

Patient Information



Wrist arthritis treated surgically by a total wrist fusion

In a normal joint, cartilage covers the ends of the bones and allows them to move smoothly and painlessly. When a joint has arthritis, this cartilage “cushion” wears out, and the bones may begin to rub on each other. This may result in pain and stiffness. A total wrist fusion is an operation to permanently stiffen the wrist and aims to control pain in an arthritic wrist. However, it sacrifices any remaining movement in the wrist and may therefore be considered a treatment of last resort.

Symptoms

Patients often complain of pain. This is commonly described as a deep ache, along with stiffness (loss of movement) in the wrist. Painful actions may include lifting and bending the wrist. Stiffness can affect a person’s ability to perform day-to-day tasks.

What is the cause?

- Osteoarthritis (wear and tear arthritis)
- Rheumatoid arthritis (and other inflammatory arthropathies)
- Kienböck’s disease (a condition where of the bones within the wrist becomes damaged due to blood supply issues)
- Past wrist injuries (such as ligament damage and fractures that may increase the risk of arthritis)



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Treatment

- Splints and activity modification – avoid or minimise activities that aggravate symptoms
- Anti-inflammatory medication
- Hand therapy – this may include exercises to strengthen the wrist, as well as splinting and other pain-relieving treatments
- Injection of a steroid and local anaesthetic to help reduce the inflammation around the joint. This may help swelling and may be performed using X-rays or ultrasound to guide the procedure, and ensure the injection hits the right spot.

Surgery – there are several surgical options available that include:

- targeting certain pain nerves (a denervation or neurectomy)
- removing some of the arthritic bones (proximal row carpectomy)
- fusing some of the bones in the wrist or all of them (total wrist fusion)

Each have their own merits and disadvantages, and these will be discussed with you by your treating clinician.

Total wrist fusion

A wrist fusion is performed to stiffen the wrist and prevent the worn areas of bone rubbing on each other. It is generally performed for pain relief, and many believe it is the most reliable option for alleviating pain. Despite the loss of wrist movement, the reduction in pain helps improve everyday function.

Before you come into hospital for your surgery, please make sure that you have removed all jewellery, especially rings on the arm/ hand that is to be operated on. Please also take off any nail varnish, gel, or false nails.

What happens at surgery?

It is your responsibility to ensure you are safe to drive. However, we advise you will need someone to drive you home, and that you refrain from driving for at least the first 2 weeks following the surgery. You can discuss this further with your treating clinician if you remain unsure. You may only

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return to driving when you are in full control of your vehicle and can take evasive action in an emergency. Often, a plaster will be required after surgery. In this case, you will not be safe to drive until after the plaster is removed – typically up to 6 weeks.

What are the possible complications?

- Swelling – common and it is advisable to keep the hand raised for the first few weeks
- Failure of fusion – where the bone ends fail to completely knit together. This is uncommon but is much more likely if you smoke. Please avoid smoking in the weeks before and after surgery while the bone heals.
- Infection – less than 1%
- Damaging important blood vessels/nerves – less than 1%
- Tendon injury – less than 1%
- A pain syndrome
- Chronic disability – due to sacrificing all movement in the wrist, or reduced forearm rotation.
- Metalwork irritation – rare, but may prompt a 2nd operation to remove the metal plate and screws following successful fusion of the bones

When can I drive and how long will I be off work?

It is your responsibility to ensure you are safe to drive. You can discuss this further with your treating clinician if you remain unsure. Please consider bringing someone with you, to avoid having to drive home yourself immediately after an injection. You should consider waiting until you can grip the steering wheel tightly without any distracting pain before resuming driving.

Returning to work will depend on your type of job: light or desk-based work may be possible at 2 to 4 weeks, while resumption of heavy manual labour may require waiting 6 to 12 weeks until the bone ends have fully joined together. You should be able to perform most everyday activities with any splints or strapping that may have been provided. Again, please speak to your treating clinician about this, and do not resume sporting activities until you are told that it is safe to do so.

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Further information

The day surgery unit can be contacted on 02476 966861 / 02476 966868 (University Hospital), or on 01788 663264 (Hospital of St. Cross). For further information please visit our hand service's web site at www.uhcwhand.org, or contact:

- Our plaster room technicians at Hospital of St. Cross on 01788 669143
- Our plaster room technicians at University Hospital Coventry on 02476 96909
- Hand Therapy at University Hospital Coventry & Warwickshire on 02476 966016
- Hand Therapy at Hospital of St. Cross, Rugby on 01788 663257
- Our specialist hand surgery nurse / hand-coordinator on 02476 965072

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