

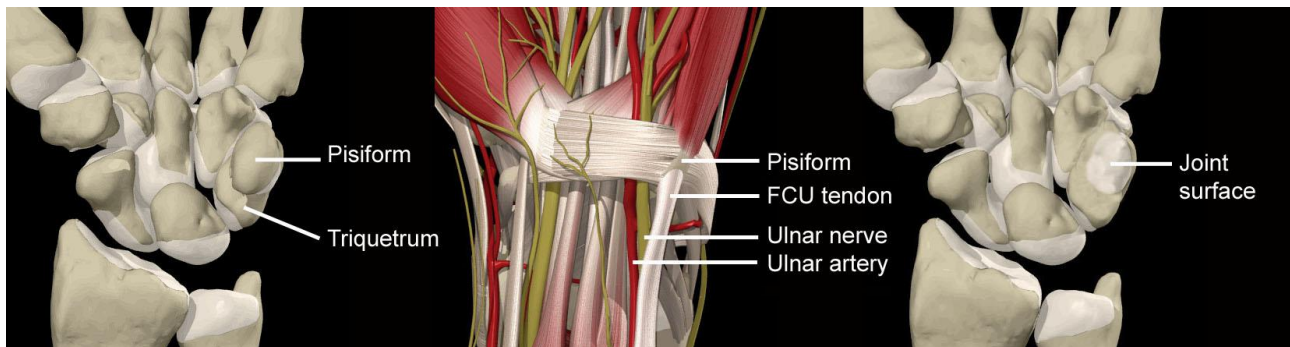
# PISIFORMECTOMY

The pisiform is one of the eight carpal (wrist) bones. It is an example of a “sesamoid” bone, which is situated within a tendon (like the knee-cap). It sits on top of the triquetrum bone and forms the “piso-triquetral” joint. Arthritis causes pain on the inside of the palm and wrist.

Arthritis in the piso-triquetral joint is quite rare and may follow injury to region. The problem is likely to persist. The methods for relieving discomfort in an arthritic joint include (i) activity modification, (ii) pain-killers, (iii) steroid injections and (iv) surgery.

The effects of steroid injections in this and most joints are temporary. Surgery is the only definitive treatment for persistent symptoms. The usual indication is pain and consequent functional difficulties. The operation involves removal of the pisiform bone. The function of the tendon is not altered by its removal.

The pisiform bone is extremely close to the ulnar artery and ulnar nerve. The nerve is important in that it supplies most of the small muscles in the hand and supplies sensation to the little, ring and sometimes middle fingers



The operation is usually performed as a day-case under regional anaesthetic (arm numb) and/or general anaesthetic (asleep). It involves short incision over the heel of the hand

Your hand will be placed in a bulky padded dressing to protect the operation. Hand elevation is important to prevent swelling and stiffness of the fingers. Movement of the hand and fingers should be continued and you should perform normal light activities after the operation.

Two weeks after the operation, your stitches will be dissolving and your dressing will be removed. There obviously will be some swelling and bruising. Look out for any redness or tenderness in the area around the wound that might indicate an infection. Do not apply antiseptic but please contact my secretary if you have any worries. Once dressings are removed, it is safe to get the hand wet in a bath or shower. The wound and the surrounding skin can become dry and if this occurs, briefly immerse the whole hand in water to which a small quantity of baby-oil has been added. Moisturisers (e.g. E45, Diprobase creams) can be used on the hand but avoid rubbing them directly into the wound at this stage.

You can ease back into normal activities but be guided by symptoms and if an activity hurts, it is probably best avoided.

**Wound** Possible problems include swelling, bruising, bleeding, blood collection under the wound (haematoma), infection and splitting of the wound (dehiscence).

**Scar** You will have a scar on the palm, which will be firm to touch and tender for some months. This can be helped by firm massage with the moisturizing cream.

**Function** Recovery from this operation should be reasonably fast but it may be 6 months before you can lean heavily on the heel of the hand. You should be able to drive a car after 3-4 weeks as long as you are comfortable. Timing of your return to work is variable according to your occupation and you should discuss this.

**Nerve** The ulnar nerve is vulnerable to injury. Usually this causes only temporary pins & needles due to swelling and/or bruising. Damage to the nerve is rare but would be a serious complication requiring further surgery and lead to permanent numbness or weakness in the hand.

**Tendon** The tendon has to be opened to extract the pisiform. This may leave a sensation of tightness or stiffness in the wrist.

**Regional pain syndrome** About 5% (1 in 20) of people are sensitive to hand surgery and their hand may become swollen, painful and stiff after the operation. This problem cannot be predicted, is variable in severity and is principally treated with physiotherapy.