

## Interphalangeal joint fusion for Mr Whitaker's patients.

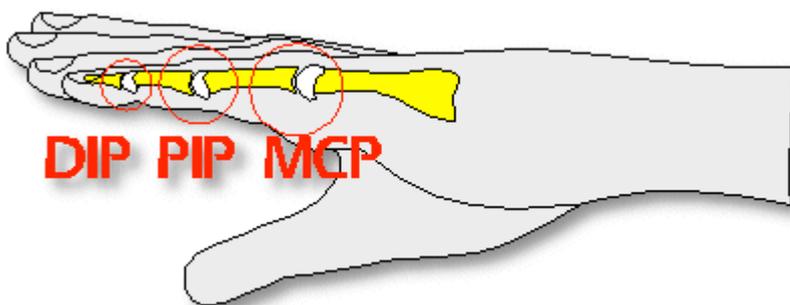
Extreme pain and discomfort caused by osteoarthritis in the small joints of the fingers can be treated by a joint fusion. This operation relieves the symptoms by stopping movement of the joint.

This booklet contains information about what will happen before, during and after the operation.

The operation can be carried out on the day unit under local or general anaesthetic. You will choose your type of anaesthetic before being placed on the waiting list.

The joints that can be treated this way are the joints at

- the tip of the finger (distal interphalangeal joint, DIP)
- the middle joint of the finger (proximal interphalangeal joint, PIP)
- The knuckle joints (metacarpal joints, MCP) in the fingers are not treated in this way, but the thumb can be.



### What are the risks?

- Bleeding and / or bruising, this will disappear with time. **NB if you are taking medication to 'thin the blood' you need to contact the unit regarding advice on the need to stop this medication prior to surgery. It may be necessary to stop your medication for as much as 10 days.**
- Wound infection
- Failure of the joint to fuse
- Neuro vascular damage
- Swelling
- Pin tract infection

- Nail growth distortion when the surgery is done on the joint at the fingertip

You will be given advice about keeping your dressing dry, this is to help minimise infection risk. **Do not** use finger covers as these make your finger perspire and the dressing will get wet from perspiration.

If the joint doesn't fuse (stiffen), surgery can be repeated but if the joint is pain free this may not be necessary.

Swelling will last for some time as movement is required to reduce swelling. Movement of the joint stops, this is the purpose of operation. You will be given advice on how to keep swelling to a minimum and it is important to follow the advice as swelling can also hinder wound healing.

### **What happens during the operation?**

Once the finger is anaesthetised, a tight band (tourniquet) is placed around the finger to stop the circulation, during the operation.

The surgeon makes a cut across the skin over the joint to be fused.

The damaged surfaces are then removed using a saw, if you are given a local anaesthetic, you may feel the vibrations but you should not feel pain.

The surfaces are then held together using a wire which will stay in for 6 weeks, this is eventually removed in the outpatients clinic.

The end of the wire protrudes through the skin so a dressing will be needed to keep it covered for 6 weeks post operatively.

The area of the removed joint will have a slight bend in it; this is deliberate so that you can still use the finger effectively even though the joint no longer moves

Stitches are then put in the skin and a simple pressure dressing is applied.

You are then transferred back to the ward.

### **What are the benefits of surgery?**

A successful operation results in a finger joint area that is pain free.

### **What are the alternatives to surgery?**

Do nothing, but continue controlling the pain with medication.

Some finger joints affected by arthritis can be suitable for joint replacements, but if Mr Whitaker or a member of his team has suggested a fusion it is because a joint replacement is not the treatment of choice for your case.

### **How much time will I need off work?**

Depending on your occupation it may be necessary to take at least 6 weeks off work.

Normal daily activities can also be resumed once the wound is fully healed, but you will need to be careful of the wire end. **You must not get it wet this is an infection risk.**

Owner Sheila Gray  
acknowledgments E. hand .com  
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