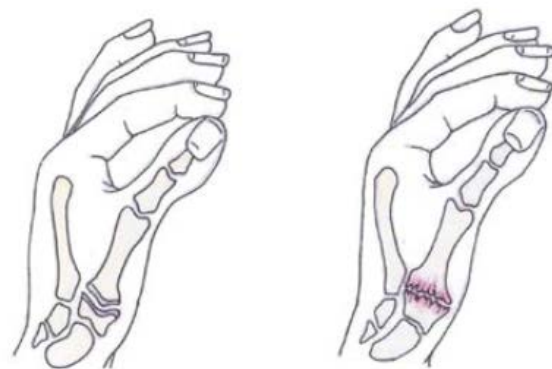


Trapeziectomy

This leaflet outlines the risks, general advice and information about hand surgery called trapeziectomy. If you have any questions or concerns after reading it please discuss them with your doctor or nurse.

Why do I need surgery and are there any alternatives?

This surgery is performed to relieve pain from osteoarthritis (OA) at the basal joint of the thumb (the carpo-metacarpal joint – CMCJ). OA in the CMCJ can cause pain, especially pinching between thumb and the side of the index finger, leading to a sense of weakness. Movements such as opening the lid of a jar, turning a key in a door or brushing/combing hair may be painful. The thumb base may be swollen and misshapen and feel or sound ‘crunchy’ on certain movements.

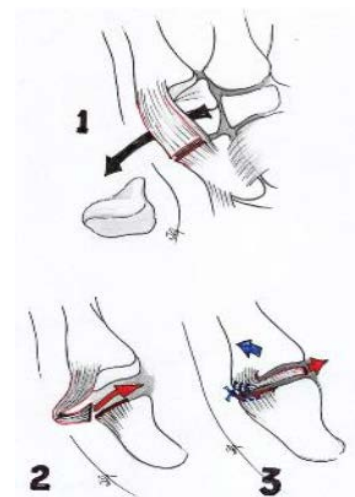


This condition is most common in women in their 50s and 60s, but it can affect men. Often there is a family history of the condition or it can occur as the result of injury. Options for treatment to control the pain include: using a protective support or brace for work and household tasks, physiotherapy and a cortisone injection into the joint. However, for some people the pain persists and an operation is needed.

What is a trapeziectomy?

One of the traditional surgical methods of dealing with OA of the CMCJ has been to remove the little bone, the trapezium (1) at the base of the thumb and create a false joint. Local soft tissue, primarily the thickened capsule of the arthritic joint (2) is folded into the space and secured with dissolvable stitches (3).

However, to develop the stability which the thumb requires, it is necessary for your hand to be immobilised (kept still) in a cast or splint for about six weeks. The operation can be done either under a full general anaesthetic or a regional anaesthetic, known as an arm block.



On discharge from hospital

- A heavily-padded dressing is applied to the hand immediately after surgery, leaving the fingers free but immobilising the thumb.
- Your hand must be elevated (raised up) as much as possible over the first five days, in a special sling.
- Your hand must be kept clean and dry until you see the therapist in Physiotherapy Outpatients.

10-14 days after surgery

- You will have a follow-up appointment with the hand therapists.
- Your dressings will be removed, your wound checked and redressed if necessary.
- A fibreglass 'gauntlet' style splint is made to completely immobilise your thumb.
- The fingers and tip of your thumb are not immobilised and must be moved and used. It may even be possible to drive, provided you are 'safe' and in control of the vehicle. The law is very clear that you have to be able to prove to the police that you are 'safe' to drive, so it is entirely your own responsibility and we cannot give you permission to drive.
- If you are using the hand and it hurts – **STOP!** If you do something and the hand does not hurt straight away but does later, then you have overdone it, so learn from it. If you go to do something and your instincts tell you it isn't right, then it probably isn't, so don't do it. Within these restrictions you should be encouraged to use your hand but not abuse it.



Week 4 after surgery

- The stability of the thumb will be assessed to decide if it is safe to start exercises.
- If so, you will be fitted with a softer neoprene thumb support.
- You will then start to move – to 'mobilise' your 'new' joint. It is crucial for you to learn to move the 'new' joint at the base of the thumb and not only the one above it (the metacarpo-phalangeal joint).
- Your hand no longer needs to be kept dry, therefore the splint can be removed for washing, and the scar can be massaged.

4 weeks onwards

- You will need physiotherapy appointments to encourage mobility/strength and, ultimately, full function.
- On average most people return to sports such as golf and tennis four months after their operation.
- Remember that it can take up to at least one year to reach full recovery of your strength and stamina.

What are the risks?

- Infection is rare in the hand and while we take as many precautions in the hospital as we can, it is your responsibility to be sensible after the surgery.
- Stiffness and swelling can be reduced by elevating your hand for the first few days after the operation and by keeping the joints unrestricted by the splint as mobile as possible.
- Nerve damage – no surgeon can give an absolute guarantee of 'safe' surgery but it is extremely rare for this to occur.
- Sensitive scar – this can be helped by regular gentle massage with a simple cream such as E45.
- Pain – any bone cutting procedure is painful and is to be expected after this operation. The wound area will be numbed by local anaesthetic at the time of surgery and hopefully this will last up to 12 hours. It is very important that you take the recommended painkillers before the anaesthetic wears off and then keep taking them regularly until the pain settles. Elevation of the hand is also critical in reducing swelling and reducing pain.

Further information

- Visit the Trust's website www.royalberkshire.nhs.uk
- www.readinghandsurgery.com
- The Arthritis Research Campaign (arc) www.arc.org.uk As well as funding research, ARC produce a range of free information booklets and leaflets.
- Arthritis Care www.arthritiscare.org.uk
- The Royal College of Surgeons of England have some patient information publications available on their website www.rcseng.ac.uk/patient_information

Useful numbers and contacts

Adult Day Surgery Unit (RBH): 0118 322 7622
 Day Surgery Unit (WBCH): 01635 273492/3/4
 Redlands Ward: 0118 322 7484 / 7485
 Pre-Op Assessment Clinic: 0118 322 6546 / 6812

If you have any concerns during the first 24 hours of your discharge please phone the ward / unit you were admitted to.

Please note that the Adult Day Surgery Unit's opening hours are from 7.00am to 10.00pm (Mon-Fri). After 24 hours, please seek advice from your GP.

This document can be made available in other languages and formats upon request.

This information can be made available in other languages and formats upon request

Department of Orthopaedics, January 2018.
 Review due: January 2020