

Joint replacements in the hand

Patient Information

Upper Limb Unit



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Introduction

This leaflet aims to help you understand and gain the maximum benefit from your operation. Each person's operation is individual, and you may be given instructions specific to you that are not contained within this leaflet.

What is a joint replacement?

Joints in your fingers are the articulation between bones with a very specific shape and ligaments to support them as they move.

These joint surfaces and ligaments can wear down causing pain and this operation is undertaken to remove the painful surface. In the operation the damaged bone surfaces will be cut away and replaced with an artificial one. There are different implant options and different surgical incisions used to get to the joint. Some implants are not designed to withstand strong forces and high demand power grips are not advised. All of this will be discussed with you in your consultation with the surgeon.

Sometimes people find using pain medication and adapting tasks is sufficient to alleviate their symptoms. Hand therapy advice is available to find coping strategies, such as changing the way you grip objects, utilising assistive devices and managing joint pain.

Surgeons can offer injections to help manage pain in the joints and may discuss this at appointment.

Benefits

Pain relief is the main benefit offered by this type of surgery. Most studies show little change to joint movement and strength after the operation. This relief of pain can therefore improve the functional use of the hand.

Risks

As with all operations there can be complications, some minor and some serious, and in rare cases may be life threatening.

Specific complications of a proximal interphalangeal joint (PIP) joint replacement include:

- Stiffness and joint contracture in the operated joint
- Dislocation
- Numbness due to damage of the nerves that are situated close to the operation site
- Joint infection and loosening
- Fracture of the implant or bone
- Ongoing pain
- Residual reduced function

General complications associated with surgery include:

- Bleeding
- Wound infections
- Scarring of the skin over the operation site
- Complex Regional Pain Syndrome

The doctor will discuss with you the risks involved prior to the operation.

About the operation

The operation is performed as a day case so you can return home the same day. There are different types of anaesthetics that can be used, and the doctor will discuss the options with you before the operation. In this operation, the painful joint surfaces are removed using an incision on your finger and replaced with an artificial joint. The skin will be closed using stitches (sutures). A bulky dressing or plaster is then applied to your hand.

After the operation

After the operation you will spend a short time in the recovery ward of theatre. You will then be taken back to the ward. Your hand may cause some discomfort following the operation. You will be given advice regarding pain relief medication.

You will get an appointment before you leave the ward to return to the hospital to see the team for removal of your dressing and to start movement exercises. If not absorbable, the stitches will be removed 10-14 days after surgery.

Swelling

You should aim to keep your arm elevated intermittently to reduce the swelling. Resting your hand using pillows underneath it while sitting in a chair or in bed at night will help.

Wound and Scar care

Your wound should always be kept dry until the team advise you that you may start to get it wet. This will be after the stitches are removed.

Once the stitches have been removed and the wound is fully healed, you should start to massage the incision with unperfumed cream to soften and flatten the scar. This will allow better movement of your fingers.

Exercise

The therapist will explain the best way to bend and straighten your new joint. It is important that you work on the exercises you are given correctly and follow the instructions given by your therapist. Exercising regularly in short sessions rather than one long session is best. It is likely that you will need to attend regular hand therapy sessions for the first few weeks following your operation.

Supports and splints

When your dressings are first removed, your hand will be assessed by the team. You may also benefit from a supportive splint. This will be removable as it is important to complete regular exercises as shown by the therapist and is used for up to 6 weeks. Over time, the need for this support will reduce. You may be given a splint to wear at nighttime to maintain good position of the new joints.

Activities and Work

There will be some limitations on your hand function for up to 12 weeks after your operation. This includes avoiding use of any operated fingers in daily pinch and gripping tasks for at least 6 weeks. As your recovery progresses, you will be given advice regarding when to start including your operated finger into activities.

Coping without normal use of your hand can be difficult. You can discuss how you can use your hand differently with the therapist, and this may help you to complete necessary daily tasks.

Returning to work will depend on the recovery of your movement and joint strength. It will also depend on the type of work you do. Any questions regarding specific activities will be answered by your therapist or surgeon.

It is important to try and follow the principles of joint protection in the future in order to look after your new joints. Your therapist will give you advice and information on how to look after your joints, but useful tips are:

- Avoid strong, tight grips
- Reduce the weight carried through your joints wherever possible
- Spread the load over several joints e.g. using two hands rather than one
- Use labour saving devices or adapted equipment to reduce the strain
- Objects and tools with larger handles are easier to hold
- If replacing household tools or items look for light weight products

Driving

You should always be in complete control of your car. You can return to driving as soon as you assess yourself as being safe to do so.

If you have any questions about your rehabilitation programme or this leaflet, please contact your therapist.

Contact details:

Wrightington Therapy Department

01257 488272

wwl-tr.therapyadmin@nhs.net

08:00-16:30 Monday to Friday

Leigh Health Centre Therapy Department

0300 707 1597

wwl-tr.leighphysio@nhs.net

08:00-16:30 Monday to Friday

Boston House

0300 707 1113

wwl-tr.mskphysio-bostonhouse@nhs.net

08:00-16:30 Monday to Friday

Ward One

Monday to Friday, 7.30am – 8pm

01257 256272

Male Bay 01257 488272

Female Bay 01257 256551

Outpatient appointments:

01257 256222 or 01257 256241

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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