
DR BOB JANG

Orthopaedic Surgeon

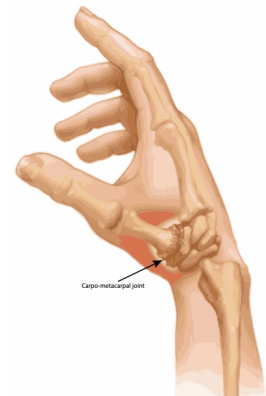
Patient Name _____

Follow-Up Appointment: _____

TRAPEZIECTOMY WITH SUSPENSIONPLASTY FOR 1ST CMCJ ARTHRITIS

1st CMCJ (Carpometacarpal joint) arthritis or also known as, basilar thumb arthritis, can cause debilitating pain in the hand and affect your day to day function, particularly with gripping or squeezing.

There are various ways to treat this condition. Once non operative measures have been exhausted, a trapeziectomy (removing the arthritic trapezium bone) can be performed to alleviate pain. Given there will be a void left in place of the removed bone, we sometimes 'suspend' the metacarpal bone with suture anchors or buttons. Some patients develop a hyperextended thumb joint (MCPJ) to compensate for the stiff painful base of thumb joint (CMCJ). This may also be managed with a joint fusion at the time of surgery.



After following post operative instructions and the guidance of your hand therapist, you will have significant pain relief and a return to function. Patients generally have improved grip and pinch strength. In young labourers or heavy manual workers, basilar thumb arthritis can be treated differently to preserve their optimal strength in the form of a joint fusion but the instances for these operations is less common.

The operation

You will be asleep under a general anaesthesia and local anaesthetic for this operation. Your anaesthetist may consider having you awake with a nerve block instead. A 3-4 cm curved incision is made at the base of your thumb. Nerves and vessels are protected. The arthritic trapezium is removed. The thumb is often stabilised with a suture button or anchor into bone (suspensionplasty).

This is a day stay procedure and the operation itself will take 45 to 60minutes. You will wake up with your hand and wrist in a backslab plaster for the next 1 to 2 weeks.

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TRAPEZIECTOMY REHAB PROTOCOL

Weeks 0-2

You will be discharged home with the plaster and with analgesia. Keep the arm elevated. Keep the plaster dry. If you're having a shower, please wrap the arm in a plastic bag. If you are seeing a hand therapist, they will see you within a week to check your wound, change your dressings and change you into a removable wrist splint.

Week 2

Follow up with Dr Jang or his team at the public hospital clinic for a wound review, review of imaging and discussion of short and long term management. Change into wrist splint if not done so with hand therapy.

Weeks 2 to 4

Remain in a wrist splint. You may take the splint off to wash your hands and to shower. If you have had an MCPJ fusion as well, you must strictly not take your splint off apart from showering. Too much movement may cause the fusion to fail. No gripping or strengthening at this stage. This will be delayed until 3 months post operatively.

Weeks 4 to 6

Start weaning your splint and continue with your hand range of motion exercises. You will need to remain in your splint if your MCPJ has been fused.

Week 6

Follow up with Dr Jang with an up to date xray of your hand.

Weeks 6 – 12

No splint. Continue with gradual strengthening and gentle gripping.

Week 12

Follow up with Dr Jang for a clinical assessment of your hand, thumb, and wrist function with a plan to return to all normal duties.

Return to work

Light duties in the office can commence any time after surgery provided you are off strong pain medications. We recommend you avoid typing and other office duties with your affected hand until 6 weeks post surgery. Manual labour roles will require further time off before a return to normal duties. Expect a return closer to 4 to 6 months post surgery.

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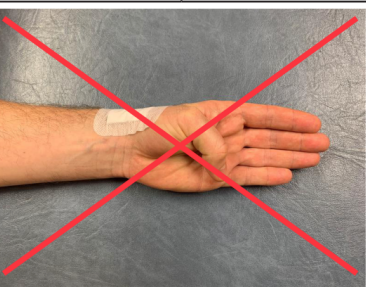
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Perform the full set of exercises between four and six times a day.

		Exercise 1: Do this with your splint on . Spread your fingers apart as wide as you can and then bring them back together. Repeat 10 times.
		Exercise 2: Do this with your splint on . Bend the tip of your thumb as much as able, then straighten it. Repeat 10 times.
		Exercise 3: Do this with your splint off (making sure to keep your thumb away from the palm of your hand). Resting your forearm on a table or work-surface, slowly lift your wrist upwards as far as able, then relax downwards. Repeat 10 times.
		
		Exercise 4: Do this with your splint off . Placing your palm face down on a table or work-surface, slide your thumb outwards, away from your hand as far as able. Relax back to your starting point. Repeat 10 times.
		Do not move your thumb across the palm of your hand for the first four weeks after surgery.

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