INTRODUCTION:
Scaphoid fractures were commonly treated conservatively with immobilization using casts. The introduction of Herbert screw offers an alternative option with a better functional outcome and fewer complications.

OBJECTIVE:
1. To assess clinical outcome and radiological union of scaphoid fractures after fixation with Herbert screw.
2. To evaluate the disability experienced by patients, monitor changes in symptoms and eventual return of function.

METHOD:
1. A retrospective study conducted based on the 10 patients with scaphoid fracture treated with Herbert screw fixation between 1st January 2015 until 31st December 2016.
2. These patients were reviewed based on the DASH (disability of arm, shoulder and hand) questionnaire, Mayo wrist score questionnaire and latest plain radiographs.

RESULTS:
1. A total of 10 patients were studied with the mean age of 27.7. The sex distribution comprised of 70% males and 30% females.
2. 60% of patients were able to achieve a good or excellent Mayo score, 30% patients achieved satisfactory score with only 10% patients falling in the poor category.
3. The mean DASH score is 14.8 with the lowest score of 1.7 and the highest score of 36.7.
4. 90% of total patients achieved union in their latest plain radiograph with 10% of patients having non-union.

DISCUSSIONS:
1. Patients with lower Mayo score and higher DASH score are associated with elderly aged patients with concomitant injuries over the ipsilateral limb.
2. 9 out of 10 patients are able to return to normal work post operatively with minimal pain and good range of motion.

CONCLUSION:
Herbert screw is a safe, effective fixation treatment for scaphoid fracture. However, the study is limited with number of sample size patients and lack of long term data follow up which can be a key in reassessing the final outcome of the surgery.

REFERENCES: