CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

TFCC Injury

The triangular fibrocartilage complex (TFCC), on the little-finger side of the wrist.

Kieran Hirpara 4.0

What you're feeling

You likely feel pain on the outside of your wrist, near your pinky finger. This area is called the ulnar side. The pain may come and go, or it may stay constant. It often feels like a deep ache or a sharp sting when you move your wrist in certain ways.

The pain usually gets worse when you twist your forearm. Simple daily tasks can become difficult. You might struggle to turn a doorknob, open a jar, or use a screwdriver. Lifting objects, especially with your palm facing down, can trigger discomfort. Reaching behind your back to fasten a bra or tucking in a shirt may also hurt. Some people find that sleeping on the affected side makes the pain worse in the morning.

In many cases, the wrist feels stable. You might not feel any looseness or clicking. However, if you have a complete tear, you might notice instability. This means your wrist feels like it might give way or shift unexpectedly. This is more common with specific types of tears that involve the connection to your pinky-side wrist bone.

If you have had a recent fracture of your forearm bone, you might also have pain at the base of your pinky finger. This often happens alongside a tear in the cartilage cushion. Even if your wrist looks normal and feels stable, you could still have a tear in the deep fibers of that cushion. These deep tears cause pain but do not always cause instability.

Sometimes, the pain persists even after initial treatment. If you have had surgery for a specific type of tear but still feel pain or instability, there might be another part of the tear that was not addressed. This is not uncommon. Your surgeon will look carefully at your history and symptoms to decide if further treatment is needed.

Most acute tears heal well with time and rest. However, if the pain does not go away, it may be because the tear is degenerative rather than from a sudden injury. Degenerative tears often require different management. Your surgeon will help you understand which type of tear you have and what to expect.

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What's actually happening

Your wrist is a complex hinge where two forearm bones meet. A small, tough structure called the triangular fibrocartilage complex sits between them. Think of it as a shock absorber and a gasket. It keeps the bones aligned while you turn your hand or grip objects.

This complex relies on several ligaments, which are like strong ropes holding the joint together. Muscles around the wrist also act as dynamic stabilizers, tightening to keep everything steady during movement. When you rotate your forearm, the contact points inside the joint shift slightly to handle the load.

A TFCC injury means this shock absorber or one of its supporting ropes is damaged. This often happens after a fall or a sudden twist. The damage can cause pain, clicking, or a feeling that the wrist is unstable. It may feel like the bones are slipping out of place when you try to lift or turn things.

Sometimes, the injury is linked to how the bones are aligned. If the radius bone was fractured and healed slightly out of position, it changes how force travels through your wrist. This altered alignment puts extra stress on the TFCC, making it harder for the joint to heal on its own.

In many cases, especially with fresh tears, the body can heal the damage without surgery. The tissues knit back together over time. However, if the tear is complete or if the bones are misaligned, the joint may remain painful or weak. Your surgeon looks at the specific type of tear and how your wrist moves to decide if repair is needed.

The goal of treatment is to restore that smooth, stable glide between your bones. Whether through rest, therapy, or surgery, the aim is to reduce pain and help you regain strength. Most people see significant improvement in motion and grip strength after proper care.

What we can do about it

Most acute tears of the triangular fibrocartilage complex (TFCC) heal on their own without surgery. Your surgeon will carefully review your history and examine your wrist to confirm the injury is causing your symptoms. You will need to quantify how severe your pain and stiffness are to help decide if surgery is necessary.

Physiotherapy focuses on restoring movement and strength. While specific rehabilitation protocols vary, the goal is to manage symptoms and improve function. Your surgeon will not rely solely on the radioulnar stress test to decide if you need an immediate repair. This test measures joint laxity, but it does not always predict how well you will feel or function after treatment.

If conservative care does not provide enough relief, your surgeon may discuss medical management. This often includes pain medication and anti-inflammatory drugs to reduce swelling and discomfort. In some cases, injections such as cortisone, hyaluronic acid, or platelet-rich plasma (PRP) may be considered to calm inflammation and support healing. These treatments aim to provide temporary relief and allow you to participate more fully in physical therapy. The duration of relief varies by individual, but these options can bridge the gap while your body heals.

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Surgery is considered when non-operative measures fail to control pain or restore stability. Arthroscopic debridement, which involves cleaning out damaged tissue, is safe and effective for central tears. It provides sustained pain relief, improves quality of life, and restores wrist motion. For many patients, this leads to high satisfaction and long-term functional benefits, even years later.

If the tear involves the ligament attachments, arthroscopic repair may be recommended. This technique uses minimally invasive tools to reattach the torn tissue. It offers significant improvements in wrist motion, grip strength, and pain levels. In cases of chronic tears, a one-tunnel transosseous approach may be used to restore stability and provide remarkable functional ratings.

Your surgeon will also consider surgical denervation for persistent injuries that do not respond to nonsurgical treatment or debridement. This procedure reduces pain signals from the affected area. Advanced imaging like MR arthrography (MRA) or wrist arthroscopy helps confirm the diagnosis, as standard MRI scans can sometimes miss subtle tears. Your surgeon maintains a high index of suspicion, especially if you have ulnar-sided wrist pain despite normal imaging results.

What to expect

Your outlook depends largely on the type of tear you have. Most acute Atzei class 1 tears heal on their own without needing surgery. If your tear is in the center of the disc, most of these also heal by the time of long-term follow-up. You can generally expect decreased pain and improved motion if your surgeon treats the injury effectively.

For complex tears, your surgeon may recommend arthroscopic ligament-specific repair. This minimally invasive technique allows for detailed visualization to fix the injury. You will likely see significant improvements in wrist motion, grip strength, and pain levels. These benefits are maintained at a minimum 2-year follow-up. In some cases, your surgeon might perform an assisted resection to remove damaged tissue. This approach shows persisting satisfactory outcomes even at 19 years of follow-up.

If you have a complete tear, the long-term outcome may be slightly inferior compared to other tear types. Coexisting type 2 tears also increase the risk of the initial surgery failing. You should be aware that disability outcomes are worse if your TFCC injury occurred alongside a distal radial fracture. Early recognition of wrist instability can help your surgeon provide timely treatment. Success rates for acute cases are around 80% when treated promptly.

There is no evidence that a TFCC injury changes your long-term outcome overall. However, if you have sustained pain or instability after a successful repair, an unrecognized proximal component tear may exist. Your surgeon will look for this to ensure proper treatment. Most patients, including children and adolescents, experience excellent functional outcomes after surgical treatment. You should feel more stable and have less pain as you recover.

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When to see someone

Ask for a specialist review if you have persistent pain that does not improve with rest. Seek care if you notice weakness or instability in your wrist. See a doctor if your wrist locks or gives way. Get help if symptoms interfere with your sleep or work. Sudden worsening of pain is also a reason to go. Most acute tears heal well when treated early. However, sustained pain after initial repair may mean an unrecognized tear exists. Careful examination helps determine if surgery is needed. Do not assume a normal MRI rules out injury. High clinical suspicion is required for ulnar-sided wrist pain.

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