

Wrist Fusion by Mr Whitaker

Patient information

You have been given the diagnosis of osteoarthritis of the wrist.

This is treated with pain relief medication, including injections and splints in the early stages.

As the joint surfaces become more damaged by the arthritis it can become necessary to carry out an operation called a wrist fusion to relieve pain.

The operation is offered to patients to stop movement at the wrist, movement that results in severe and constant pain.

It is sometimes advisable to try wearing a plaster cast for a period of time, to stop movement at the wrist, to give you an idea of how you would manage once the procedure has been carried out.

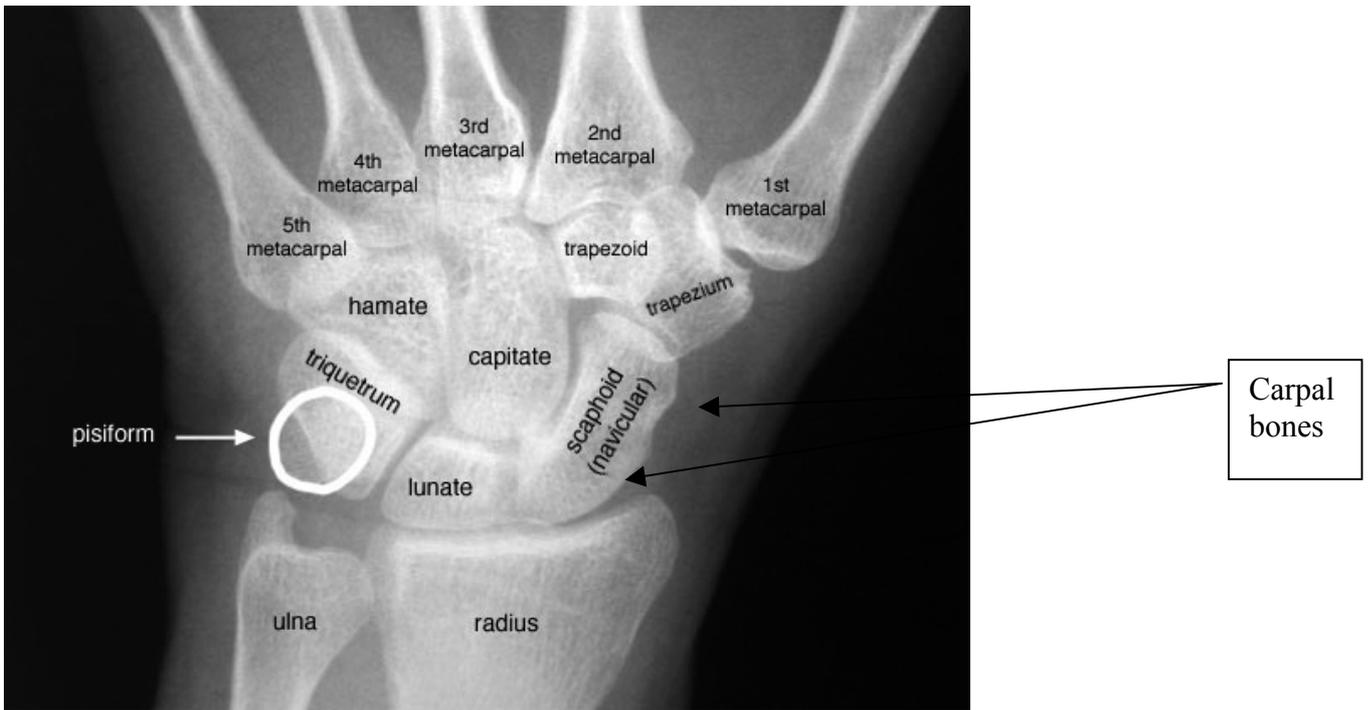
Although the wrist is stopped from moving, it is still possible to manage by moving from the elbow and shoulder to compensate for loss of movement at the wrist.

What happens during the operation?

The operation is done under a general anaesthetic; it is sometimes necessary to take bone from the curved part of the pelvis (iliac crest) which some people refer to as the hip.

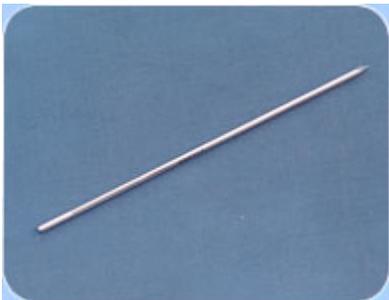
The bone graft is placed at the site of the operation to promote new bone growth and encourage bony union at the fusion site.

A cut is made on the back of the wrist to expose the carpal bones and the end of the radius.



X-ray showing the bones affected by the operation

The surfaces of some of the carpal bones and the radius are cleared of the arthritic surfaces. Bone is then taken from the iliac crest of the pelvis for packing into the old joint surfaces. A small cut is made across the second knuckle joint so that the surgeon can insert a metal pin through the bone and across the wrist into the radius. Picture below.



This holds the wrist still until the bone has chance to fuse together. Metal work is not removed unless it causes problems and usually after it has done the job it was put in for. Stitches are then put in; skin stitches are in between 10-14 days and usually run under the surface of the skin. Local anaesthetic is put around the wound to help relieve pain following the operation. A large bulky bandage is then placed over the hand and wrist with a Plaster of Paris slab inside it.

It is necessary to wear some form of cast for a period of at least six weeks or longer, so clothes with tight sleeves will be difficult or impossible to wear during that time.

You will need to be prepared for a stay overnight following this operation as it is a painful procedure for the wrist and more so for the bone graft area, very occasionally a drain needs to be put in for the hip wound, because the bone can bleed a lot.

Benefits

The benefit of the surgery is pain relief.

Possible risks and complications

Risks linked to a general anaesthetic include heart attack, stroke, clots in the leg and lung.

Risks linked to the fusion procedure include

Failure of the fusion to unite,

Wound infection,

Neuro-vascular damage,

Sensitivity of the scar,

Loosening and/or breakage of the metalwork.

Alternatives to surgery

If you have been offered the surgery by Mr Whitaker the only alternative to surgery, is to live with the pain and manage the pain with medication and external splintage.

If you have any further questions please contact the Nurse Practitioner Sheila Gray on 01904 725978

Owner Sheila Gray

Acknowledgement to [Michael L. Richardson, M.D.](#)

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