

Information for patients

Wrist Joint Replacement



Hand and Upper Limb

Wrist Joint Osteoarthritis

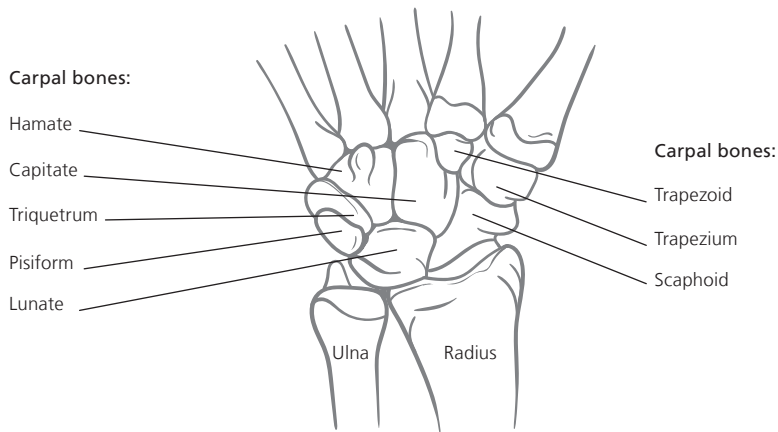
Arthritis in the wrist can be caused by inflammatory condition, an old injury or crystal build up in the joint. No matter the cause, the result is the same: damage to the smooth surfaces of the wrists joints. This can lead to pain, stiffness, changes in the shape of the wrist and problems using your hand.

The wrist is a made up of several joints that work together to move your hand up, down and side to side. The movement which allows you to turn your hand palm-up or palm-down comes from the forearm joint known as the Distal Radio-Ulnar Joint (DRUJ).

Initially, it is advised to try painkillers, splints, activity modification, aids to help with certain tasks (such as opening jars etc), and steroids injections to ease the pain before considering surgery.

Referral to a hand therapist can help in managing your pain and movement without surgery. For more information you can visit: www.versusarthritis.org or www.bssh.ac.uk/patients. Many people find these treatments helpful and don't need surgery.

If the pain does not settle with the treatments above, then surgery may be an option. Since the wrist is made up of several smaller joints, in the early stages of arthritis, it is sometimes possible to perform smaller operations to help with the pain. Your surgeon will talk to you about which option is best. If the arthritis is more severe, treatment may include wrist fusion (joining the bones together to stop movement and pain), joint replacement or sometimes a denervation (cutting some nerves to reduce pain).



Wrist Replacement Surgery

The operation replaces the wrist joint with a metal joint – much like a small version of a hip replacement. The benefit of this over a fusion is that you keep some wrist movement.

Joint Replacement



Government guidelines (from the National Institute for Clinical Excellence) says that wrist replacements should only be done on carefully chosen patients, by surgeons who are experts in hand and wrist surgery as well as those with special arrangements for clinical governance, consent and audit or research. If you do opt to have a wrist replacement, the expectation is that you will be followed up over a long period of time.

At present, we do not know how long a wrist replacement will last. But recent evidence are promising, even for those people who use their hands a lot. It is expected with the newer designs that 86% of wrist replacements will last at least 10 years.

The operation

- Takes around 1½ - 2 hours.
- Done under general anaesthesia (with you asleep) or under regional anaesthesia (your arm is numb).
- Usually performed as a day case, but some people may need to stay overnight.
- There will be a scar on the back of the hand, typically around 20cm long.
- The surgery can be a painful, but appropriate pain relief will be discussed with you at the time of surgery.

After Surgery

- You will wear a cast for 2-3 weeks.
- You will begin active finger and thumb exercises immediately.
- After two weeks, you will return to have your stitches removed and begin wrist exercises.

Risks of Surgery

Infection

This occurs in less than 1% of operations. Skin infections can be treated with antibiotics. Deep infections may need more surgery and antibiotics in hospital.

Swelling, stiffness and scar tenderness

This can be helped by keeping your hand raised and moving your fingers and wrist as advised. Swelling and scar tenderness may last for a few months, but regular scar massage with a plain moisturizer helps the look and feel of it.

Complex Regional Pain Syndrome (CRPS)

Rarely, patients get more pain, swelling and stiffness than expected. This usually gets better with special therapy but can sometimes cause long term problems.

Fracture

There is a risk of breaking the bones around the implant during or after surgery. This may need more treatment or time in a plaster cast.

Failure/ Loosening of the components

Avoid heavy lifting for three months so that the bone can attach to the implant properly. If the implant becomes loose, more surgery may be needed. As with hip and knee joint replacements, they can wear out in time.

Dislocation

Although not common, the new joint can sometimes come out of place.

References

- Nice guidance on wrist joint Replacements UNG 271 (nice.org.uk)
- Reigstad, Ole, et al. "5-10 Year Prospective Follow-up of Wrist Arthroplasty in 56 Non-rheumatoid Patients." *Journal of Hand Surgery* 41.9 (2016): S6-S7.
- Reigstad, O., et al. "Promising one-to six-year results with the Motec wrist arthroplasty in patients with post-traumatic osteoarthritis." *J Bone Joint Surg Br* 94.11 (2012): 1540-1545.

Time off work

This will depend on the type of surgery you have. Your surgical team will advise you. Sick notes can be provided by hospital team on the day of surgery or by your GP.

Postoperative difficulties

Please contact the numbers below if you experience More swelling, stiffness or pain than you expected. You see any wetness, discharge or unpleasant smell from your dressing.

Your surgeons secretary, Tel: **01691 404000**

Baschurch Day Unit (Monday-Saturday) Tel: **01691 404494**

Weekends:

Contact switchboard, Tel: **01691 404000** and ask for the on call doctor.

Notes:

If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

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Tell us what you think of our patient information leaflet.
Please send your comments to the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

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Author: Suzie Golding

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**The Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation Trust**
Oswestry, Shropshire SY10 7AG

Tel: 01691 404000

Web: www.rjah.nhs.uk