

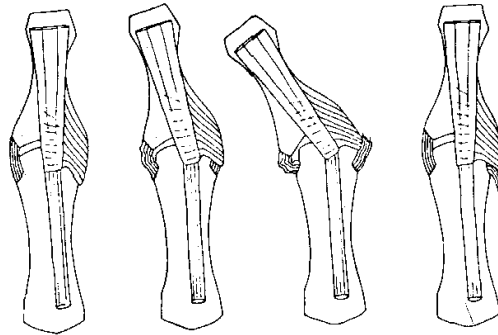
## ULNAR COLLATERAL LIGAMENT REPAIR

Thumb joints, like any other, are stabilised by ligaments. These *collateral* ligaments prevent abnormal side-to-side movement. These ligaments lie beneath the extensor expansion to which are attached tendons and muscles.

Thumb ligament injuries are usually caused by falls onto the hand and are often seen in skiers. These result in instability and ultimately a deformity called "game-keepers thumb". The thumb is initially painful but becomes unreliable and weak for gripping.

These ligaments often fail to heal properly because after they have snapped, part of the ligaments tends to flip on top of the extensor

expansion, stopping it joining back onto the bone. Therefore surgical repair of the ligament is the most reliable way of recovering proper stability.



The operation involves a cut on the back of the thumb and reattachment of the ligament by a "bone suture" technique. This may be achieved by passing a stitch through bone via a small additional incision on the other side of the thumb.

Your hand will be placed in a bulky dressing that includes a plaster to protect the operation. 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. At this stage, you can carefully remove your splint and get the hand wet in a bath or shower. 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. 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.

Six weeks after the operation, you can begin to take off your splint during the day for light use. Physiotherapy will now be started and aimed at recovering thumb movements. It is worth wearing the splint for protection or at night until twelve weeks after the operation.

The repair is continuously vulnerable until twelve weeks after repair and could fail if overstressed by knocks or excessive gripping. In general, be guided by symptoms and if an activity hurts, it is probably best avoided. 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 thumb, which will be firm to touch and tender for some months. This can be helped by firm massage with the moisturizing cream.

**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).

**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 12 weeks as long as you are comfortable. Timing of your return to work is variable according to your occupation and you should discuss this.

**Stiffness** You are unlikely to recover full movement at the affected thumb joint.

**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.