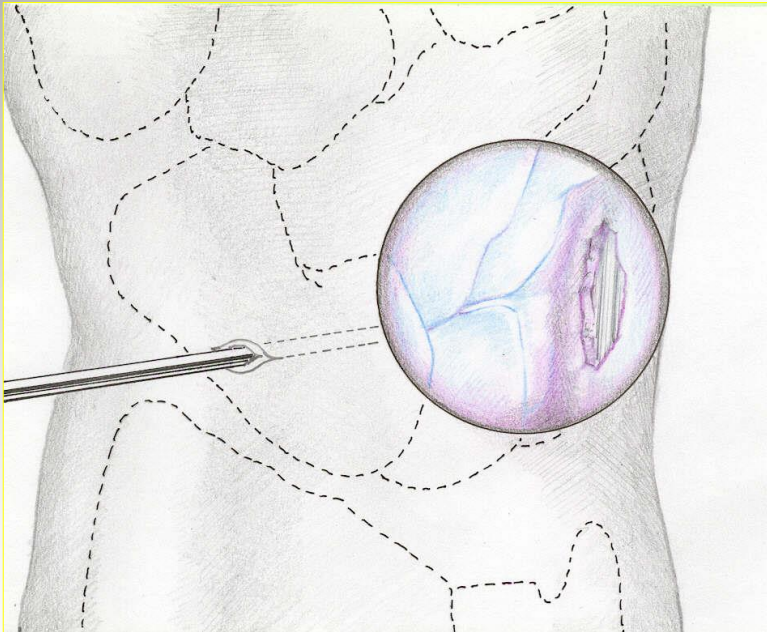
Technique

At the end the underlying surface of the extensor tendons may be visible



Technique

Resection of ganglion wall possible after capsulectomy
It becomes an “endoscopy” procedure



Technique

- No immobilization
- No closure of portal sites
- Immediate active wrist motion
- Normal hand use permitted
- Therapy only in special cases



2 days of follow-up