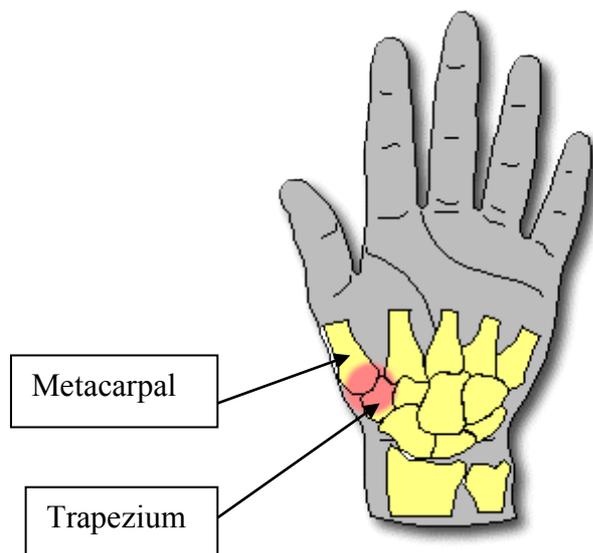


Carpometacarpal joint arthritis

(Basal joint arthritis)
For Mr Whitaker's patients

The joint at the base of the thumb that allows for the turning and bending movements of the thumb is referred to as the basal joint or carpometacarpal joint of the thumb (CMCJ). This is the joint formed by two bones the metacarpal and trapezium

Because of its design, it tends to wear out and develop arthritis early in life. Carpo metacarpal joint arthritis is also common in people who have osteoarthritis. Ladies over the age of 50 are more affected by the condition.



It causes pain at the base of the thumb, particularly during pinching or gripping. It also results in weakness of pinch grip. The outward appearance at the base of the thumb also changes; the end of the metacarpal sticks out and looks like a lump at the base of the thumb

What caused it?

This joint appears to be particularly prone to wear and tear from normal use of the hand. Many people can have arthritis in this joint, with or without arthritis in other joints.

What can the doctor do to help?

1. Confirm that this actually is the problem.
2. Prescribe stronger anti-inflammatory medication or cortisone type medication.
3. Prescribe hand therapy and/or a custom prescription splint.
4. Give a cortisone injection into the joint.

Mr Whitaker's team gives steroid and local anaesthetic injections sometimes under X ray control using a mini image intensifier. The doctor needs to pull on the thumb to open the joint space to get the needle for the injection in the correct area.

It will be necessary for you to wear a thumb splint every night for six weeks following the procedure. This is to allow the joint to rest completely whilst you are asleep. Our hands do move around whilst we sleep.

Patients are usually offered the injection in outpatients, but it can also be carried out in day theatre.

What can you expect after the injection?

The injections are given to provide pain relief in that joint. The effect may last for some months and the injections can be repeated.

Ultimately, it may be necessary to carry out further treatment and a member of the hand surgery team would discuss this with you when it is appropriate.

For further information contact the nurse practitioner in hand surgery

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