

**MIKE FOSTER**  
**Hand Wrist and Elbow Surgeon**  
**Extensor Tendon Reconstruction**

**Problem**

- The extensor tendons have ruptured and the person is unable to extend the fingers, thumb or wrist

**Cause**

- Usually has been an attrition rupture, either due to prominent metalware or bony spurs, that have led to fraying of the tendon, and eventual rupture.

**Diagnosis**

- There is a lack of active extension ie. Patient's arm muscle power.
- The fingers can usually be passively extended, ie lifted by the other hand or by the therapist.
- X-rays will be taken to look for underlying metalware or bony spurs.

**Treatment**

- Hand therapy ensures that there is a full passive range of movement of all the joints and soft and supple skin over the injured area.
- Surgery - GA, usually day surgery
  - 1. Removal of contributing metalware or bony spurs
  - 2. Freeing up of the adhesions, by surgical dissection of the extensor tendons.
  - 3. Reconstruction, either by an interposition graft between the tendon end and muscle, or recruitment of a spare donor muscle and grafting this into the failed tendons.
  - Most common is taking extensor indicus and re-routing this to the thumb extensor tendon, to allow active thumb extension.

**Potential Complications**

- Infection
- Haematoma
- Neurovascular injury
- Further stiffening and adhesions
- Tendon Rupture

**Post Op Care**

- The patient will go into a temporary plaster or slab.
- See hand therapist at about five days to commence early active motion, but protected in a splint
- Splint for approximately six to eight weeks
- Back to full strength activities by three months

Mike Foster  
Hand Wrist and Elbow Surgeon