

Recovering from a Trapeziectomy

Introduction

The operation involves removing one of the bones called the trapezium, which forms part of the worn joint (the first carpometacarpal joint). The space left by the bone then fills up with dense scar tissue. Stitches will be in for around 14 days; these are usually removed at your GP practice. After the operation you will have a plaster cast, following removal of the cast you may need to wear a supportive splint at your consultant's request. You will be encouraged to exercise, to ensure that you regain movement and strength. You can expect to have some discomfort for the first three to four months following surgery. In some people this period may last for as long as nine months. Pinch and power grip which are usually weak before surgery will improve in nine to twelve months following the surgery. Function in the hand will also improve over this time.

Complications

A small number of patients may experience the following:

- Stiffness
- Prolonged swelling
- Inflammation
- Prolonged pain
- Nerve irritability
- Infection

Returning to work

This largely depends on whether the operation has been on your dominant hand and the type of work that you are involved in. Times vary from 1 month up to 6 months, but you should discuss this with your clinician.

Returning to driving

You can drive when you can make a full pain-free fist. You need to be able to grip the steering wheel confidently and without distraction, look over your shoulder, and be able to perform an emergency stop safely.

Swelling

To minimise swelling keep your hand raised as much as possible.

Scar Care

Once your stitches are removed and your wound is fully healed you should start massaging the scar with water-based moisturiser e.g. E45 This is an important part of your treatment as it will help prevent the scar tissue getting tight and limiting movement of the thumb.

Exercises

1. Interlock your thumb web spaces together. Holding the thumb, massage the affected thumb web space area.



muscle control is very important to stop the thumb collapsing; exercises 2 and 3 are to gain control in the muscles at the base of the thumb

2. Keep your hand including your thumb on a table, with the top 2 joints bent. Move the thumb gently in and out as if playing two notes on a piano



3. With your hand on table, pretend your thumb is the mouth on a puppet. Open but do not fully close "the mouth" as if the puppet is talking.



4. Using the other hand stretch the affected thumb up- from the base (below the top 2 joints). Hold for 10 seconds and repeat 3 times. Take care to avoid pushing the thumb backwards.



5. Without assistance from the other hand lift the thumb upwards as far as possible as if hitch-hiking but with the top joints slightly bent. Hold for up to 10 seconds and repeat 10 times.



Advice on daily activities and joint protection

Each time you experience thumb pain when doing an activity, stop and consider whether the way you are doing it is causing stress on the joint. Think about if there is another way the activity can be performed that is better for your joints. Avoid heavy tasks such as lifting and gripping for 3 months. When doing tasks involving a 'pinch grip' position please try and keep in 'O' shape and avoid allowing the thumb to collapse, see the images below



***when doing activities that involve a pinch grip (e.g. writing)
keep the top of the thumb joint bent and the wrist extended***

The following are joint protection techniques that may help to reduce the pain you experience when doing activities and prevent further damage to the joints:

- Take notice of any pain you feel, it can serve as a warning that the way you are performing the activity may cause further pain or damage to the joint.
- Spread the load over several joints (e.g. by carrying items on two flat hands rather than gripping with your thumb).
- Use larger stronger joints rather than putting the strain through your thumb joints.
- Use less effort (e.g. push or slide heavy items rather than carrying).

Splint

You may be provided with a supportive splint to wear after removal of your plaster, this is to protect the surgery site while the scar tissue heals and matures. It is particularly important to wear during tasks that involve, gripping, lifting, pushing and pulling.



PATIENT INFORMATION LEAFLET

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.tinyurl.com/uhcwhand, or contact:

- 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

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 02476 966861 and we will do our best to meet your needs.

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