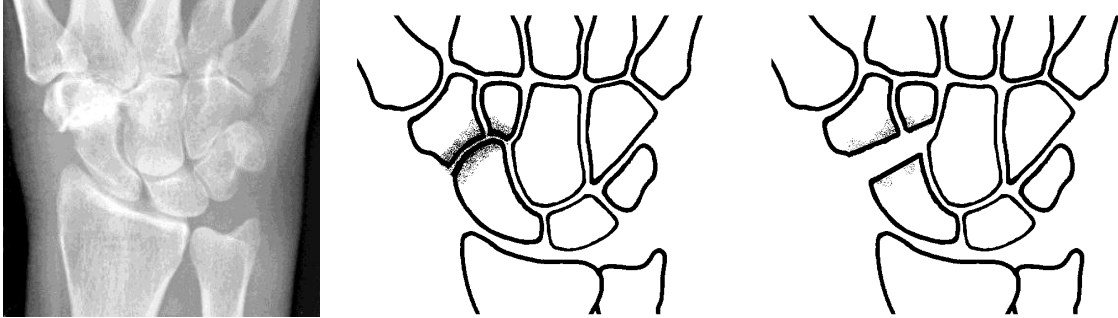


STT RESECTION

The most common site for arthritis in the wrist is the joint formed between three bones, the scaphoid, trapezium and trapezoid. This scapho-trapezio-trapezoidal (STT) joint is an important link between the two carpal bone rows and is involved in up and down (extension/flexion) and side-to-side (deviation) movements.

In osteoarthritis, the normal smooth surface of the joints has been lost in places causing bare bones to rub together as the wrist is moved. This causes pain, weakness and stiffness. Severe symptoms are often 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 and (iv) surgery.



Surgery is the only definitive treatment. The operation performed depends on your circumstances and the distribution of arthritis in the area. The options are (i) resection (removal) of the STT joint (ii) fusion of the STT joint, or (iii) removal of the trapezium bone and the remaining ST joint.

STT resection is the simplest method of dealing with the problem. It involves the removal of the sections of bone that are rubbing together. This should not further reduce movement at the wrist. The operation is performed under general or regional anaesthetic, usually as a day-case.

At the end of the operation, your hand will be placed in a bulky dressing, which includes a plaster. Movement of the hand and thumb-tip should be continued and you should perform normal light activities after the operation. Hand elevation is important to prevent swelling and stiffness of the fingers. Avoid walking with your hand dangling, or sitting with your hand held in your lap.

Two weeks after the operation, your stitches will be dissolving and your plaster will be changed to a lighter splint. You can begin to take off your splint during the day for light use and wrist exercises. However, it is worth wearing it for protection or at night for at least six weeks after the operation.

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. 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 a scar on the hand, 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 the operation is slow and you must be patient. In general, be guided by symptoms and if an activity hurts, it is probably best avoided. It can often be 3 months before you can resume heavy activities. You will probably be able to drive a car after 4-6 weeks as long as you are comfortable and you have regained full finger movements. Timing of your return to work is variable according to your occupation and you should discuss this.

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.

Neuroma A small nerve running in the region can occasionally be damaged during the surgery and either cause numbness on the back of the thumb or form a painful spot in the scar (neuroma). The latter complication may require a further operation to correct it.