

Hand Therapy

MCP Joint Replacement

Introduction

A MCP (Metacarpal Phalangeal) replacement is an operation which involves removing the ends of a damaged joint and replacing them with an artificial joint or spacer. At the same time, tendons in the fingers may also be repositioned to help prevent the fingers 'drifting' in the direction of the little finger (ulnar drift).

Why do I need an MCP joint replacement?

Joint replacements are often carried out to help reduce pain caused by arthritis or after damage to a joint as a result of an injury.

What are the symptoms?

People often present with a painful, misshapen joint and a decreased range of movement. The articular cartilage on the ends of the bone wears away, and the exposed bones rub against each other, causing pain, which is why a replacement joint can be successful at reducing this pain. There are few functional limitations as a result of replacing the MCP joint, but it is important to note that the range of movement will be less than that of a normal joint.

Before your surgery

Before your surgery we will arrange for you to have an appointment with a Specialist Hand Therapist. They will examine your hand and explain in more detail about your therapy rehabilitation. This includes wearing of protective splints and advice on how to protect your new joints.



After your surgery

During the first few weeks after surgery, new tissue begins to grow around the artificial joint to form a joint capsule. It is important to keep the joint moving during this time to make sure maximum movement is gained after surgery. Splints must also be worn to keep the joints in a safe position and protect the tendons.

What are the possible complications?

Complications can include:

- Swelling and stiffness of the fingers
- Delayed wound healing
- Infection – this can be treated with antibiotics
- Loosening/rotation of the joint

Therapy

After surgery you will need to attend the hand therapy unit at University Hospital, Coventry. Your treatment will be carried out by either an Occupational Therapist or Physiotherapist. You will need to attend a minimum of once or twice a week for the first six weeks. After this time, treatment will be continued at a frequency appropriate to your progress. Your therapist will advise you on this.

It may be possible to transfer your care to The Hospital of St Cross Rugby if you live in this area but the initial sessions will be at University Hospital, Coventry.

Your initial appointments will be arranged before your surgery and you will receive details of these in the post one to two weeks before your surgery (if you don't receive any appointments please contact our hand therapy team on the number at the end of this leaflet). Your first appointment will be within three or four days of your operation. At this appointment your dressings will be removed and lighter dressings applied. A resting splint will be made and you will be advised which exercises to complete. You will then attend several days after this to have a second splint made and to continue your therapy.

Splints

You will be provided with two splints. One must be worn **at all times** for the first five to six weeks after surgery. One splint should be worn overnight to rest the hand. The second splint should be worn during the day. The second splint, unlike the first, allows some movement of your fingers. You will be advised which exercises to do whilst wearing this splint.

You may be provided with additional splints after six weeks according to your individual needs. Your therapist will recommend these as appropriate.

Exercise

It is important that exercises are completed regularly at home to regain maximum movement of the joints after surgery. You will need to allow time for your exercises to be completed around every two hours throughout the day to help gain best results from your surgery.

Wound care

Your wounds will be reviewed and redressed each time you attend the hand therapy unit. Stitches will be removed between 10 and 14 days after surgery, according to how quickly the wounds heal.

When can I drive?

You will **not be able to drive** during the **first few months** after the operation.

Driving should be avoided until you can make a tight fist without pain and safely control the car in an emergency stop.

Function

You should avoid using the hand except for very light daily tasks for the first six weeks after surgery. You may then slowly increase use of the hand under guidance of your therapist up to 12 weeks. At this time, sufficient healing will have occurred and it will be safe to use the hand in any task.

Patient Information

It is important to consider any additional support that you might need after your operation in terms of day-to-day activities as use of the hand against advice risks damage to the new joints.

As a consequence of having restricted use of your operated hand you are likely to need to use your un-operated hand more than usual in day-to-day tasks. Pump dispensers for shampoo, soap, etc will make maintaining hygiene easier. Your therapist can advise further on techniques to simplify daily tasks.

How long will I be off work?

You can expect to return to work within a few months of surgery depending upon the nature of your job and whether or not the surgery is to your dominant hand. If you can remain in your splint and perform light duties you may be able to return to work sooner.

Further Information

If you need further information please contact your Therapy Department:
University Hospital, Coventry and Warwickshire: Tel 024 7696 6013
Rugby, St Cross Hospital: Tel 01788 663257

For further information please visit our hand service web site
<http://tinyurl.com/uhcwhand>

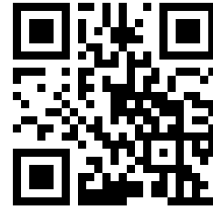
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Document History

Department:	Hand Therapy
Contact:	26016
Updated:	June 2024
Review:	June 2027
Version:	3.3
Reference:	HIC/LFT/1926/15