

INITIAL INTERVIEW GUIDE

Introduction

1. Tell me about your practice. What type of patients do you normally see?
 - a. How many years have you been a consultant for?

2. How often do you treat TFCC injuries?

3. How do you manage these injuries?
 - a. Do you ever manage these conservatively?
 - b. Do you routinely operate on these injuries?
 - c. Are you able to treat these injuries both arthroscopically and via an open procedure if required?

Imaging and assessment

1. How do you test for clinical instability?

2. After assessment of wrist injuries and basic X-Rays what would be your imaging modality of choice to assess for a TFCC injury and why?

3. What evidence do you use to inform this?

4. Do you use the Palmer classification for TFCC injuries?
 - a. YES- do you think it is useful and if so why?
 - b. NO- do you use any other classifications and why?

Management

1. What are the main factors that would lead you to operate on a TFCC injury?

2. What are your main indications for either operative repair or debridement of a TFCC tear?
3. Do you think there are significant benefits to arthroscopic surgery over open for these injuries?
4. What is your normal protocol for post-operative management?
 - a. Does this differ between arthroscopic debridement and arthroscopic repair?
 - b. Would this protocol change for open surgery?
5. When would you normally allow return to sport?
 - a. Would it vary on the sport involved?
 - b. How does it influence your decision-making if they are in professional sport?
6. How would you manage a symptomatic central chronic/degenerative lesion with ULNA POSITIVE?
 - a. Would you consider a wafer or ulna shortening procedure? Which one and why?
 - b. Would you also debride the TFCC? Why?
 - c. How would you treat an isolated symptomatic central chronic/degenerative lesion with a NORMAL length ulna?
7. What evidence do you use to inform your management?

Scenarios

- A. A young lady presents with minor DRUJ instability on the background of chronic ulna sided wrist pain and 'clicking' after minimal trauma.

How would you initially investigate and manage this patient and why?

If this patient was an elite sports person would this change your management? Why?

Your investigations suggest no confirmation of a TFCC tear.

How would you proceed to manage this patient?

If subsequent investigations suggested a peripheral TFCC tear would this change your management?

- B. A young office worker (with light duties) presents after an acute fall with a clinically unstable DRUJ but no associated fracture.

How would you initially investigate and manage this patient?

What would you do if symptoms persist despite initial management?

Your investigations confirm a significant TFCC injury

How would you proceed to manage this patient?

If the patient was 60 years old would this change your management at any point?

If this patient was an elite sportsperson would this change your management at any point?

- C. A middle-aged heavy-manual worker presents with ulna-sided wrist pain following trauma, which is clinically stable and no associated fracture

How would you initially investigate and manage this patient?

What would you do if symptoms persist despite initial management?

Investigations confirm a peripheral TFCC tear.

How would you proceed to manage this patient?

Would your management change at any point, if the patient was an elite sportsperson?

If the wrist was clinically unstable would this change your management?

General

1. What do you think about the current research/evidence behind TFCC management?
2. What further research in this area would be helpful?
3. In your own words what do you think are the most important points to consider in the management of TFCC injuries?
4. Do you think these injuries are under or over-treated? Why?
5. In general, would you treat a sportsman differently? How?

6. Is there anything else we have not talked about which you feel is important or would like to discuss?

FINAL VERSION OF INTERVIEW GUIDE

Introduction

1. Tell me about your practice.
 - a. What type of patients do you normally see?
 - b. How many years have you been a consultant for?
 - c. Where did you train?

- d. Main areas of interest?
- e. How often do you treat TFCC injuries?

Management

- 1. How do you manage TFCC injuries?
 - a. Do you ever manage these conservatively? When? How?
 - b. Is a period of conservative management always indicated? For how long?
 - c. Do you routinely operate on these injuries? How? (Open versus arthroscopic?)
 - d. Are there significant benefits to arthroscopic surgery over open for these injuries?
 - e. What are the main factors that would lead you to operate on a traumatic injury?
 - f. What are your main indications for operative repair or debridement of a TFCC tear?

- 2. What is your normal protocol for post-operative management?
 - a. Does this differ between arthroscopic debridement and repair?
 - b. Would this protocol change for open surgery?

- 3. When would you normally allow return to play?
 - a. Would it vary on the sport involved?
 - b. How does it influence your decision-making if they are in professional sport?

- 4. How would you manage a symptomatic central chronic/degenerative lesion with UPV
 - a. Would you consider a wafer or ulna shortening procedure? Which one and why?
 - b. Would you also debride the TFCC? Why?

- 5. How would you treat an isolated symptomatic central chronic/degenerative lesion with normal UV?

- 6. What evidence do you used to inform your management?

Imaging and assessment

1. What aspects are important in the clinical examination of TFCC injuries?
2. After assessment of wrist injuries and basic X-Rays what would be your imaging modality of choice to assess for a TFCC injury and why?
3. Do you use a Classification for TFCC injuries?
 - a. Do you think it is useful (Why?)

Scenarios

- A. A young lady presents with minor DRUJ instability on the background of chronic ulna sided wrist pain and 'clicking' after minimal trauma.

How would you investigate and manage this patient and why?
- B. A young office worker (with light duties) presents after an acute fall with a clinically unstable DRUJ but no associated fracture.

How would you investigate and manage this patient?
- C. A middle-aged heavy-manual worker presents with ulna-sided wrist pain following trauma, which is clinically stable and no associated fracture

How would you investigate and manage this patient?

For any of these scenarios or any cases from your experience, how would it influence your management if the patient were:

- a. elderly
- b. a sportsperson

(Are there any factors that require special consideration?)

General

1. What do you think about the current research/evidence behind TFCC management?
2. What further research in this area would be helpful?
3. In your own words what do you think are the most important points to consider in the management of TFCC injuries?
4. Do you think these injuries are under or over-treated? Why?
5. Is there anything else we have not talked about which you feel is important or would like to discuss?

Further questions based on emerging topics

- How do you manage peripheral tears without clinical instability?
- What are your thoughts on the risk of stiffness post TFCC repair?
- What are your thoughts on symptom aetiology – what causes pain in peripheral / central tears?
- Do you think there is a role for diagnostic arthroscopy?
- How do you assess UV?
- What are your thoughts on the natural history of TFCC tears?
- What do you think patients expect from a referral to a wrist surgeon for a TFCC injury?
- What are your thoughts on the management of TFCC injuries with associated distal radius and ulna styloid fractures?