Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Trapeziectomy

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Trapeziectomy

Patient Information

Upper Limb Unit, Wrightington Hospital

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Introduction

This leaflet aims to help you understand and gain the maximum benefit from your operation. Please be aware that 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 Trapeziectomy?

The trapezium is a small bone at the base of the thumb which can be affected by arthritis.

When this joint becomes arthritic, it can lead to pain, stiffness and weakness in the thumb. This can cause difficulty and pain when using your hand.

Various treatments can be tried to relieve the pain including medication, splints and injections. For some people these treatments are not enough to help and surgery is an option. These alternative treatment options will be discussed with you in clinic.

In this operation, the trapezium is removed using an incision at the base of the thumb. Sometimes part of a tendon is used to fill the gap or create a supportive sling to stabilise the thumb. This is obtained through a small incision on your forearm.

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 trapeziectomy include:

- Ongoing pain in the wrist and thumb
- Stiffness in the hand

- Numbness due to damage of nerves that are situated close to the operation site

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.

Benefits

The aim of the surgery is to provide pain relief by removing the painful joint. Although it can cause some weakness in your thumb, it should help you to be able to use your hand more easily due to the reduction in pain.

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. 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 receive an appointment before you are discharged to return to the hospital to see the team for removal of the dressing and to check the wound is healing. This appointment should be within 14 days of your operation. If not absorbable, your stitches will be removed 10-14 days after surgery.

Swelling

You should aim to keep your arm elevated intermittently in the first few days following surgery to reduce the swelling. Resting your hand in an elevated position by using pillows underneath it while sitting in a chair or in bed at night will help with this.

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 hand and thumb.

Supports and splints

When your dressings are removed, your hand will be assessed by the team. You will be placed into a suitable splint or cast for comfort. If removable, this support should be worn for functional activities initially but can be removed for exercise, hygiene, and scar care. Use of the support can be reduced as pain allows. If non-removable, you can use your hand for activities as pain allows with a further review within 2-3 weeks for progression into a removable support.

Exercise

You will be shown exercises by your therapist at your first appointment and throughout your treatment. The main aim of these is to regain the movement and strength of your fingers and hand. You should aim to do these regularly in short frequent sessions rather than one long session. Aim for the repetitions that the therapist advises.

Activities and Work

Your ability to use your hand will depend on pain, movement, strength, and the wound healing. You can use your hand for daily tasks as soon as you are comfortable and can increase your use of the hand as pain and swelling allow.

Returning to work will depend on the recovery of hand movement and 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.

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



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