

30th Annual Trauma Update 2018

Radial Head Replacement

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Account for 1/3 of elbow fractures
Typically a fall on outstretched arm
If ligaments are intact, by and large excellent results



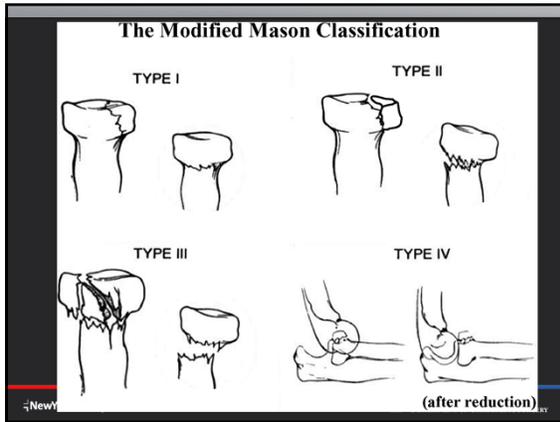
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The simple ones

Fat pad sign on xray
Transition quickly to a sling
Start range of motion exercises
Typically excellent results
Rare to have stiffness
Perhaps aspiration



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**Type II
(Displaced)**

One of the most enjoyable surgeries to do

Quick

Rapid return of motion

Rapid return of function

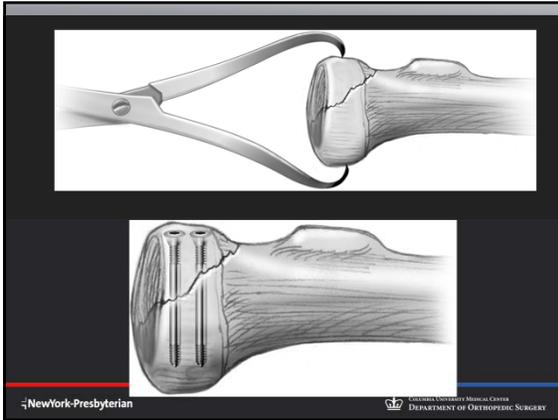
Okay to aspirate if checking for block to motion

ALWAYS CHECK LIGAMENTS

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ECU anconeus interval
ECRL ECRB interval
Capsular incision in anterior half of capitellum

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Type III

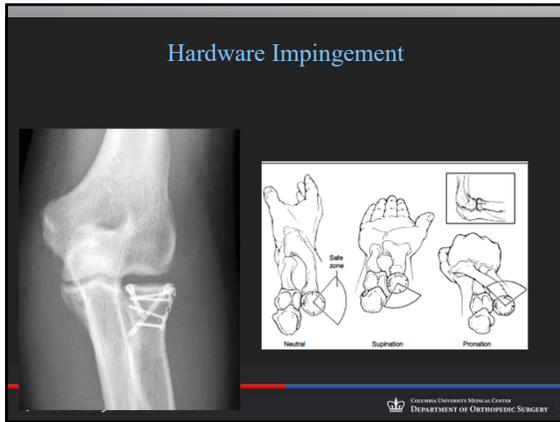
This is a more difficult situation
Assume associated injuries present
Small fixation devices to support large loads
Restore stability, the hardware alone is not enough at times

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Try to avoid big hardware

Cannulated screws
Up size first wire
Engage cortex
All in situ

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In summary, isolated closed Mason type-II or III fractures of the radial head or neck in adults usually have a favorable long-term outcome. This is also true for patients treated with either a primary or a secondary radial head excision. We did not identify a less favorable outcome in individuals who had a secondary procedure, including a radial head excision due to persistent pain, but more studies with a larger sample size are needed to answer this question. We concluded that the long-term outcome of a Mason type-II or III radial head or neck fracture in an adult is favorable when the treatment strategies that we described are used.

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Thank You



AMAZING THINGS ARE HAPPENING HERE

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