

# TRAPEZIECTOMY

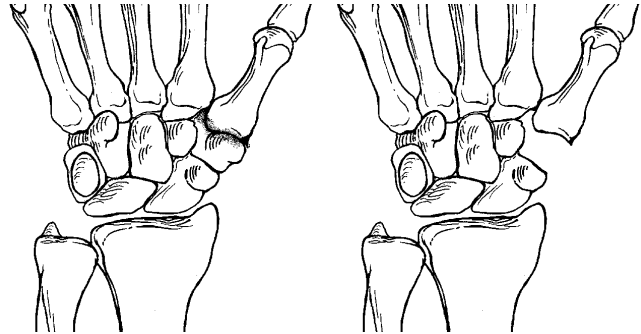
The trapezium is one of the eight carpal (wrist) bones and lies at the base of your thumb. Arthritis in this joint is very common and is contributed to by instability of the joint and a natural vulnerability to wearing of the joint surfaces. It is a progressive condition that leads to increasing stiffness and deformity in the thumb. If neglected, the joint tends to stiffen. The methods for relieving discomfort in an arthritic joint include (i) activity modification, (ii) pain-killers, (iii) splints, (iv) steroid injections and (v) surgery.

Surgery is the only definitive treatment for persistent symptoms. The usual indication is pain and consequent functional difficulties. There are several options available and some controversy as to which is best.

**Joint stabilisation** involves either realignment of bones or ligament reconstruction using a tendon and is only suitable for a minority of patients who have an unstable joint but little damage to the joint surfaces.

**Trapeziectomy** involves the complete removal of the trapezium bone. It is mandatory if the joints both above and below the trapezium are arthritic. Some surgeons fill the gap but there is no evidence that this improves outcome.

**Trapeziectomy with ligament reconstruction** is performed routinely by many surgeons. There is no evidence that this improves outcome and I reserve it for instances where the base of the thumb appears too slack to sit securely into the new joint created by removal of the bone.

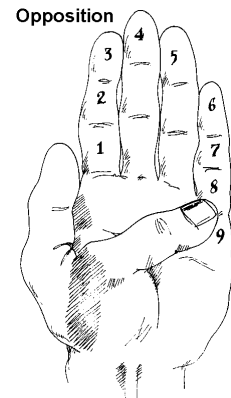


**Arthrodesis (fusion)** is reserved for young patients who require high power or advanced cases with very deformed thumbs. It has the disadvantage of stiffening the thumb and is contraindicated if there is any wear beneath the trapezium.

My standard procedure is a simple trapeziectomy. The operation is usually performed as a day-case under regional anaesthetic (arm numb) and/or general anaesthetic (asleep).

Your hand will be placed in a bulky dressing which includes a plaster to protect the operation. Hand elevation is important to prevent swelling and stiffness of the fingers. Movement of the hand and thumb-tip 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 plaster will be changed to a lighter splint. 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. At this stage, you can remove your splint each day to exercise the thumb and wrist gently, to bathe or if you are sitting quietly. 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.



Four weeks after the operation, you can begin to take off your splint during the day for light use. However, it is worth wearing it for protection or at night for at least six weeks after the operation. Physiotherapy will now be started and aimed at recovering thumb movements. In general, 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 thumb, 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 can be slow and it can often be 6 months before you can resume heavy activities. You will probably be able to drive a car after 8-12 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.

**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.

**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.