

Patient information

Base of thumb arthritis

What is it?

- Arthritis at the base of the thumb – between the metacarpal and the trapezium bone – is the most common site to get arthritis in the body.
- It is caused by osteoarthritis, which is when the smooth covering of the joint – the cartilage – becomes thin and rough due to wear and tear.

What are the symptoms?

- Pain at the base of thumb aggravated by use
- Difficulty in opening jars or turning keys
- Stiffness of the thumb
- Change in appearance in contour of thumb
- Tenderness if you press at the base of the thumb

What are the treatment options?

- Avoidance of activities that cause pain
- Pain relieving and / or anti-inflammatory medication, including topical gels
- Splints to support the wrist and thumb. These do not need to be worn all of the time; only when the thumb is sore, or particular activities are known to cause pain.

- **Steroid injections:** These improve symptoms in many patients, but the relief may not last. The risks are small, but can include infection, thinning or discolouration of the skin. The pain may also temporarily increase (the steroid flare). The injection can work quite quickly, but sometimes takes several weeks to work. It can be repeated a few times if necessary. Injections are sometimes also used to check which joint in the wrist is causing the pain.
- **Surgery:** This is the last resort as in the majority of cases the options listed above are effective and the symptoms settle in time.

Surgical treatment

The most common operation is called a Trapeziectomy. It involves removing the trapezium bone entirely. This removes one of the rough and painful joint surfaces, stopping the raw bone ends from rubbing together and helps pain. A stabilisation procedure is performed as well either using a tendon or membranes from around the joint. Depending on your surgeon, a wire may be placed temporarily for a few weeks to hold the thumb in position whilst it heals; it is then removed in clinic. The thumb and wrist are placed in a plaster cast for 2 - 4 weeks or a bulky dressing followed by a splint. The fingers are left free and should be moved, as should the tip of the thumb. After this time the wrist and thumb may be placed in a splint for a further two weeks whilst physiotherapy may be started to help thumb movement. After six weeks, the hand is left free to move but it may take up to six months for it to completely settle down after the surgery.

Rarely other operations may be more appropriate for your condition and your surgeon will explain these to you in more detail at your consultation.

The surgery is normally performed as a day case (so you are likely to go home the same day if social circumstances allow) either in the Day Surgery Unit or in the main hospital theatres. You will need a responsible adult to pick you up after the operation. Do not drive yourself to the hospital.

You will be given a gown to wear on the ward. Please make sure nails are clean and free of nail polish and all jewellery is removed

The operation is commonly performed under a general anaesthetic or more rarely under a nerve block where local anaesthetic is used to numb the arm only. Your anaesthetist will discuss with you the best options for you - normally on the day of surgery.

Post operatively

When you wake up your hand may be in a partial plaster cast or bulky bandage. Keep your hand elevated at head level to reduce swelling. The plaster cast or bandage will be removed and changed after 10 days when the wound is checked. The cast or splint will be removed at two to four weeks to allow physiotherapy to start.

You may need a splint to support the thumb until 6 weeks post op. When the plaster cast or bandage is removed, you will be asked to start massaging the scar with a moisturiser e.g. E45.

You may get back to driving six to seven weeks after surgery and can consider going back to light work at around the same time.

Risks of surgery

In the vast majority of cases surgery is successful but this may be a technically difficult operation and there are some possible complications of surgery that you should know about.

Stiffness and swelling of the fingers is common. Keeping the hand well elevated and early movement tends to limit this. Rarely, severe swelling, stiffness and pain occurs which does not quickly settle. This is called reflex sympathetic dystrophy (or chronic regional pain syndrome) and requires protracted therapy.

Occasionally patients get tingling or patches of numbness over the back of the hand or thumb. This normally settles but can take several months.

The majority of patients get good or excellent pain relief but occasionally a little aching or intermittent twinges of discomfort remain but these are much less severe than the preoperative pain. The hand may take up to 12 months to completely settle after the surgery.

Infection is uncommon but does occasionally occur. It usually settles well with antibiotics but occasionally requires reoperation.

There are small arteries and nerves around the base of the thumb that are vulnerable to injury whilst the incision is being made. Occasionally the artery can cause some bleeding. Cutting a small nerve may cause some loss of feeling on the back of the thumb. Even when the arteries and nerves are not damaged a proportion of patients have slightly less feeling than before over the back of the

thumb. This settles with time. Rarely, the base of the thumb may become unstable and too “wobbly” after surgery. This causes pain and loss of strength and often requires reoperation.

One-handed living

Do not forget that for a short while after surgery, you will not be able to use the hand that has been operated on fully. Make life easy for yourself at home by planning ahead, particularly if you are alone at home or if you will be alone at home for long periods in the day.

Get enough shopping in to last for a week or two after your surgery, as you will not be able to drive. Loosen the tight caps of jars (but don't forget the contents will go off more quickly). Ready-meals might be useful for a few days after surgery or do some cooking before and freeze it. Wear slip-on shoes so you don't have to tie laces etc.

If you have any questions about the above please contact your GP, Consultant or the Upper Limb Nurse Specialist on 01284 713924.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>

