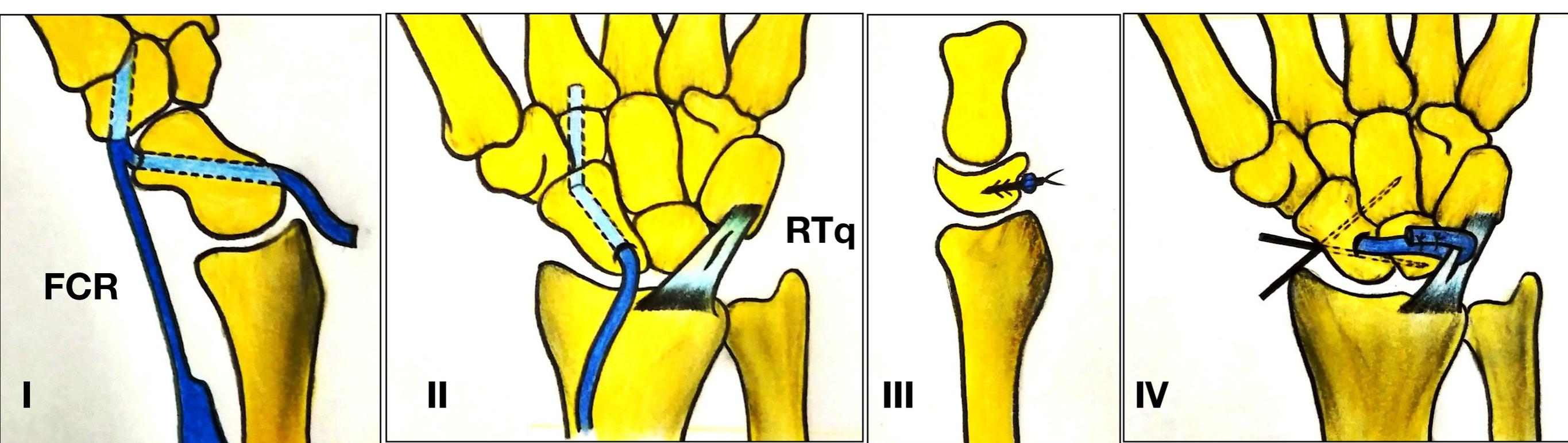


BRUNELLI'S TENODESIS TO TREAT SCAPHO-LUNATE CARPAL INSTABILITY WITH ROTATORY SUBLUXATION OF THE SCAPHOID

Fig. I: Flexed Scaphoid because of rotatory subluxation, II: A distally based split graft of flexor carpi radialis (FCR) about 7-8 cms long, ready to pass through a tunnel made in the scaphoid, parallel to its distal articular surface, III: The graft passed through the tunnel dorsally, reducing the scaphoid rotation and correcting the scapholunate dissociation IV: The graft is sutured to the fibrous tissue on the dorsoulnar edge of the radius



MODIFIED BRUNELLI'S TENODESIS (GARCIA- ELIAS)- THREE LIGAMENT TENODESIS

Fig. I&II: A distally based FCR graft is passed obliquely from the scaphoid tubercle to scaphoid ridge adjacent to the dorsal scapholunate ligament insertion; III: A 1.8mm suture anchor is placed in the dorsal aspect of lunate to obtain intimate contact between the graft and the lunate, IV: The graft is passed through a slit made in the dorsal radio-triquetral (RTq) ligament, pulled and tensioned with this as anchorage point and sutured onto itself after the scaphoid, capitate and lunate are stabilised with two K-wires with the scapho-lunate gap well reduced.