Delayed Primary Flexor Tendon Repairs: How Late is Too Late?
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Within the UK most flexor tendon injuries are treated as urgent and repaired within 2 weeks. However every so often patients present well beyond that period. These patient are then usually only offered a two stage repair. We present a series of 7 patients who presented later than 2 weeks and underwent a delayed primary repair.

**Cases**
- 7 patients aged between 24-77 years
- 4 Males and 3 Females
- Over 10 a year period
- 8 tendons repaired:
  - Little finger:4, Ring finger:2, Middle:1, Thumb:1
  - Delay in presentation ranged from 14 to 78 days
  - Most injuries were in Zone 1 and 2 & involved FDP or FPL
  - Preoperatively all had normal supple joints

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Digit Injured</th>
<th>Delay in Presentation</th>
<th>Zone Retracted (Level)</th>
<th>Repair</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>M</td>
<td>Thumb</td>
<td>14 days</td>
<td>Not recorded</td>
<td>Distal forearm</td>
<td>Kessler</td>
</tr>
<tr>
<td>53</td>
<td>M</td>
<td>Ring</td>
<td>28 days</td>
<td>Zone 1</td>
<td>AI</td>
<td>FDP repaired through nail bed</td>
</tr>
<tr>
<td>71</td>
<td>M</td>
<td>Little</td>
<td>28 days</td>
<td>Zone 1</td>
<td>AI</td>
<td>Not recorded</td>
</tr>
<tr>
<td>24</td>
<td>M</td>
<td>Middle</td>
<td>18 days</td>
<td>Zone 1</td>
<td>Not recorded</td>
<td>FDP repaired Zone 1</td>
</tr>
<tr>
<td>29</td>
<td>F</td>
<td>Little &amp; Ring</td>
<td>78 days</td>
<td>Zone 1</td>
<td>A4 pulley</td>
<td>Modified Kessler</td>
</tr>
<tr>
<td>77</td>
<td>F</td>
<td>Little</td>
<td>43 days</td>
<td>Zone 1</td>
<td>Zone 3</td>
<td>4 strand</td>
</tr>
<tr>
<td>51</td>
<td>F</td>
<td>Little</td>
<td>14 days</td>
<td>Zone 1</td>
<td>AI</td>
<td>Bunnell repair</td>
</tr>
</tbody>
</table>

**Methods**
- All these patients were offered:
  1) Delayed primary repair if possible or,
  2) Stage 1 of a 2 stage repair if primary repair was not possible.
- Repair was either modified Kessler or a 4 strand repair.
- Following surgery all patients underwent hand therapy with early active mobilization

**Results**
- Post operatively all had good to full range of movements
- There were no reported ruptures post operatively

**Summary**
- If patients present late within Z1 and Z2 they should still be explored **urgently** and attempt made to repair primarily
- A delay in presentation alone should not deny them from being given the option of an attempt of primary repair
- We still do not know how long is **too** long
- In some cases it may be possible to carry out repair up to 90 days.