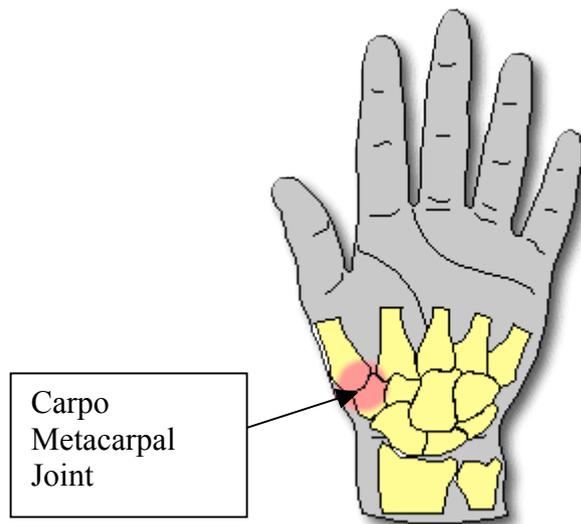


# Trapeziectomy

## Patient information for Mr Whitaker's patients

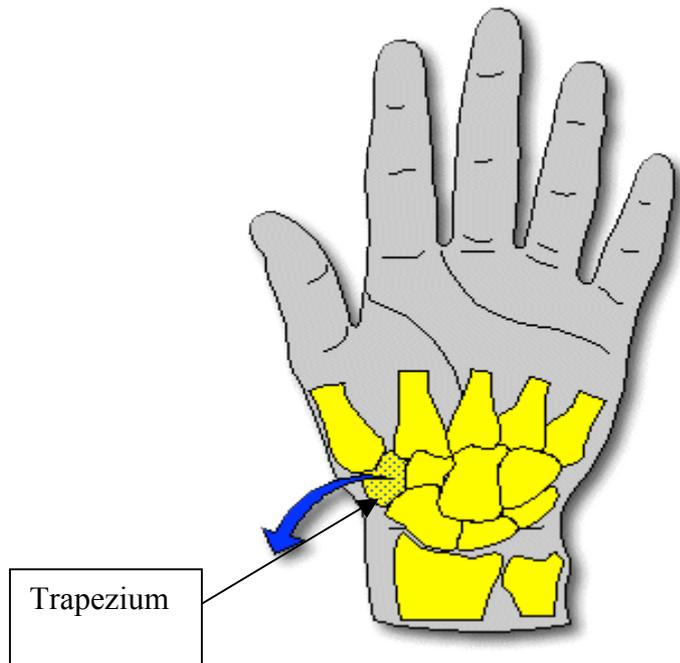
You will have been given a diagnosis of arthritis of the carpometacarpal joint.  
You have probably had cortisone injections and splintage to help with pain relief in the past.



As the injections become less effective the procedure known as trapeziectomy is offered to give more permanent pain relief.

### What is it?

It is an operation to remove the carpal bone called the trapezium.  
This bone provides one of the surfaces in the joint, which is suffering from wear and tear (arthritis) and causing pain.  
Removing the bone gives pain relief in this area of the hand.



The operation is carried out as a day patient under a general or regional anaesthetic you will decide with the doctor which type of anaesthetic you wish to have.

### **What are the risks of the operation?**

- Wound infection
- Swelling
- Bleeding
- Haematoma
- Neuro-vascular damage
- Damage to the radial artery
- Neuroma formation this is an painful area associated with the scar
- Residual pain and stiffness due to arthritis in other carpal bones in the wrist

### **What happens without the bone?**

The space left because the bone has been removed will gradually fill in with fibrous tissue.

The end of the metacarpal bone can drop back into a more normal position so the lump you will have noticed at the base of your thumb will change in appearance.

You may be left with some pain; it is possible for there to be arthritis in other small joints in the wrist area, this is not altered by the operation.

### **Will I require splintage?**

You will need to have splintage to protect your thumb and wrist for a full 6 weeks. For the first two weeks this will be the dressing applied at the time of operation and it will contain some Plaster of Paris and be very bulky. Between 10-14 days this will be changed following your suture (stitch) trimming, for a lightweight cast. This cast will remain in place for 4 weeks.

At the time of cast removal a member of the hand team will see you. It will be necessary for you to wear a removable thumb splint for 2 weeks.

The splint is removable so that you can carry out exercises to mobilise the wrist and thumb gradually.

There will still be restrictions for a further 6 weeks, as to what you use the hand for.

### **Points you will need to consider prior to operation.**

You will only have the full use of one hand for 6-12 weeks; do you have someone to help with household chores?

### **Bathing**

May be difficult, special water proof covers can be purchased if you wish, see nursing staff for more information.

### **Clothing**

The bulky dressing and cast will not fit through tight fitting sleeves. Tops and shirts with short wide sleeves would be ideal to wear. You may find difficulty fastening small buttons. Think about clothing with elasticated waistbands.

Ladies may want to consider front fastening bras to use whilst the hand is bandaged. Shoes with laces can be difficult to fasten; these can be substituted for elasticated laces or wear slip on shoes.

## **Driving.**

You will **not** be able to drive for the first two weeks as the bandaging from theatre is too bulky to be able to hold the steering wheel.

You have to be safe to drive; your hand function will be limited, as part of your thumb will be in the cast that is applied at the time of suture trimming.

You will need to check with your insurance company as regards driving, you may not be covered to drive whilst the cast is in situ.

## **Final result**

It may be a full 6 months before you know the final result of surgery, during that time you will experience different levels of discomfort as your wrist recovers from the affects of the operation and regains its movements.

Further information can be obtained from the nurse practitioner in hand surgery.

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Acknowledgement to ehand.com