

Trapeziectomy surgery for thumb base arthritis

i Important information
for patients requiring
trapeziectomy surgery

About this booklet

The purpose of this booklet is to tell you about Trapeziectomy surgery to treat thumb base arthritis.

Trapeziectomy surgery

This operation is usually a day case procedure, so you will usually go home the same day as your surgery. It is normally performed under general anaesthetic, so you will not be awake during the procedure.

A cut is made at the back of the thumb base or the outer side of the fleshy part of your thumb base. The small bone at the base of the thumb (the trapezium) is removed and the surrounding joints inspected. If there is arthritis at the base of the neighbouring trapezoid, the arthritic part of this bone is removed as well. The cut will be closed with dissolving sutures. Local anaesthetic is used at the end of the operation to minimise pain and you will be provided with oral pain relief to make you as comfortable as possible.

After surgery

You will have a large bandage and a small plaster cast on your hand. It is important to keep this clean and dry until your follow-up appointment. You should elevate your hand as much as possible, as having your hand dangling down will cause swelling and make your hand more uncomfortable.

Your bandage and cast will be removed two weeks after surgery and a lighter cast put on.

You will be referred to a physiotherapist at a hospital or clinic closer to your home. The physiotherapist will guide you through a series of exercises to maintain movement but prevent excessive force in your healing wound.

Recovery

Trapeziectomy is excellent at removing the pain of the arthritis, and with a reduction in pain, you will notice an increase in grip strength and overall function. However, recovery from this procedure is slow. It takes most patients four to six months to return to all their normal activities, but some patients may take one year to fully recover.

Driving

It will be at least eight to 12 weeks before you can consider driving. You may start driving again when you have regained a full range of finger movements and have the power to control a motor vehicle.

Returning to work

This depends on your occupation, but as general guidance:

- Supervisory, managerial: four to six weeks
- Light manual e.g. clerical: six to 12 weeks
- Medium manual e.g. nurse: 12 to 16 weeks
- Heavy manual e.g. labourer: four to six months

Complications

Wound complications

Possible problems include swelling, bruising, bleeding, blood collecting under the wound (haematoma), infection and splitting open of the wound (dehiscence).

Scar

Depending on the size of your hands, you will have a scar over the thumb base of about 5cm in length. The scar may become a little thickened and red as it heals, but this will settle with time. The scar will be tender, and this will also resolve. Firm massage with a unperfumed cream or oil will help heal the scar.

Incomplete relief of pain

90% of patients notice a good amount of pain relief following the recovery period

Persistent weakness of pinch grip

Before your operation, pinch grip is usually reduced due to pain from the arthritis. While your grip strength should be improved following the operation as the pain is resolved, it will not be returned to its pre-arthritis state.

Nerve damage

Small nerve branches run in the area of the incision. This nerve can be damaged during the operation and this may leave either a numb patch on the back of the thumb, or a small tender point that may need another small operation to excise the tender spot.

Further surgery

If there is a complication that requires another operation, your surgeon will discuss this with you. Sometimes arthritis develops at neighbouring joints and needs treatment. Very occasionally there is some instability after the bone is removed. A ligament reconstruction can take care of this instability and secure the thumb.

Complex regional pain syndrome

This is a syndrome of pain, stiffness and swelling that occurs following surgery. A mild form affects up to 5% of people, but in a minority or people this can be very severe. It is not known why this happens and we cannot predict who it will happen to. Your surgeon and physiotherapist will monitor you for this after the operation.

Further information

If you have any questions or concerns, please contact the orthopaedic clinic during office hours on 0141 951 5553. Out of hours you should contact the Senior Nurse via the switchboard on 0141 951 5000.

Notes

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Notes

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