Arthroscopic resection of dorsal wrist ganglia: Technique

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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