



# Osteoarthritis at the base of the thumb

## Information for patients

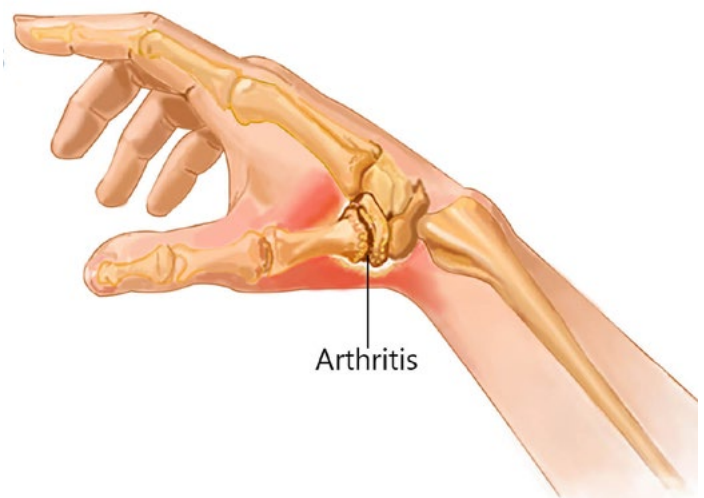
You are being given this leaflet as you have been diagnosed with osteoarthritis at the base of your thumb. This leaflet will explain the condition, the surgery you will need, and what to expect after surgery.

Osteoarthritis around the base of the thumb is a very common condition. This is most often part of the normal age-related changes of our joints. Joints that have been injured before are more likely to develop arthritis and the thumb is more vulnerable to this.

### What are the symptoms?

To begin with you might feel pain when you carry out certain activities. People often say they feel pain when they pinch their thumb to open packets or peel vegetables, or that they do not have a strong grip anymore due to the pain.

As osteoarthritis progresses, there may be swelling at the base of your thumb, pain even when resting, and your thumb may appear crooked. This progression varies from person to person.



### How is osteoarthritis diagnosed?

Your GP may be able to recognise this form of arthritis by looking at your hand and discussing your symptoms. Or they may refer you to a hand therapist or hand surgeon to make the diagnosis and begin treatment.

X-rays may be taken but are not essential for diagnosis in the early stages of the condition.



## What are my treatment options?

- **Hand therapy**

Hand therapy can include advice on managing and changing your daily activities to help manage your pain. This may include giving you hand exercises to keep your hand moving and working correctly, exercises to strengthen your hand, and splints to reduce symptoms and help your hand to work properly.

- **Injections**

If appropriate, a local steroid injection can be given into the arthritic joint, but this will depend on how bad your osteoarthritis is in this area. Steroid injections can often provide good pain relief. However, this may only be temporary, lasting from several months to a year or two. Again this depends on how bad your osteoarthritis is.

- **Surgery**

If your osteoarthritis is very painful and other treatments have not helped, surgery may be an option. The aim of surgery is to reduce pain and increase what you can do with your hand without pain.

Various anaesthetics can be used for the surgery. These include a general anaesthetic where you are asleep or a regional anaesthetic where only your arm is numb and you are awake. The surgery usually takes around one hour.

## What are my surgical options?

There are several surgical options available. Your consultant will discuss with you which is the most suitable for you.

1. **Trapeziectomy** is currently the most common surgery. It involves a complete removal of the small bone at the base of your thumb, called the trapezium.

Removing this bone provides more space for your thumb to move, so the arthritic bone surfaces are not rubbing together causing pain.

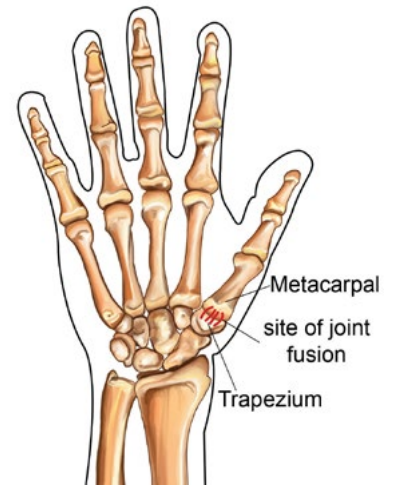
Some surgeons fill the gap left by the removed bone using a piece of tendon from your wrist, called a ligament reconstruction.



**Trapeziectomy**

**2. Arthrodesis** is a type of surgery that is less common and is only suitable for certain people, for example those who have developed arthritis in their 40s, and those who need to do heavy manual work.

This procedure involves fixing the trapezium bone and the metacarpal bone together at the base of your thumb, to stop the bones rubbing together. However, this procedure does not always stop the pain and the trapezium still needs to be removed (see Trapeziectomy on page 2).



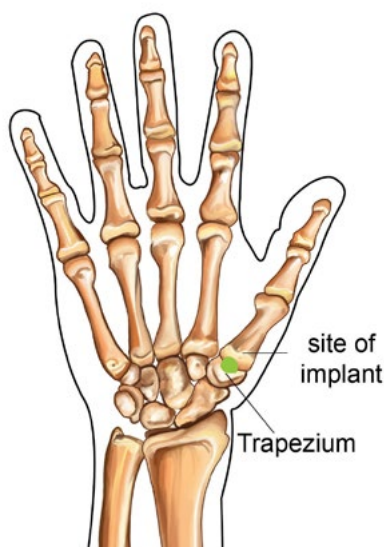
**Arthrodesis**

**3. Artificial joint implant.** There are two types of implant currently used by our Trust.

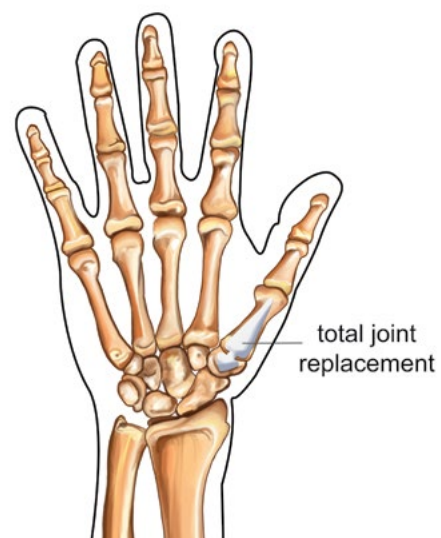
- The Cartiva implant is a small artificial (synthetic) implant that is surgically fitted into your joint. It helps to separate the worn-out joint surfaces, acting like a cushion in your thumb joint. This helps take away the pain of your bones rubbing together. Movement remains and no bones are removed.

This is quite a new procedure, so there have been no long-term studies to show how long this may last, but short term it is proving successful for patients. This will be discussed with your surgeon as an option.

- The MAIA prosthesis is a total joint replacement (ball and socket type joint) that also gives good pain relief and good movement to the thumb following surgery. Studies have shown that nine years after surgery, nine in 10 patients who have had this implant fitted still experience good pain relief.



**Cartiva implant**



**MAIA prosthesis**

## How long will I be in hospital?

The operation is carried out as a day case, so you will go home on the same day as your operation. Plan to be in the hospital for up to six hours.

You cannot drive after your surgery. Please make sure you arrange for someone to take you home after your operation.

## What are the risks and possible complications from surgery?

As with any surgery complications can happen, but with these procedures they tend to be relatively mild if they do. However, by being aware of them you may be able to help your doctor or therapist catch them early.

Complications can include the following.

- **Delayed wound healing or infection.** A small number of patients will develop an infection and may need antibiotics. Very rarely they may need a further small operation to clean out their wound, called a washout procedure. This is more common in patients with diabetes.
- **Your scar may be tender** for a number of months. If it does not resolve with time and regular scar massage a course of therapy may help.
- There is a small risk of **dislocation of the thumb joint** with both the Cartiva and the MAIA procedures. If this happens, further surgery may be needed to stabilise your joint.
- **Stiffness may develop in your thumb or fingers.** This is usually short-term, but it is important that it settles quickly (within three months) to avoid permanent stiffness.
- **Pain can continue** in approximately one in every 10 patients, even after surgery.
- **Nerve damage** can occur during your surgery. This may result in either a painful spot in your scar (neuroma), or some numbness around the scar or into your thumb. This often settles within a couple of months.
- **Complex Regional Pain Syndrome (CRPS)** is a rare but serious complication. The nerves in the hand “over-react”, causing swelling, pain, discolouration, and stiffness. If this happens normally patients need therapy to try to settle this.

Your hand therapist and consultant will work with you to help resolve these symptoms.

Please remember that most patients have an uncomplicated routine operation with very satisfactory recovery and outcomes. If you have any further questions or concerns about the risks and complications listed above, please speak to your consultant or therapist before your surgery.

## What happens before my operation?

You will be contacted by the preassessment clinic. A nurse will discuss your operation with you. You may need to have some routine tests before your operation such as a blood test. Please feel free to ask questions and raise any concerns that you may have about your operation. Remember that you can withdraw your consent for treatment at any time.

You will be asked some routine questions about your general health. It would be helpful if you bring your usual medicines with you. The nurse will need to know their names and strengths. This includes non-prescription medicines such as herbal or/complementary medicines.

If you need to stop eating or drinking before your surgery, this will be explained to you at this appointment.

You must remove any rings from your fingers before arriving for your operation.

## Stopping smoking

Compared to non-smokers, smokers are more likely to experience complications in tissue healing and infections after injuries or surgery. For free friendly support and medication to help you stop smoking, contact One You Kent Smokefree Call: 0300 12 31 22 0 Email: [oneyoukent@nhs.net](mailto:oneyoukent@nhs.net) Visit: [www.oneyoukent.org.uk](http://www.oneyoukent.org.uk)

## How should I look after my hand following surgery?

The care of your hand following your surgery is very important. To start with our aim is comfort and elevation of your hand. You will be encouraged to keep your hand above your elbow at the level of your heart as much as possible to reduce the swelling (this is elevation). You will be given a sling to wear after your surgery to help with this.



## Ways of elevating your hand

It is important however to make sure you do keep your shoulder and elbow moving regularly. To do this remove your sling to stretch out your arm. Keep your fingers moving within the limits of the bandages to prevent them from getting stiff.

### **Will I have a follow-up appointment?**

Yes. You will be made a hand therapy appointment for around 10 to 14 days after your surgery.

At this appointment your therapist will remove your bandages, check your wound, make you a splint which will protect your thumb for four to six weeks, and get you started on some exercises.

You will need to return to the hand therapist approximately every two weeks for a couple of months, to check your progress and help you return to your normal daily activities.

### **When will my hand start to feel better?**

Most people will return to their normal day to day activities between three to four months after their surgery, but it can take six to nine months for your hand to fully settle.

### **How will my hand feel following my operation?**

You may have some bruising and pain following your operation but this should be controlled by taking simple painkillers (such as paracetamol and ibuprofen).

The anaesthetic can stay in your system for up to 72 hours, so do not be alarmed if your hand remains numb for a few days after your surgery. Please contact your consultant if this continues though.

### **What should I do if I am concerned about my hand?**

You should contact NHS111 or local Urgent Treatment Centre if you have any of the following.

- Loss of feeling in your hand or fingers.
- Discoloration of your hand or fingers.
- Your fingers become hot or cold most of the time.
- Increased swelling or tenderness in your hand or fingers.
- Increase in pain in your hand or fingers.
- You are worried about an infection.

### **When will my stitches be removed?**

In most cases dissolvable stitches are used and these will start to fall out on their own 10 to 14 days after your surgery. If you have not had dissolvable stitches you will need to have your stitches removed either by your therapist, GP practice nurse, or consultant. You will be advised of this at the time of your surgery.

### **What size scar will I have and how many stitches will I have?**

The length of the scar will vary from patient to patient. The number of stitches varies as well but the surgeon will aim to make your scar look as good as possible.



### When can I return to work?

When you can return to work depends on the work you do. You should discuss this with your consultant or therapist.

If you are in a supervisory or managerial job that does not need full use of your hand, you could return to work within a few days of your surgery. Other light manual jobs may need a longer time off, for example six weeks. Heavy manual jobs may need you to be off work for three to six months.

### When can I return to driving?

You will need someone to drive you home on the day of your surgery. You will not be able to drive for at least the first six weeks following your surgery, and then only when your whole hand feels comfortable and has regained reasonable pain free movement. Your therapist can guide you with this.

### What if I have any questions or concerns?

If you have any questions or concerns about your treatment or condition, please speak to your consultant or hand therapist.

**This leaflet has been produced with and for patients**

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

**Any complaints, comments, concerns, or compliments** please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email [ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)

**Patients should not bring in large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

**Further patient leaflets** are available via the East Kent Hospitals web site [www.ekhuft.nhs.uk/patientinformation](http://www.ekhuft.nhs.uk/patientinformation)