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Percutaneous Fixation of Acute Scaphoid Waist Fractures: Long-Term Patient-Reported Functional Outcomes and Satisfaction at a Mean of 11 Years Following Surgery

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Purpose: There is a paucity of literature regarding the long-term outcomes of scaphoid fractures managed with acute percutaneous fixation. The aim of this study was to report the long-term functional outcomes and complication rates following early percutaneous fixation of acute fractures of the scaphoid.

Methods: A trauma database was searched to identify all skeletally mature patients with a scaphoid fracture managed with early percutaneous fixation over a 13-year period from 1997 to 2010. Medical records were retrospectively reviewed, and complications documented. Long-term follow-up was by a questionnaire-based review. The Patient-Rated Wrist Evaluation (PRWE) was the primary outcome measure. Secondary outcomes included the abbreviated version of the Disabilities of the Arm, Shoulder and Hand questionnaire (QuickDASH), the EuroQol 5-Dimensions 5-Level score (EQ-5D-5L), and complications.

Results: During the study period, 114 patients underwent this procedure. The mean age was 28 years (standard deviation [SD] 9; range, 17-62 years) and 97 patients (85%) were male. The median time from injury to surgery was 9 days (range, 1-27; interquartile range [IQR], 5-13 days). The mean time to radiographic union was 13 weeks (SD 7; range, 5-40 weeks). 12 patients (11%) reported a complication, all of whom required repeat surgical intervention (6 revision open reduction and internal fixation for nonunion, 5 elective removal of hardware, 1 acute revision fixation due to screw impingement). Long-term outcome data was available for 77 patients (68%) at mean follow-up of 11.4 years (range, 6.4-19.8 years). The median PRWE was 0 (IQR, 0-7.5), median QuickDASH 0 (IQR, 0-4.5) and median EQ-5D-5L 1.0 (IQR, 0.837-1.0). 97% of patients (n = 74) were satisfied with their outcome.

Conclusion: This study has demonstrated that early percutaneous fixation of acute nondisplaced or minimally displaced scaphoid fractures results in good long-term patient-reported outcomes and health-related quality of life. High patient satisfaction, along with return to work and physical activities, were also observed, with minimal morbidity and low overall pain scores.

The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical device he or she wishes to use in clinical practice.