

Preface

The scaphoid is the most important bone in the wrist due to its involvement in multiple articulations. Fractures of the scaphoid, if neglected, will reliably lead to alterations in the biomechanics of the entire wrist. Dealing with these injuries remains an area of continuous discussion, debate, and discovery. It is with great pleasure that we present this work on the anatomy, diagnosis, and treatment of scaphoid fractures and nonunions.

The format of this casebook is slightly different than that of traditional textbooks. It is intended to be a quick reference guide for the indications and techniques (with clinical pearls) of all of the currently available methods of treating scaphoid fractures and nonunions. The concepts embodied within each of these chapters are presented in the form of a representative clinical case. How the patient developed symptoms, was diagnosed, treated, and ultimately recovered is all presented in the context of a specific manner of treating each presentation of these common injuries.

Our authors discuss all facets of the treatment of scaphoid fractures and nonunions that are the current state of the art. We start with a review of the relevant anatomy and the epidemiology behind these injuries. Next, we discuss the conservative treatment of acute fractures, and then the various approaches to treat acute fractures surgically, in adults as well as children. The following chapters discuss all of the various methods of management of scaphoid nonunions. Last, if the scaphoid is no longer salvageable or there is evidence of scaphoid nonunion advanced collapse (SNAC) arthrosis, the common salvage procedures that

have been described are presented. We believe this resource will be an important addition to the armamentarium of house staff in training as well as seasoned attending surgeons.

I am eternally grateful to the authors of the following pages for giving their time and efforts to compile such thoughtful manuscripts. I have learned an immense amount from these cutting edge articles and I believe our readers will as well.

I would also like to thank my many mentors, colleagues, trainees, and patients for their involvement in my continuous drive to challenge myself to look for the best ways of treating patients with hand and upper extremity disorders.

Thank you to Margaret Burns and Kristopher Spring at Springer for their guidance throughout the process of conception, organization, development, and completion of this work. I would also like to thank Kanchan Kumari for her help as production editor and Dr Andre Cheah for his assistance in the final reviewing of the proofs.

Last, I would like to thank my wonderful wife, Jennifer. Without her continuous support and understanding, I would not be able to chase my academic pursuits. I could never overstate how much this is appreciated. I am also grateful for her unwavering, indomitable care of our two beautiful daughters, Madeline and Isabella, the most important people in my life who have given me the gift of life perspective and unmitigated joy.

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<http://www.springer.com/978-3-319-18976-5>

Scaphoid Fractures and Nonunions

A Clinical Casebook

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2015, XIV, 306 p. 162 illus., Softcover

ISBN: 978-3-319-18976-5