

OS32 Trapeziectomy

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Further information

You can get more information locally by contacting the hospital at:

The Whittington Hospital

Magdala Avenue

London

N19 5NF

020 7272 3070 (main switchboard 24 hours)

You can get more information from www.aboutmyhealth.org

Tell us how useful you found this document at www.patientfeedback.org



Information about COVID-19 (Coronavirus)

On 11 March 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Even though lockdown has been eased, there is still a risk of catching coronavirus. Hospitals have very robust infection control procedures, however, it is impossible to make sure you don't catch coronavirus either before you come into the hospital or once you are there. You will need to think carefully about the risks associated with the procedure, the risk of catching coronavirus while you are in hospital, and of not going ahead with the procedure at all. Your healthcare team can help you understand the balance of these risks. If you catch the coronavirus, this could affect your recovery and might increase your risk of pneumonia and even death. Talk to your healthcare team about the balance of risk between waiting until the pandemic is over (this could be many months) and going ahead with your procedure.

Please visit the World Health Organization website: <https://www.who.int/> for up-to-date information.

Elective surgery

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date for your operation. Your healthcare team can tell you about the risks of coronavirus. It is up to you to decide whether to have the operation or not. The benefits of the operation, the alternatives and any complications that may happen are explained in this leaflet. You also need to consider the risk of getting coronavirus while you are in hospital. If you would rather delay or not have the operation, until you feel happy to go ahead with it, or if you want to cancel the operation, you should tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for the 14 days leading up to the operation (your healthcare team will confirm this with you). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test 48 hours before the operation. This involves the healthcare team taking a nasal and throat swab (using cotton wool to take a sample from the surface of your nasal passage and throat). If your test is positive (meaning you have coronavirus), the operation will be postponed until you have recovered.

Coronavirus is highly contagious (meaning it spreads easily from person to person). The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Try not to touch your face, especially if you have not washed your hands. Wash your hands for at least 20 seconds when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are very well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly — your healthcare team will have the most up-to-date information.

What is the trapezium?

The trapezium is the cube-shaped bone in your wrist that is joined to the base of your thumb (trapeziometacarpal joint) (see figure 1).



Figure 1
The trapeziometacarpal joint

Your surgeon has recommended a trapeziectomy, which is an operation to remove the trapezium. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does osteoarthritis happen?

Osteoarthritis is the most common type of arthritis, where there is gradual wear and tear of a joint. For a few people osteoarthritis is a result of a previous fracture but usually it happens without a known cause. Research shows that osteoarthritis at the base of the thumb is more common in women and may run in families.

Osteoarthritis eventually wears away the normal cartilage covering the surface of the joint. The bone underneath becomes damaged, causing joint pain, stiffness and weakness. The pain can happen, or be made worse, by using your thumb and may cause you to drop things or avoid your normal activities, such as gardening.

What are the benefits of surgery?

The main benefit of surgery is to relieve pain and so improve how your thumb works. You should be able to move your thumb better but you may find your thumb is weaker.

Are there any alternatives to a trapeziectomy?

A splint often helps by restricting the movement of your thumb but you may find that a splint makes it difficult for you to perform normal activities.

A steroid injection into the joint can reduce pain in most people but the symptoms usually come back after several weeks or months.

It is possible to replace the joint with an artificial joint made of metal and plastic but most thumb joint replacements have a high failure rate and can also cause pain.

For young and active people with no arthritis below the trapezium, it may be better to have an arthrodesis (where the thumb bones are permanently fixed together using screws). This gives good pain relief and improves strength in your thumb but the movement of your thumb will be permanently restricted.

What will happen if I decide not to have the operation?

Osteoarthritis at the base of the thumb usually gets slowly worse over many years. It is not life-threatening and you may choose to put up with the pain and the restricted movement it causes.

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 does the operation involve?

Remove any rings from your hand before you come into hospital.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may be given antibiotics during the operation to reduce the risk of infection.

The operation usually takes an hour to 90 minutes.

Your surgeon will make a small cut on the back of your hand at the base of your thumb, and remove the trapezium. Your surgeon may construct a ligament to connect the thumb to your wrist using a tendon that runs over the trapezium.

They will close your skin with stitches and place a bandage or cast on your hand.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by having a bath or shower either the day before or on the day of the operation.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- **Pain.** The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- **Bleeding during or after the operation.** This is not usually serious and any swelling usually improves if you keep your hand raised above the level of your heart for the first 2 days.
- **Infection of the surgical site (wound).** It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. If you have a cast, you must keep it dry. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics.
- **Unsightly scarring of your skin,** although the cut usually heals to a neat scar.

Specific complications of this operation

- **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 need another operation.
- **Damage to the artery** that passes near to the trapezium. You may need another operation to repair it.
- **Severe pain, stiffness and loss of use of your hand** (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your hand can take months or years to improve and sometimes the pain and stiffness will be permanent.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. It is important to keep your hand raised above your heart, using a sling or pillow.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

Keep your hand raised for 2 weeks.

The healthcare team will tell you when you can return to normal activities.

The bandage or cast will be removed after 4 to 6 weeks. It is important to gently exercise your thumb and fingers to help you to recover. Gently exercise your elbow and shoulder to prevent stiffness.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

The operation is a success in 4 in 5 people, providing good pain relief and allowing you to move your thumb better. It can take over 3 months to be able to use your thumb for normal activities and it may ache and be stiff for a while.

Your thumb should continue to improve over the next year as you get back a good range of movement. You will usually find that your thumb is weaker than a normal thumb and you will find it difficult to open tight lids and bottle-tops.

Summary

Osteoarthritis at the base of your thumb can cause pain when you use your thumb and prevent you from performing normal activities. A trapeziectomy can relieve the pain and so improve how your thumb works.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

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