

Case Report

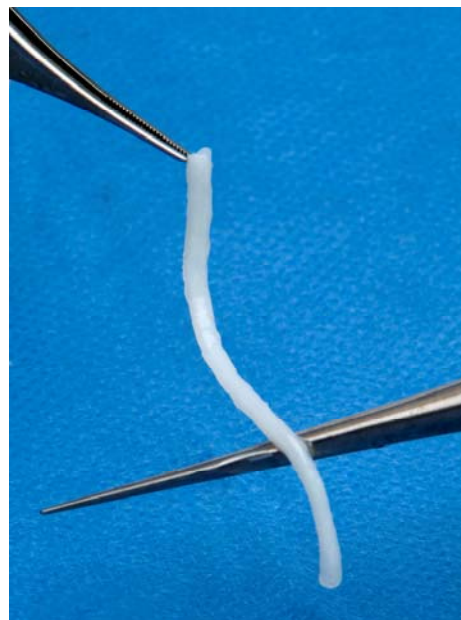
Repair of a Partially Transected Median Nerve with Avance[®] Nerve Graft: A Processed, Predegenerated Human Nerve Allograft

Case Background

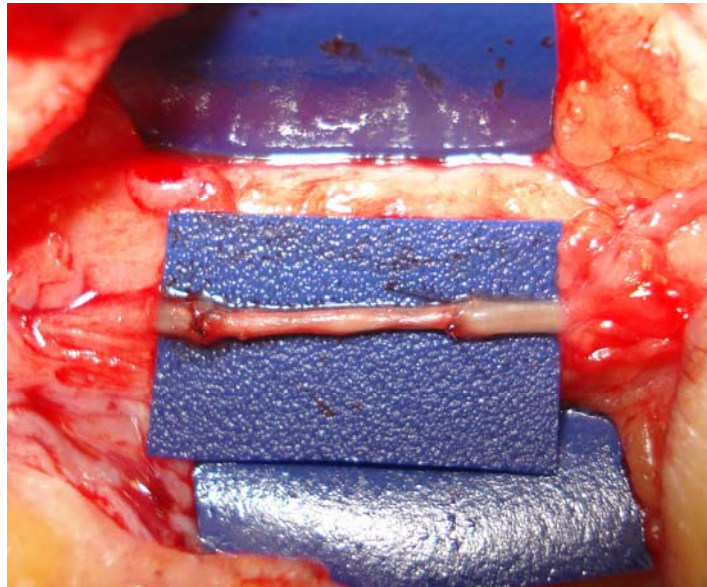
The patient was a 42 year old male with a partial median nerve injury from a laceration proximal to the wrist. The injury resulted in loss of sensory and thermal discretion in the long finger and a portion of the ring finger.

Case Method

1. The injured nerve segment was exposed, freeing an appropriate amount of the surrounding tissue to visualize the nerve defect.
2. Under an operative microscope, the area of injury was located. Two injured fascicles were identified. The injured fascicles were carefully dissected the nerve ends freshened to healthy, viable nerve both proximally and distally.
3. The distance between the fascicles were measured to determine if the ends could be directly repaired by primary suturing. It was determined that the defect was too great for a tensionless primary repair and nerve graft material would be required to repair the injured fascicles. A 1-2mm diameter Avance[®] Nerve Graft (30mm length) was thawed in sterile saline and was trimmed to yield two 10mm segments for the repair.



4. The epineurium of the nerve graft was sutured to the perineurium of the fascicle using three to four interrupted nylon microsutures at each coaptation site.



Outcome

AVANCE Nerve Graft allowed the ability to appropriately match the size of the native fascicles. It handled similar to the native nerve. The wound healed with no signs of irritation or rejection. Patient displayed continuing progression of Tinel's sign within the first month post repair. Recovery of sensation, two-point discrimination of 8mm, was reported by 6 months. At the six and nine month follow-up visits the patient has demonstrated S3+ recovery of sensation in the affected digits.

--Scott M. Wisotsky, M.D.

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**For additional information on AVANCE Nerve Graft
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