



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Trapeziectomy

Information for patients, relatives and carers

Trauma and Orthopaedics

① For more information, please contact:

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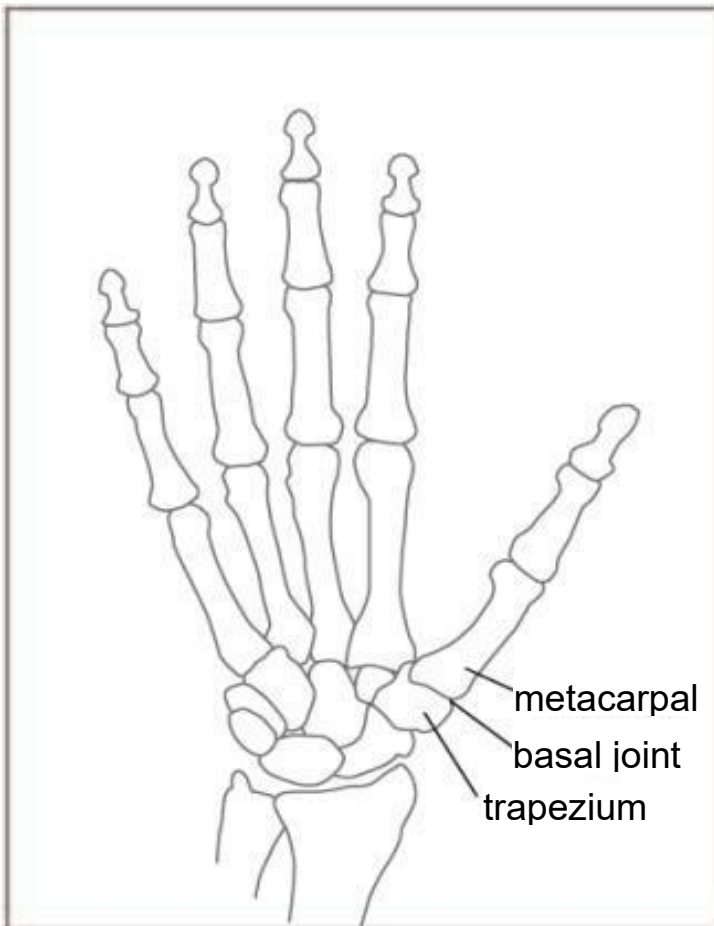
Introduction

You may have pain in the basal joint of the thumb Carpometacarpal Joint (CMCJ). This can reduce the function of the thumb and hand as you are unable to fully use your hand. It tends to be more common in women over 40yrs old, may affect both thumbs and may run in families. Your condition may be due to osteoarthritis (O/A) or rheumatoid arthritis (R/A) and your work or leisure activities may have contributed to the wear and tear in the joint.

Patients may commonly have a dull ache in the base of the thumb that is increasingly more painful when using the thumb. Osteoarthritis eventually wears away the normal cartilage covering the surface of the joint. The bone underneath becomes damaged, causing joint pain, stiffness and weakness. This may cause you to drop things or you may have to avoid normal activities due to weakness and pain.

What is Trapeziectomy?

Surgical removal of the bone is called Trapeziectomy and is performed to offer more permanent pain relief. It is an operation to remove the bone adjacent to the base of the thumb the carpal bone called the trapezium. The trapezium is one of the eight carpal bones in the wrist, which forms a joint with the base of the thumb and is a common site of arthritis.



Carpometacarpal (CMC) joint

This bone provides one of the surfaces in the joint, which is suffering from wear and tear and causing pain. Removing the bone gives pain relief to the majority of patients in this area of the hand. Patients should expect a pain free joint with about eighty percent of their normal movement. It is not minor surgery and it can take between three to six months before you are able to take on heavy tasks.

What are the benefits of the operation?

The main benefit of surgery is pain relief. You may gain improved function of the thumb. However some people can use their thumb better but find their thumb is weaker.

What are the alternatives to surgery?

Changing how you do things is usually the first step to helping your symptoms. This may involve using aids to help you perform your daily activities (opening jars) or trying to avoid some tasks.

A splint may help by restricting the movement of your thumb and protecting it, however you may find this restricts your daily activities. Usually a therapist or surgeon advises you to wear the thumb splint at night to rest the thumb.

A steroid injection into the joint space can give pain relief that may help for several months, but the symptoms usually come back. Some people do not find the steroid injection helps the pain. Some people may have reactions to steroids or may have other medical reasons that mean they should avoid them.

Osteoarthritis at the base of the thumb usually gets slowly worse over many years and you may choose to hold off having surgery as the condition can be helped with medication, changing how you do things, wearing a splint or having steroid injections into the joint. This will be discussed between you, your GP and orthopaedic team. It is your decision to go ahead with the operation or not. If you decide to have the operation at a later stage, the operation will not be more difficult to perform and the chance of success should be the same.

What are the main risks of the operation?

Swelling, Pain and stiffness

You have had surgery to the bone your hand may be painful as you recover from surgery. The healthcare team will ensure you have pain relief at home or prescribe this for you at discharge.

The surgical team usually put in some local anaesthetic into the wound at the end of surgery in patients having general surgery to help pain relief immediately after the operation.

If you have a regional anaesthetic (RA) this will help as your hand is numb for several hours after your operation. You will need to protect your arm in a sling until the numbness wears off. Pain is helped by elevating the hand in the air when you are able to do so as this reduces post-operative swelling.

Elevation, temporary splinting and exercise should help resolve this during your recovery programme.

Residual pain or stiffness affecting the hand or finger joints

This may be due to residual stiffness and pain, which may be caused by other causes, such as arthritis in other carpal bones. This may be helped by further treatment to these joints.

Excessive swelling and bruising (one in 10 patients)

This happens during or after the operation and is not usually serious. Any swelling can be helped if you keep your hand raised. You will be advised to wear a sling over the first week and carry out exercises to help.

Nerve pain, Neuroma or hypersensitivity

Continued numbness or pain caused by damage to sensory branches of the radial nerve during the operation. This usually improves over a few months. You may get a neuroma (painful lump) and may need further treatment or another operation. This occurs in less than five in 100 patients.

Damage to radial artery (less than one in 100 patients):

This is protected during surgery and any damage can be treated at the time of surgery. You may have bruising to the skin or a haematoma (blood clot under the skin) which should improve over one to two weeks.

Wound infection

This is unusual (less than one in 100 patients). Local infection can be treated successfully by antibiotics.

Complex regional pain syndrome

A rare complication of all hand surgeries whether simple or complex is Complex Regional Pain Syndrome (CRPS) or Reflex Sympathetic Dystrophy (RSD). It occurs in less than one in five cases and results in painful stiff hands that can persist and be difficult to treat. The cause is unknown. You may require further treatment including pain relief and therapy.

Will I need to wear a splint?

After surgery different surgical teams have slightly different care advice but every one requires some form of splinting.

What do I need to do to prepare for surgery?

If you have been given an admission form to complete, please bring the completed form with you when you come for your operation.

If you become ill or cannot keep your appointment for any reason, please tell us as early as possible so that another patient can be offered treatment.

We will rearrange your appointment.

Here are the department telephone numbers. Please ring the department where you are being treated:

Day Unit Waiting List for York Hospital
Tel: 01904 725541

York Clifton Park Clinic: Tel: 01904 721963

Waiting List for Scarborough/Bridlington Hospitals
Tel: 01723 342078

Kent Ward at Bridlington Hospital
(If cancelling on the day of your appointment)
Tel: 01262 423110

On the day of your operation

A large bulky bandage will be placed on your hand at the end of the operation; you will need to wear short or wide sleeved clothing to allow for this. Ladies may wish to consider wearing a front fastening bra, and clothing with elastic waistbands for ease of use.

What happens when I arrive for my operation?

The nurses introduce themselves to you and explain what will happen to you during your stay. You will be asked about your present medicines, any allergies you may have, your arrangements for going home and who is to look after you.

The surgeon or nurse practitioner will check your details with you and, if this has not already been done, ask you to sign a consent form (FYCON45-1 Trapeziectomy) saying that you:

- Fully understand your operation and anaesthetic
- Fully understand the risks and benefits
- Are aware of the alternatives and
- Agree to have the operation

A copy will be kept in your patient notes and you will be given a copy to for your own records. Please ask if there is anything about which you are uncertain or do not fully understand about your treatment.

What happens before surgery?

You are asked to change into a theatre gown and one of our dressing gowns. You may prefer to bring your own but it must be clean as you are going into an operating theatre area.

You will be taken first to the anaesthetic room where you will be given your anaesthetic. If this is a regional anaesthetic you will then go into our recovery area with a nurse to monitor you, whilst your arm goes numb. Local anaesthetic is injected around the operation site. This should keep the thumb comfortable for several hours. When you are ready, you will be taken into the operating theatre. Your identity is checked as part of the safety procedures.

What happens during the operation?

During the operation the surgeon removes the worn out bone at the base of the thumb. This involves cutting the tissues around the trapezium bone to free it as far as possible to assist removal of the bone. This leaves a gap so the bones no longer rub together relieving the pain of the arthritis. The thumb base is supported by internal stiches. Sometimes your surgeon may feel that it is necessary to add a “sling” made from one of your tendons to stabilise the bones. If you have this additional procedure you will need to wear a plaster cast for six weeks after the operation.

What happens without the bone?

Immediately after the operation the gap seen on the x-ray taken at the time of surgery fills with blood and this turns into fibrous or scar tissue, as a spacer or (pseudo arthrosis), which acts like a different sort of joint, without the ends. The joint is able to move as normal but without pain. The Thumb is not as strong as it was before the arthritis, but can be stronger than it was when it was painful. It will take several months before you know the final position of the thumb and how much grip strength you will have. Over time, you should get the movement back that you had before you had the operation.

What happens after my operation?

After surgery, you will be taken to the recovery area. A nurse will monitor your progress. When the nurse is happy with your recovery, you return to your trolley or bed in the ward area. When you are able to sit up you will be offered a drink.

Your skin will have been closed with stiches, often these are dissolvable and do not require removal. This will be discussed with you and is the choice of the surgeon at the time of surgery. Your incision site will be covered with an adhesive dressing to keep the wound clean and dry. A pressure dressing of cotton wool and crepe bandage is applied to prevent post-operative bleeding and to support the thumb. Some surgical teams apply a Plaster of Paris (POP) slab to support the thumb. This sets hard and feels heavy, is bulky and is in place as a temporary splint which will be changed when you come for your first follow up appointment. Your arm will be elevated in a sling to prevent bleeding, swelling and pain.

If you have a regional anaesthetic your arm, wrist and hand will be numb for several hours after your operation. When you get home you will gradually get the feeling back. You will need to protect your arm by wearing your sling while it is still feeling numb.

When can I go home?

After general or regional anaesthetic you will be able to go home with an adult who can look after you when it is felt you are ready. You may wait to see the surgeon at the end of the list or go home when you are ready. You must not drive yourself or use public transport.

What can I expect before I leave hospital?

A nurse will go through the discharge instructions with you and tell you about the care you need at home. The nurse will give you the necessary follow up papers and appointments. Please ask if you are unsure of any of the instructions.

What happens when I get home?

The bulky bandage on your hand needs to stay in place until you are seen in clinic where your wound is checked and stitches are usually removed. If you have dissolvable stiches, the ends are trimmed by a member of the nursing staff in outpatients at the hospital.

Do I need to do anything after my operation?

For the first two weeks following your operation, you should keep your hand raised as much as you can with your hand higher than your elbow. This will help to reduce pain and swelling. Support your hand on cushions when you are sitting. You should not walk with your hand at your side, as this will cause pain and swelling. It will help to wear your sling but regularly take your hand out of the sling and get it in the air and move your fingers to prevent pain, swelling and stiffness.

How do I care for my dressing and wound after my operation?

All dressings must be kept dry; if you wear a plastic bag over the bandage whilst washing it must be removed as soon as you have finished. The sweating from your hand can make the dressing wet, and increases the risk of infection.

The sling you have been given should be worn for a minimum of three days and taken off to carry out the exercises you have been given to do.

How will I feel after my operation?

Usually you will have moderate pain in your hand for around a week. You are advised to take painkillers regularly over the first week following your operation so that your pain is under control and you recover more quickly.

As you begin to feel better, you will not need as many painkillers. You should reduce the amount you take gradually rather than stopping abruptly.

Your fingers should stay pink and warm. If or when bruising appears the colour may alter. If you have any concerns about your circulation then please contact the clinic as soon as possible as you may need urgent care.

What can I do to help my recovery?

Carry out the exercises as follows; these will help your recovery.

It is normal to get some swelling in your hand and/or fingers after hand surgery.

Swelling can delay wound healing because it stops circulation from taking nutrients to the wound to help in the healing process. It can also make infections more likely. Swelling restricts movement of the fingers and joints. If swelling continues, it can cause joint stiffness in the long term.

To keep swelling to a minimum:

1. Always rest with your hand higher than your elbow.
2. When walking, do not hang your arm by your side for more than a minute at a time.

It is very important that you start the following exercises as soon as you have had your operation. These exercises work the small muscles in your hand returning the blood to the heart and helping reduce the swelling in the soft tissues. It also helps to stop the finger joints becoming stiff.

You will have a bulky bandage on your hand after the operation.

1. Bend and straighten the joints of your fingers that stick out of the bandage.
2. Put your arm straight up in the air, just as you would if you wanted to ask a question in an audience. Spread your fingers and thumb so that the skin on the side of the fingers feels tight and hold for 10 seconds. Do this exercise within the restriction of the bandage until it is removed in outpatients.
3. Then press the fingers together really tightly and hold for 10 seconds.

Do not worry about your stitches; they will not be affected by the exercises.

All exercises should be carried out fully once the bandages are removed, even if the wound has not fully healed.

If your hand continues to be bruised or swollen, sit with your elbow supported on the arm of a chair. With your hand in the air, squeeze a bath sponge or a ball of wool repeatedly for 5 to 10 minutes at least three times every day.

What should I do if I have any problems or worries about my operation after going home?

In the first 24 hours following your operation, please telephone the following, depending on where you were treated:

York

Day Unit 01904 726010
(between 7.30am and 7.30pm)

or

The nurses on the 01904 726537
Orthopaedic outpatient clinic

Out of hours contact:

Extended Stay Unit 01904 721265
(overnight Mon-Thurs)

Ward 29 (Fri - Sun) 01904 726029

Bridlington

Kent Ward 01262 423110

Or phone your consultant's secretary through the hospital switchboard (01723 368111) to make an appointment.

If you have problems out of hours or more than 24 hours after your operation, please contact your GP or attend your local emergency department if serious.

York emergency department: 01904 726587

Scarborough A&E department: 01723 387111

What about follow up appointments?

Your appointments will be posted to you. Your first follow up appointment will be one to two weeks following your operation depending on your surgical team instructions. Your bulky pressure dressing will be removed. Your stitches will be trimmed or removed and your wound checked.

Each team has a slightly different approach to post op care and splinting. The therapist or nurse will ensure you have the correct instructions and after care depending on the surgeon's instructions:

After one to two weeks your dressing will be changed stitches removed or trimmed. A splint or light weight short arm cast will be fitted. We will give you further instructions depending on whether a cast or splint is fitted. If you find the cast uncomfortable, please let us know before your next appointment as this may need to be changed or refitted.

At four weeks after the operation you will be seen again. If you have a splint, you can reduce the amount of time you use it to when you need extra support. If you have a cast this will be removed and a thumb splint will be fitted which you should wear for several weeks. You will be given further instructions to start mobilising and strengthening the thumb and you may be referred to a physiotherapist. We will give you instructions on how to gradually wean yourself off the splint, wearing it for extra support when required. You should take the splint off to carry out your exercises every two hours during the day.

Everyone is different and heals at different rates. Some people need more support during their recovery. Please let us know if you have any problems during your care.

Do I need to keep doing exercises after my follow up appointment?

Your therapist or nurse will discuss the exercises you will need to start to strengthen your hand and improve function. You may also be referred for physiotherapy if you need further support.

How should I look after my wound after my stitches have been removed?

Your wound may become hard along its scar. This is due to the formation of scar tissue, which eventually disappears. Patients sometimes experience tingling, numbness, pulling and itching as their wound heals. These sensations are part of the healing process.

Once your wound is fully healed you will need to moisturise the skin at least three times a day to begin with, to help the dry surface to lift off. If it stays in place it will continue to dry out, getting harder and restricting movement.

Continuing to moisturise the skin will also help to soften the scar tissue.

Additional questions that patients sometimes ask

Can I bath or shower?

You may bath or shower as usual but please keep your dressings dry. The first time you bath or shower at home you may feel light headed or faint. You should therefore, leave the bathroom door unlocked and arrange for someone to check periodically that you are safe. You may use any safety equipment that you usually use. Ask staff in clinic they can give you information on companies that supply waterproof covers which can be purchased if you wish.

Will my bowels be affected?

Due to the change in your usual routine and if you are taking painkillers containing codeine, you may experience a change in your bowel habit. This could take several days to return to normal. Drink plenty of fluids and try to eat a high fibre breakfast cereal and wholemeal bread every day. If you feel constipated and the problem is not improving, ask your local pharmacist or GP for advice.

How soon can I resume my normal activities?

Because the bulky dressing covers most of your hand, for up to two weeks, you will need help with jobs such as shopping and cooking. You will only have the full use of one hand at six to 12 weeks after surgery. Try and prepare for your operation as much as you can before.

Try and wear tops and shirts with wide fitting sleeves as you will have a bulky dressing in place for two weeks. Elasticated waist bands are easier, as small buttons and fasteners will be difficult.

When can I return to work?

This will depend on the nature of your job and how you recover from your surgery. Most people usually need to take at least two weeks off work as they will have a bulky dressing in place. You will be immobilised in Plaster cast or splints for several weeks post op and it is not unusual to need to have six weeks off work, following this type of surgery. Please let us know if you require a sick note on the day of surgery.

You will not be able to return to heavy manual work for several months, you may be able to return on amended duties and should contact your employer to discuss this if possible.

When can I have sex again?

You can resume your usual sexual activities when you feel able to without too much pain and discomfort.

When can I start driving again?

You may drive when you feel confident to control the car safely, even in an emergency. For thumb base surgery it is unlikely you will feel ready before six weeks after your operation.

Driving your car is not advisable until the bulky bandage, light weight cast or splint is removed and your wound has healed. Your hand function will be limited for several weeks due to your splint or cast.

You are also advised to check with your insurance company when you will be covered to drive again after your operation. If the condition of your hand prevents you from driving safely, you must not drive a vehicle.

How long will my recovery take?

It may be six months before you know the final result of your surgery, during that time you will experience different levels of discomfort as your wrist and hand recovers from the effects of surgery and regains its movement and strength.

By four weeks you may still have a removable splint to wear where your wrist and end of thumb joint will be free to move. You will be advised not to carry heavy weight or perform chopping action.

By six weeks after your operation you will be able to perform light daily activities (e.g. holding items no more than the weight of a cup of tea). You will have started your range of movement and strengthening exercises and splinting will be worn at night. You will need to remove your splint to do your exercises and wean yourself off the splint by 12 weeks after your surgery.

At 10 weeks after your operation you can still use your splint as comfort and pain dictates. Start to perform moderate activities without our splint (e.g. holding items no more than the weight of a half full kettle).

By 12 weeks you should be weaned off the splint and be able to perform a full range of movement. Strengthening exercises will still be required. You may be ready to return to heavier activities and sports.

Do I need further follow ups and when will I be discharged?

You will have a follow up with the surgical team or final post operation discussion with a member of your surgical team to ensure you are making progress. This may be when the team discharges you from follow up. By this stage you should be returning to normal function, however it may be many months before you have fully returned to normal function. This depends on many factors; your ability to carry out the exercises, the degree of arthritis in your hand and your general health. However you should be feeling the benefits of your operation and relief of pain.

Some people require surgery on the opposite side and once you are ready this can be discussed with your therapist and surgeon. Your hand will need to be fully healed and this varies from one person to another. You may be offered medication, a splint or steroid injection in your second hand whilst you are waiting for surgery.

What can I expect to be the final result after recovery?

It may be a full six months before you know the final result of surgery. During that time, you will experience different levels of discomfort as your wrist and hand recover from the effects of the operation, and regain movement and strength. Your pinch grip may not be as strong but you will be able to use your thumb without pain.

Where can I find more information?

Our contact details are:

York

Day Unit 01904 726010
(between 7.30am and 7.30pm)

or

The nurses on the 01904 726537
Orthopaedic outpatient clinic

Out of hours contact:

Extended Stay Unit 01904 721265
(overnight Mon-Thurs)

Advanced Nurse Practitioner 01904 725978

Hand Physiotherapist 01904 726537

Bridlington

Kent Ward 01262 423110

Or phone your consultant's secretary through the
hospital switchboard (01723 368111) to make an
appointment.

Contacts

Image of hand taken from North Yorkshire Orthopaedic Surgeons website. Used with permission.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Nurse Practitioner in hand surgery, The York Hospital,
Wigginton Road, York, YO31 8HE or telephone
01904 725978.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services. PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供，電
或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

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Owner	Jayne Lenighan, Nurse Practitioner Mr I Whitaker, Consultant Orthopaedic Surgeon
Date first issued	November 2021
Review Date	November 2024
Version	1 (November 2021)
Approved by	Orthopaedic MDT
Linked to consent form	FYCON45-1 Trapeziectomy v3
Document Reference	PIL 1169 v1
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