

THUMB BASE ARTHRITIS

What is thumb arthritis?

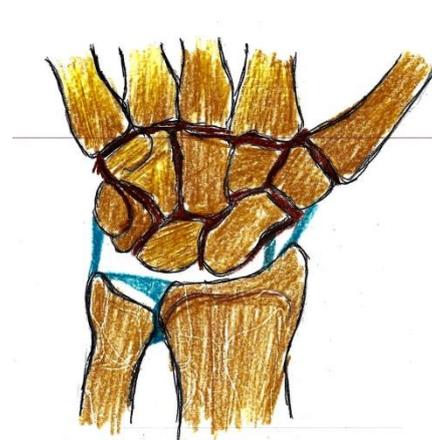
The universal joint at the base of the thumb, between the metacarpal and trapezium bones, often becomes arthritic as people get older. The cartilage becomes thin and rough, and the bone ends can rub together. Osteoarthritis can develop at any age, but usually appears after the age of 45. It may run in families, and it sometimes follows a fracture involving the joint many years before.

Arthritis of the basal joint of the thumb is common in women and about 8 – 10 times less common in men. X-rays show it is present in about 25% of women over the age of 55, but many people with arthritis of this joint have no significant pain.



What are the symptoms?

- Pain at the base of the thumb, aggravated by use.
- Difficulty with tasks such as opening jars, turning a key in the lock etc.
- Stiffness of the thumb and loss ability to open the thumb away from the hand.
- Bump at the base of the thumb and the middle thumb joint may cause a zigzag appearance.
- Limited movements



What are the treatment options?

Avoiding activities that cause pain, if possible.
Analgesic and/or anti-inflammatory medication.

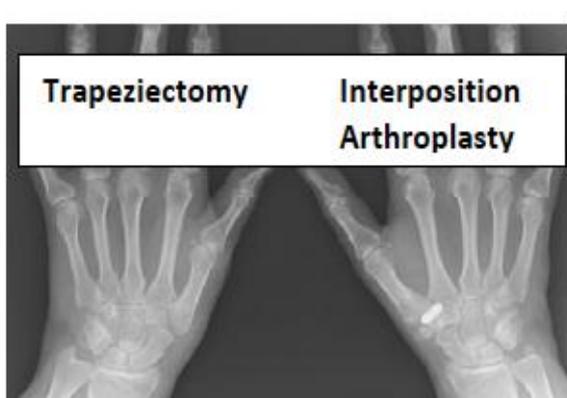
- A splint to support the thumb and wrist. Rigid splints (metal or plastic) are effective but make thumb use difficult. A flexible neoprene rubber support is more practical but less supportive
- Steroid injection improves pain in many cases, though the effect may wear off over time. Improvement may occur within a few days of injection, but often takes several weeks to be effective. The injection can be repeated if

needed.

Surgery is a last resort, as the symptoms often stabilise over the long term and can be controlled by the non-surgical treatments above. There are various operations that can be performed to treat this condition. These are listed below:

- Osteotomy, which means cutting and realigning the metacarpal bone next to the arthritic joint.
- Removal of the trapezium which is removal of the bone at the bottom of the thumb, which forms one surface of the arthritic joint, sometimes combined with reconstruction of the ligaments.
- Fusion of the joint, so that it no longer moves.
- Joint replacement, as in a hip replacement.

My preferred procedure is trapeziectomy with or without a ligament reconstruction. The decision about ligament reconstruction is dependent on patient factors. This operation is usually performed as a day case under general anaesthetic (sleep) or regional anaesthetic (numb arm) Sometimes the hole which is left behind is filled with a tendon from the wrist. The tendon is used as suspension device to reduce the amount of shortening.



What happens after the surgery?

Your hand will be placed in a plaster dressing to protect the operation. It is important to elevate your hand to prevent swelling & stiffness of

fingers. It's important to move the thumb tip & fingers and you should perform normal light activities after the operation.

You will be seen two weeks after the operation and the wound will be checked and if needed the stitches will be removed. At this stage, you will be put in a lighter splint and referred to hand therapist. At this stage, there will be some swelling and bruising. After the dressing, has been removed it is safe to wet the hand and get into shower or bath. Moisturizers can be used on the hand around the scar. The splint will need to be worn for approximately six weeks after the operation.

Scar:

You will have a scar at the base of the palm or the back of the thumb which will be tender to touch for 2 -3 months, but can be eased by using any moisturising cream.

Infection:

This is rare but can occur after any operation and would be treated with antibiotics

Stiffness:

1 in 20 patients are sensitive to surgery and their hand may become swollen, painful and stiff after any operation – Chronic Regional Pain Syndrome (CRPS). Sometimes this may make the pain much worse than before surgery. This cannot be predicted before the operation but will be watched for afterwards and treated with physiotherapy.

Neuroma:

A small nerve running near the scar can occasionally be damaged during the surgery and either cause numbness on the back of the thumb or form painful spot in the scar (neuroma) and may sometimes require further operation to correct it.

Function:

This will depend on type of activity. Day to day light activities should be resumed slowly once you are out of the plaster. You will probably be able to drive the car after 2 weeks in the splint if you can control the car. if you are comfortable & regained full movements. Any heavy activity or

loading is to be avoided for at least 3 months, but may take up to 6 months.

Return to work will be dependent on your work load as well as recovery, please discuss with your surgeon.

Office based workers may return to work within 1 – 2 weeks after surgery whilst more manual workers may need 8 – 10 weeks before returning to work.

This information has been designed to help you gain the maximum benefit in the management of your condition. It is not intended to be a substitute for professional care and should be used in association with the recommendations given by your orthopaedic consultant. Individual variations needing specific instructions not mentioned here may be required.

Further Information

If you have any further questions, then please ask at your clinic appointments.

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