Over the years, injuries and disorders of the hand and arm have not changed as much as their treatments. OrthoMemphis, a division of MSK Group, PC, has a team of sixteen fellowship-trained physicians including three physicians who have focused their clinical training and practice to this aspect of the body. The physicians of the OrthoMemphis Hand Center have developed a brochure entitled “The Shrinking Wound, From Knife to Needle” that speaks to these changes. Recent advances in our subspecialty are allowing us to treat several common problems in a minimally invasive way when surgery is required, whether this is with a very small incision, or in some cases, just a needle puncture. This allows the patient to return to their maximum level of function as quickly as possible.

The OrthoMemphis Hand Center staff care for upper extremity disorders that begin with the newborn and affect patients through every stage of life. I join Bill Bourland, MD, and Dan Fletcher, MD, to offer more than 50 years of combined fellowship-trained experience in hand surgery. While orthopaedic surgery has become subspecialized, hand surgeons are often the sports medicine, total joint, pediatric, and trauma specialists for the hand and wrist. If an injury or problem involves the hand, our partners come looking for us.

Under our roof, the hand therapy and physician clinical areas were designed to be adjacent, allowing a cohesive team approach within the OrthoMemphis Hand Center. Hand surgeons and therapists can exchange information about a patient’s care, check wounds, and revise treatment plans as necessary. Sometimes we have what we call “combined appointments” when the physician and therapist see the patient at the same time. As some patients may have therapy a few times per week, there are other times when the therapist may walk down to discuss a patient’s progress. We may clarify an issue, advance a protocol or simply write a prescription. This communication is invaluable in keeping the patient on track with their recovery.

Focal to the minimally invasive message, one procedure done by the OrthoMemphis Hand Center physicians is the FAST™ (Focused Aspiration of Soft Tissue) Procedure for chronic tennis elbow. This surgical technique was developed in collaboration with the Mayo Clinic. Diseased tissue can generally be removed in 15 minutes or less using local anesthetic. The technology is similar to that used for cataract removal from the eye, which has a 20 year track record. For the elbow, there is a device with a special probe (needle inside a needle) that vibrates back and forth 20,000 times a second. We are able to see the diseased part of the tendon with ultrasound and remove it with the probe which also irrigates a small bit of fluid and cleans it out. The older procedure used to require removal of the tendon attachment from the bone just to get to the unhealthy portion of tendon. This had to be repaired and the recovery was slow and far more painful. I am hoping I have done my last surgery for tennis elbow using the older method. Dr. Fletcher and I are leading the charge in the Mid-South area with regard to the FAST™ Procedure, and early results have been very encouraging. This has also been the case at the specialized centers across the country where this procedure is offered.

In addition, endoscopic carpal tunnel release has evolved over the last 20 years to become a procedure with only a fraction of the pain and recovery time compared to open technique. Among the three hand surgeons at OrthoMemphis, we have done upwards of 6,000 cases and have more than 40 combined years’ of experience with this procedure.

Dr. Bourland has become known regionally and nationally for his work with Dupuytren's contracture. He was one of the first in the United States to use a needle-based technique for this relatively common hand ailment where some of the soft tissue in the palm of the hand begins to draw up or contract. This is a hereditary disorder and typically involves the ring and small finger, pulling them down into the palm. The classic open procedure for excision of the diseased tissue was fairly extensive. This was associated with a longer and potentially more complicated recovery. I said “was” because I am currently sending my patients to Dr. Bourland for the needle aponeurotomy procedure if they desire. The history is very interesting. He was first introduced to this procedure when a patient presented to his office with a stack of research articles and a video produced by a surgeon from France. He encouraged Dr. Bourland to learn the technique and schedule surgery whenever he felt ready to proceed. Fast forward seven years and Dr. Bourland now has patients flying to Memphis for treatment and blogging about their positive experience and result. This needle-based procedure is done using local anesthesia to numb the area. Some of the patients live in the Mid-South area, but many do not. He now devotes two days a week performing Dupuytren's contracture procedures.

Our focus at the OrthoMemphis Hand Center is to deliver the best care possible for the patient. This is done through collaboration, new imaging techniques and blending of both new and classic surgical procedures, when needed, based upon evidence based medicine. Anyone with an elbow, wrist or hand problem should check with their primary doctor/healthcare provider, or contact us directly at OrthoMemphis.