## WRIST FUSION (STANLEY PIN)

Wrist fusion (arthrodesis) is performed to abolish the pain of rheumatoid arthritis, and to correct either instability or deformity of the joint.

The operation is intended to abolish extension, flexion and deviation of the wrist but will not prevent rotation of the forearm

This method involves the insertion of a pin across the wrist joint. It often can be achieved with only a small incision over the head of the middle (usually) finger metacarpal (knuckle). The picture shows the final inch of the pin being pushed in.

Sometimes it is necessary to make an additional incision over the wrist if (a) the joint is very deformed or if (b) other procedures are required

The operation is performed under general anaesthetic. Your hand will be placed in a bulky dressing, which may include 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. Hand elevation is important to prevent swelling and stiffness of the fingers. You will stay in hospital for at least one night after your operation.

Your stitches will be dissolving by about two weeks after your operation. Thereafter you will be able to step up your activities as guided by common sense. You will probably be provided with a protective splint if you use a stick, crutches or a frame to walk. The bones will not have joined solidly until 12 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. The wound and the surrounding skin often become very dry and

will be more comfortable if a moisturizer is applied. An easy way of doing this is to briefly immerse your hand in some warm water to which some Johnson's baby oil has been added.

**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 knuckle and possibly the back of the wrist, which will be firm to touch and tender for some months. This can be helped by firm massage with the moisturizing cream.

**Stiffness** The operation removes movement at the wrist. Some patients can have finger stiffness before the operation. Exercise is important to overcome both this and the effects of surgery.

**Non- union** The bones do not always heal together with this technique but usually this does not prevent the operation producing a good solid and reliable wrist.

**Pin** This is intended to be left in place. However, its removal may be needed if (i) further surgery to the region is needed or (ii) in the rare event that the pin moves, loosens or snaps.

**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.





