

Table 35-1. Arthroscopic Wrist Portals: Technique and Function

<i>PORTAL</i>	<i>TECHNIQUE</i>	<i>FUNCTION</i>
Dorsal		
1-2	Inserted in the extreme dorsum of the snuffbox just radial to the EPL tendon to avoid the radial artery	Provides access to the radial styloid, scaphoid, lunate, and articular surface of the distal radius
3-4	The portal is 1 cm distal to Lister's tubercle between the tendons of the third and fourth compartments.	Primary working portal, gives a wide range of movement and view
4-5	Between the common extensor fourth compartment and EDQ in the fifth compartment	Alternative to the 6-R portal
6-R	Located distal to the ulnar head and radial to the ECU tendon. Established under direct vision of the arthroscope by use of a needle. Avoids damage to the TFCC	Primary working portal
6-U	Established under direct visualization similar to the 6-R portal. Blunt dissection is always used to avoid the dorsal branches of the ulnar nerve.	6-U and 6-R portals allow visualization back toward the radial side and access to the ulnar-sided structures
MCR	Created 1 cm distal to the 3-4 portal	Allows instrument access to the ulnar midcarpal joint
MCU	Created 1 cm distal to the 4-5 portal	Allows instrument access to the radial midcarpal joint

6-R, 6-radial; 6-U, 6-ulnar; ECU, extensor carpi ulnaris; EDQ, extensor digiti quinti proprius; EPL, extensor pollicis longus; MCR, midcarpal radial; MCU, midcarpal ulnar; TFCC, triangular fibrocartilage complex.

Figure 35-4. Wrist arthroscopy setup with instrumentation. Note arthroscope and instruments can be interchanged between portals to obtain the proper vantage point.

