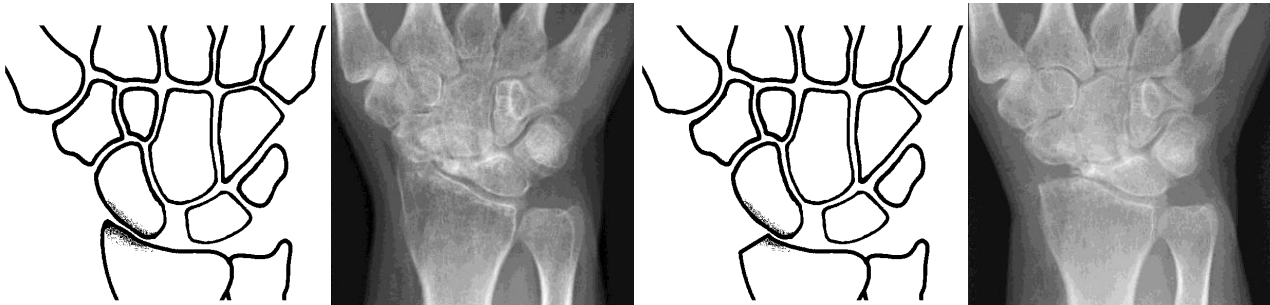


RADIAL STYLOIDECTOMY

Fractures and ligament injuries around the scaphoid bone can cause long-term changes in its alignment and mobility. This change in the mechanics of the wrist joint causes osteoarthritis as the smooth surface of the bones are worn away. The bare bones rub together as the wrist is moved, causing pain, weakness and stiffness. Severe symptoms can be precipitated by a fall or strain on the wrist, following which the joint never settles.

The methods for relieving discomfort in an arthritic joint include (i) activity modification, (ii) pain-killers, (iii) splints (iv) steroid injections and (v) surgery.



Definitive treatment can involve either a partial or total wrist fusion; operations of significant scale and lengthy recovery. Styloidectomy is an alternative in patients with low functional demands or those who wish to defer more definitive treatment. This involves the removal of the sections of bone that are rubbing together. This is sometimes combined with denervation, which involves cutting some nerves that supply feeling to the wrist. The operation should not further reduce movement at the wrist. Styloidectomy is a temporising procedure and is hoped to provide some pain relief but only for a few years. A more definitive procedure may be necessary as the arthritic process progresses over time.

The operation is performed under general or regional anaesthetic as a day-case. The hand will be dressed with a supportive dressing that permits finger movement and light hand use. You will be discharged with specific instructions (“Hand Surgery”) relating to hand exercises and wound care. Your stitches will be dissolving by about two weeks after your operation. You can drive a car within days as long as you are comfortable and have regained full finger movements. Timing of your return to work is variable according to your occupation and you should discuss this.

Recovery from the operation is reasonably fast and you should be back to your previous level of activities by about three weeks after surgery, hopefully already with some improvement in pain.

Possible complications include: -

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

Scar You will have scar(s) on the wrist, which will be firm to touch and tender for some months. This can be helped by firm massage with the moisturizing cream.

Neuroma Small nerves running in the region can occasionally be damaged during the surgery and either cause altered feeling on the back of the thumb/hand or form a painful spot in the scar (neuroma). The former problem often improves. The latter complication may occasionally require a further operation to correct it.

Stiffness Inevitably, the wrist will be stiff after the dressing is removed, however, this will disappear with use after 1-2 weeks.

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.