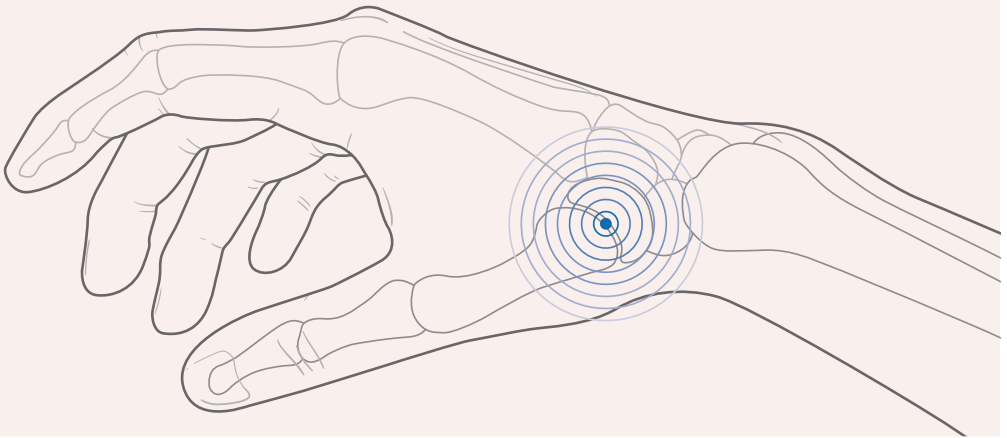


Information for patients

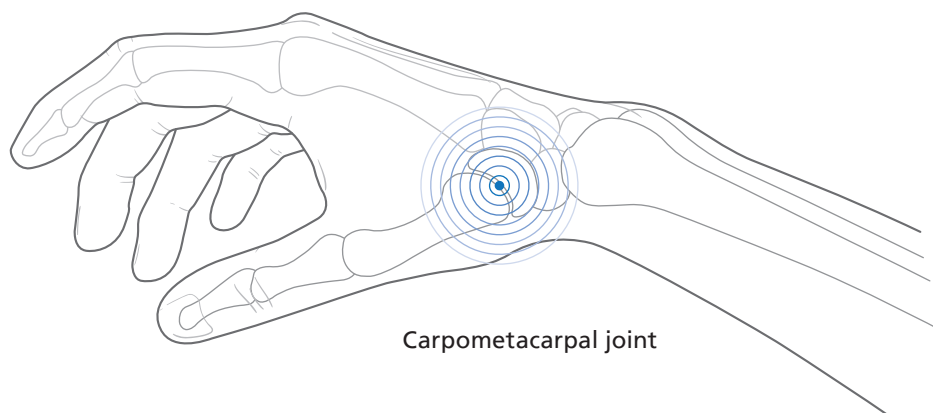
Thumb CMC Joint Replacement



Hand and Upper Limb

Thumb CMC Joint Osteoarthritis

Arthritis affecting the base of the thumb is one of the most common painful conditions affecting the hand. This occurs when the smooth bearing surfaces of the joint become worn resulting in bone rubbing on bone, this causes pain and stiffness in the thumb and can result in difficulties doing buttons, opening jars and many other activities as well as deformity of the thumb.



Carpometacarpal joint

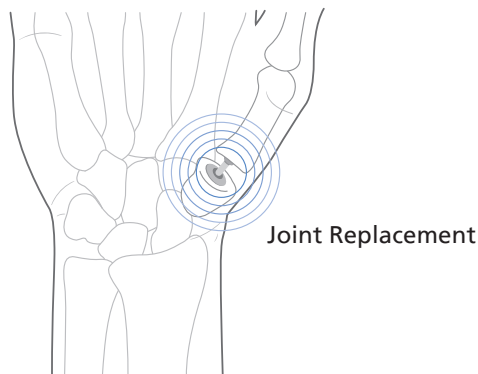
It is advised to try painkillers, splints, activity modification, aids to help with certain tasks (such as opening jars etc) and steroids injections to help relieve the symptoms before considering surgery.

Referrals to a hand therapists can be very beneficial in managing your pain in this way. There is further information available on websites such as www.versusarthritis.org or www.bsash.ac.uk/patients to aid with this. Many people can manage their symptoms in this way without the need of an operation.

If pain continues to be an issue, then surgery can be considered. The mainstay of treatment for arthritis of the base of the thumb is with a trapeziectomy. In selected cases joint replacement or fusion may be offered. The principal aim of surgery for the 1st CMC joint is to obtain a stable yet movable and painless thumb.

Prior to Surgery and After

At present we are collecting data surrounding this operation which includes measurements such as grip strength, so we can monitor the outcome at various stages of recovery. The data will be collected prior to the operation and then one, three, five and ten years following the operation.



Surgery

In this procedure the joint at the base of the thumb is removed and replaced with a metal and plastic thumb joint – much like a small hip replacement.

Historically joint replacements at the base of the thumb have not lasted a long time, but more modern designs are looking much more promising and provide better pain relief, grip strength and function than Trapeziumectomy.

In the medium term the replacements seem to be lasting well with 98% lasting at least 7 years. However, we cannot say how long they will last for and if you opt for a joint replacement, it is possible further surgery may be required in the future.

The operation itself takes around an hour and can be done under general anaesthesia – with you asleep; or under regional anaesthesia – with a numb arm. There will be a scar on the back of the thumb, typically around 4-5cm.

After Surgery

After the operation you will be in a cast for two weeks. After the first two weeks you will come back to have your stitches taken out and at this time you will see the hand therapist who will give you exercises and further guidance. Within six to twelve weeks the majority of patients can return to most activities.

Risks of Surgery

Infection

This occurs in less than 1% of operations. Infection to the skin can be treated with antibiotics. Deep seated infection involving the underlying tissue may require further surgery to wash the infection away and antibiotics that are given into a vein. This will mean a further hospital stay.

Swelling, stiffness and scar tenderness

This can be reduced by keeping your hand elevated and mobilizing your fingers and wrist immediately if allowed. Swelling and scar tenderness can carry on for several months. However, this can be helped by massaging the scar with non-perfumed moisturiser. Massaging can improve scar sensitivity and help soften and flatten the scar.

Complex Regional Pain Syndrome (CRPS)

Occasionally patients can be troubled by more pain, swelling, stiffness than expected. This is rare and usually resolves with specialist therapy but can occasionally lead to lasting disability.

Numbness

You may have a patch of skin sensation lost around the scar and possibly up the thumb. This can improve over time but will not affect your function of your hand.

Fracture

The trapezium can fracture / break apart when it is being prepared for the socket. In this case the surgeon may need to convert to a trapeziumectomy. The risk of the metacarpal fracturing is rare.

Failure/Loosening of the components

It is advised no heavy lifting for three months to allow the bone to 'grow' onto the surface of the implant, this reduces the risk of loosening of the components. If they become loose further surgery maybe required. As with hip and knee replacements all artificial joints will eventually wear out.

Dislocation

In theory any artificial joint can dislocate.

Time off work

This will depend on the type of your work and 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
- 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 **01691 404000** and ask for the on call doctor.

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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