

SHROPSHIRE HOSPITALS
HAND THERAPIST
REHABILITATION GUIDELINES

Trapeziectomy

Definition

Any condition that produces pain at the carpometacarpal (CMC) joint will significantly impair hand function. The principal aim of surgery for the CMC joint is to obtain a stable yet movable and painless thumb.

Trapeziometacarpal arthritis is a common condition that may cause debilitating pain and adduction deformity of the thumb, resulting in significant difficulty with activities of daily living (ADL). Numerous surgical techniques have been described and implemented. Excision of the trapezium tends to be the preferred option.

TREATMENT

Immediate Post-Operative Care

- POP cast \pm k-wire fixation
Thumb immobilised in abduction
- Fingers free = AROM
+ AROM I.P. joint if free in POP
- AROM shoulder + elbow

Follow-up (2 - 6 weeks)

- Removal POP cast/sutures + K-wire
 - Application thermoplastic/cloth thumb splintage
 - MCP + CMC joints included
 - I.P. joint free
 - Wrist free
 - Thumb abducted/maintenance of good web space
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- Commence AROM thumb as pain allows
 - Maintain continuous splint wear for 6 weeks (removing only to exercise), then wean out during the daytime as pain allows.
 - Maintain splintage at night for 3 months (for abduction posture)
 - Begin strengthening exercise at 6 weeks
 - Treat swelling, pain, sensitivity and scar as necessary (see appropriate protocols)
 - Maintain good shoulder/elbow posture

Results/Outcome

These can be variable

Useful outcome measures:-

- | | | |
|---------------------------|---|----------------------|
| - DASH | = | ADL |
| - VAS | = | Pain |
| - Dynamometer/Pinch meter | = | Power/pinch strength |
| - Web space measurements | | |

References

Roberts R.A., Jabaley M.E., Nick T.G. (2001), Results Following Trapeziometacarpal Arthroplasty of the Thumb. Journal of Hand Therapy 14 202-207.

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