For many decades up to the late 1960’s, the treatment of the diaphyseal and metaphyseal fractures in children was exclusively conservative. At that time, the only significant textbook on children’s fractures was that of Walter Blount, which was published in 1955. The ensuing development of surgical fracture treatment using plates and locking nails produced no real benefit in the treatment of fractures in growing bones.

In the late 1970’s at the Nancy University Hospital - situated in the North East of France and serving a population of 2.5 million people - Jean-Paul Métaizeau, M.D. and Jean-Noël Ligier, M.D. developed the concept of flexible intramedullary nailing (FIN). The method, previously used in Seville Spain, is based on the use of two curved intramedullary nails introduced into the injured bone through the metaphyseal area far from the fracture itself as well from the physis. This mini invasive surgery obtained an excellent boney union while respecting the periosteal callus. The stability was adequate enough to avoid postoperative immobilization. A rapid rehabilitation was possible, which resulted in a shortened hospital stay and a rapid return to the stable environment of home, family, school and hobbies. This combination of physical and psychological benefits for a traumatized child otherwise encountering an unnecessary pause in his or her natural development was further complimented by the economical benefit to the hospitals, families and insurers.

Professor Jean Prévot and I then spread our large experience with the FIN procedure from the Nancy University Hospital to all of France and then throughout Europe. The success was immediate with a lot of excellent results. In North America, Dr G. Dean Mac Even was one of the first surgeons to note the advantages of this method. However, some complications were described mainly due to an insufficient comprehension of the method and to significant modifications of the original technique. We realized that more information was mandatory, specifically in each detail of the procedure such as choice of the frame, selection of the nails according to their diameter and their shape, surgical approach, reduction of the fracture, orientation of the nails, impaction of the nails and the fracture, end of the surgical procedure and postoperative treatment.

At the beginning of this new century, Professor Remy Kohler of Lyon, France pushed me to write the FIN technique. The French edition, published in 2006 by Elsevier France, contained the data of more than 25 years of experience, and of more than 2,000 FIN procedures in our Department of Pediatric Orthopedics in the Nancy University Hospital. The great number of technical drawings, X rays and clinical cases allowed surgeons a more precise understanding of the technique and the strategy. A large part was dedicated to complications and how to avoid them.
Colleagues from North America, notably Dr. Kaye Wilkins of San Antonio, insisted that the information contained in the book should be made available to Anglophone surgeons as well. I wish to pay homage to Thomas Roumens and Mary Kenny who initiated this English edition entitled: FIN, the Nancy University Manual. With this translated and improved edition, my sincere wish is to make the indications and the technique of the FIN procedure as comprehensive as possible so as to contribute to excellent fracture care of our children.

Nancy, France  

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