

**2009 OREF Resident Research Symposia  
Virginia Area**

**Retrospective Review of an Alternative Single-Incision Extensile  
Volar Approach for Concurrent Internal Fixation of Distal Radius  
Fractures and Prophylactic Carpal Tunnel Release**

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**PURPOSE:** We hypothesize that combining the classic distal Henry exposure with the flexor carpi radialis (FCR) carpal tunnel release provides a safe and effective approach for concurrent internal fixation of distal radius fractures and prophylactic median nerve decompression.

**SIGNIFICANCE:** Delayed compressive neuropathy of the median nerve is among the most commonly encountered complications following a distal radius fracture, however, routine concomitant release of the carpal tunnel during operative treatment of this injury remains controversial.

**METHODS:** All distal radius fractures treated at our institution with open reduction and internal fixation from 2004 until 2008 that met appropriate criteria were retrospectively reviewed. A systematic chart review and subsequent telephone questionnaire was performed to identify and confirm postoperative carpal tunnel syndrome symptoms or any other complications directly related to the approach.

**RESULTS:** 116 fractures were identified in 112 patients. Transient postoperative median nerve symptoms were reported by 11 patients (9.8%), all of which resolved by 3 months after surgery without further intervention. Persistent carpal tunnel syndrome symptoms were identified in 2 patients (1.8%). No cases of FCR or FPL tendon injury were observed.

**CONCLUSION:** The single-incision extensile volar approach provides excellent exposure to the distal radius while permitting safe and effective release of the carpal tunnel.