

Trauma and Orthopaedics

Proximal Interphalangeal (PIP) joint replacement

The proximal interphalangeal (PIP) joint is one of the small joints of the finger. A PIP joint replacement is an operation that involves removing the damaged joint and replacing it with an artificial joint. This procedure is very similar to the more commonly performed knee replacements.

Why you might need the surgery?

If you have a painful, stiff finger joint (usually from arthritis) and have tried non-surgical treatments, surgically replacing the joint can sometimes help. In arthritis, the smooth cartilage on the ends of the bone wears away, causing the bones to rub against each other resulting in pain. A replacement joint can be successful in reducing this pain while preserving movement. Alternatively, a joint fusion (stiffening) is another operation that can also reduce pain but sacrifices movement.

After surgery

You will receive instruction from your surgeon and therapist. Wounds need to be kept clean and dry until healed, which takes about 2 weeks. Sometimes there needs to be a period of rest before starting therapy exercises. At other times, the exercises may begin straight after surgery. Expect a few months of rehabilitation before the finger is comfortable, flexible and strong again.



Patient Information

Although this operation aims to preserve movement, it is rare to gain more movement after surgery than you had before and at best, it will still be less than of a normal joint.

Possible complications

Complications can include:

- Swelling and stiffness of the fingers
- Delayed wound healing
- Infection – can sometimes resolve with antibiotics, but severe infection can result in further surgery and potential amputation
- Loosening, dislocation or wearing out of the joint – if severe, this can result in more surgery such as fusing the joint together and potential amputation
- Nerve damage – this can result in permanent numbness or pain in the finger
- Complex regional pain syndrome – a rare condition where the hand overreacts to surgery, becoming painful and stiff for many months.

Therapy

After surgery, you will need to attend either Rugby St Cross (Rugby) or University Hospital Coventry for hand therapy. You will need to come for treatment regularly for the first 6 to 8 weeks. After this time, treatment will be continued at a frequency appropriate to your progress. Your therapist will advise you on this.

Wound care

Your wounds will be reviewed and redressed each time you attend the hand therapy unit. Stitches will be removed around 14 days after surgery, depending on how quickly the wounds heal. After your stitches have been removed and the wounds are fully healed, you should massage your scars daily with a non-perfumed moisturising cream. Your therapist will show you how to remove your splint to do this. This will help to soften the scars and prevent things getting stuck together inside the hand, which may otherwise limit movement.

Splints

You will be provided with a splint to help protect your hand while it is recovering from the surgery. The type of splint and the duration of splinting will be determined by your surgeon and therapist.

Exercise

It is essential to complete exercises regularly at home to regain maximum movement of the joints after surgery. You will need to allow time for your exercises to be completed. They should be performed approximately every 2 hours throughout the day to help gain optimum results from your surgery.

Function

You should avoid using the hand except for very light daily tasks for the first 6 weeks after surgery. You may then slowly increase the use of the hand with guidance from your therapist for up to 12 weeks. At this time, sufficient healing will have occurred, and it will be safe to use the hand normally. However, bear in mind that a replaced joint is not as strong as a normal joint and can wear out prematurely or break if exposed to heavy or repetitive actions. You will receive further advice from your therapist on how to look after your joint replacement.

How long will you be off work and when can you drive?

Driving: It is your responsibility to make sure you are safe to drive. You cannot drive yourself home after the operation. You can drive when you are confident that your comfort and function is sufficient to allow full control of your vehicle. If you are not in full control of your vehicle, you must not drive. You can discuss this further with your treating clinician if you remain unsure.

Returning to work will depend on your type of job. If you can do aspects of your job with a splint on your hand, you may be able to return to some duties after a couple of weeks. For more manual jobs, you may not be able to return to your normal duties for up to 3 months. Please speak to your doctor about this, and do not resume sporting activities until you are told that it is safe to do so.

Further information

For further information please contact:

- The day surgery unit at University Hospital Coventry on 024 7696 6861/024 7696 6868, or at Hospital of St. Cross (Rugby) on 01788 663264
- Plaster room technicians at University Hospital Coventry on 024 7696 6909, or at Hospital of St. Cross (Rugby) on 01788 669143
- Specialist hand surgery/hand trauma co-ordinator on 024 7696 5072
- Hand therapy at University Hospital Coventry on 024 7696 6016, or at Hospital of St. Cross (Rugby) on 01788 663257

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