

# Surgical Anatomy of the Forearm

## A new look on post-operative neuropathic pain

1. In external fixator placement it seems to be safer to place the pins in the third metacarpal instead of the second metacarpal. (*this thesis*)
2. In the future more complications could be reported, due to an increase in the number of therapeutic arthroscopic procedures, performed by less experienced surgeons. (*this thesis*)
3. Despite the development of new technologies there is still room for dissection room wet lab training. (*this thesis*)
4. Anatomical variation of the DCBUN is common. (*this thesis*)
5. In iatrogenic lesions of the LACN, the SBRN can be responsible for the pain and vice versa. (*this thesis*)
6. Operative procedures directed only to treat injury patterns to the SBRN without recognizing associated injury to the LACN will have poor results. (*Dellon and Mackinnon*)
7. Those who have dissected or inspected many bodies have at least learned to doubt; while others who are ignorant of anatomy and do not take the trouble to attend it are in no doubt at all. (*Giovanni Battista Morgagni*)
8. If you don't know what you're cutting, don't cut it. (*Culbertson*)
9. Surgical knowledge depends on long practice, not from speculations. (*Marcello Malpighi*)
10. Real knowledge is to know the extent of one's ignorance. (*Confucius*)
11. There is nothing, absolutely nothing, half as much worth doing as simply messing about with boats. (*Keneth Grahame*)