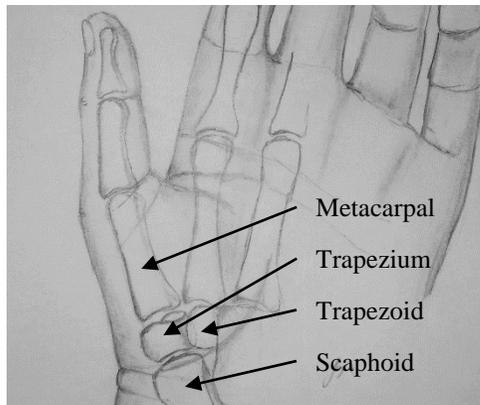


# Thumb Base Arthritis

Arthritis of the joint at the base of the thumb is a common problem. It involves wear and tear of the joint between the thumb bone (the metacarpal) and the trapezium (one of the carpal bones). Depending on the progression of the arthritis there may also be wear of the joint below the trapezium (the scaphotrapezoidal joint).

The symptoms of Carpometacarpal Joint (CMCJ) arthritis are predominantly pain, though stiffness and weakness of pinch grip may also be presenting features.



Unfortunately there is no way to put the cartilage back into the joint, therefore all of the treatments for thumb base arthritis are intended to control symptoms and improve pain & function.

The need for treatment, and the treatment selected with you, will be determined by many factors. These include the degree of progression, your current level of function and the activities that you would wish to be undertaking, as well as your level of pain.

# Making The Diagnosis

The final diagnosis of thumb base arthritis is normally made on X-Rays of your hands. However the diagnosis is often clear after the history (what you tell the doctor), and clinical examination undertaken in the clinic. Occasionally more extensive studies are required in the form of a CT scan.

# What Treatments Are There?

**Simple Analgesia:** even though the arthritis may be severe, there is no reason to treat the thumb unless pain is unmanageable or function is affected.

**Splints:** either simple neoprene splints from a sports shop or custom made splints from the hand therapist may help control symptoms.

**Hand Therapy:** specific hand therapy aimed at altering the mechanics of the thumb can help pain.

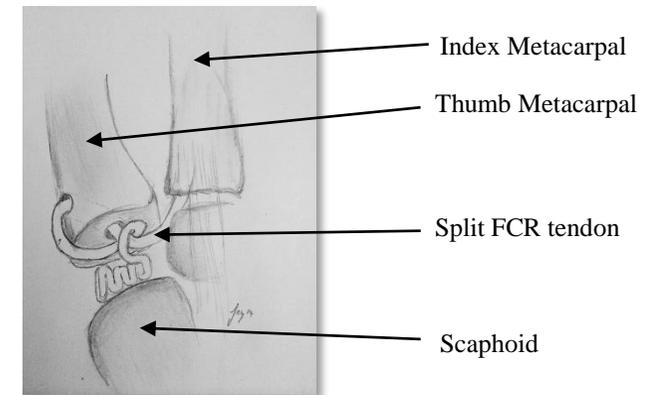
**Steroid Injection:** a steroid injection into the CMCJ can give pain relief to some people, the degree to which this is effective is dependent on the amount of inflammation present.

**Surgery:** there are a number of surgical options available, including osteotomy (realigning the joint), joint fusion, partial and total joint replacements, and trapeziectomy (with or with out ligament reconstruction and tendon interposition LRTI)

# What To Expect From Surgery

Trapeziectomy is an operation to remove the trapezium (the bone at the base of the thumb). This is done to prevent the areas of bone that have lost their cartilage from grinding together. The space that is left fills with a fibrous scar tissue that acts as a new joint.

This is often combined with a ligament reconstruction. This is a procedure to reconstruct the ligament that stabilises the metacarpal and stops it from slipping when gripping.



You will have a cut at the base of the thumb as shown, the bone is removed and then ½ of the flexor carpi radialis tendon (one that bends the wrist) is harvested from another incision on your forearm. This tendon is passed through a drill hole in the thumb metacarpal and then secured to the bone and itself. This recreates the action of the ligament. The remaining tendon in then rolled into the space to give a bit of extra support to the joint.

At the end of the operation you will be put into a plaster splint that stabilises the thumb only.

## After The Operation

You will have a plaster splint for 10 days to 2 weeks at which time you will see the hand therapist who will make you a removable splint and start getting you moving. You will need splints day and night for 6 weeks and at night time for a further 6 weeks. Though the results of this operation are generally very good it can take 3 months or more until you start to feel the benefit of having surgery.

Most people will be able to return to driving at about 4 weeks and return to golf, tennis etc. at 6-8 weeks. People with heavy manual jobs may require 6 weeks or more off work.

## What Are The Risks?

With any surgery there is a risk of **infection**, and **bleeding**. There will be **scars** and these can sometimes be painful or numb for a period of time. There is a small risk of **nerve or tendon injury**.

It can take many months for the **pain** to start to improve and this may also be related to other areas of arthritis in the wrist.

It is sometimes necessary to stabilise another of the thumb joints (the MCP joint) and this may be by total fusion, limited fusion or temporary wiring, these wires would need to be removed.

With immobilisation there is a risk of **stiffness**, and after this type of surgery **pinch grip is weaker**.

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# Trapeziectomy & LRTI

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