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Title of thesis: Outcome of early active mobilization after six strand repair of flexor tendons
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Abstract

Introduction: Several important concepts have influenced the authors in their management of flexor tendon repairs and this led to the evolution of new and multiple techniques. Savage was the first to use six-strand core sutures in flexor tendon repairs to achieve a strong repair that allows early range of motion for adhesion-free flexor tendon repair.

Patients and methods: A total of 30 flexor tendon injuries in 27 patients were operated in Fayoum University Hospital from June 2018 to March 2019. Patients with severe cutaneous lesions with risk of necrosis, associated fractures interfering with early mobilization, articular injuries and in-compliant patients were excluded from our study and assessment was done by total active motion score of the American Society for Surgery of the Hand (ASSH).

Results: According to the total active motion of the American Society of Hand Surgery 50% of cases were classified as excellent 36.66% as good 3.3% as fair and 10% as poor (due to presence of complications as: sympathetic dystrophy, PIP stiffness, wound dehiscence).

Conclusion: Strong multistrand repair with pulley venting and early range of motion give the best chance to have a satisfactory digital motion after repair of flexor digitorum profundus tendon injuries.