



THE CENTER
ORTHOPEDIC & NEUROSURGICAL
CARE & RESEARCH

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Postoperative Instructions for Thumb Arthritis Surgery – Thumb CMC Arthroplasty

Operation: Severe arthritis at the CMC joint (the joint at the base of the thumb between your thumb metacarpal and trapezium) causes the pain at the base of the thumb. Surgery removes the trapezium (the small bone at the base of the thumb) and surrounding bone spurs. The FCR tendon (one of your wrist flexor tendons) transfer reconstructs the ligaments at the base of the thumb. Arthritis over time causes the ligaments to wear and stretch out, often causing the base of the thumb to sublux out of its normal position. In addition to reconstructing these stretched out ligaments, the FCR tendon creates an anchovy interpositional spacer where the trapezium bone used to be. Removing the trapezium and replacing it with this anchovy spacer helps to eliminate the pain and discomfort you feel from the arthritis (bone grinding on bone. If your thumb MCP joint (metacarpalphalangeal joint, the next joint distal to the CMC joint) has severe arthritis or if there is significant hyperextension of that joint, then that joint will be fused often using small pins and wires. Bone obtained from your excised trapezium supplements the fusion. Fusing that joint is necessary if there is a significant hyperextension deformity present before surgery. Fusion, if needed, prevents abnormal force transmission to the thumb CMC joint, which could cause the CMC arthroplasty reconstruction to fail earlier than expected.

Pain Control: Dr. Verheyden encourages strict ice, elevation, and finger range of motion exercises for the first 72 hours. Over the counter ibuprofen and/or Tylenol is often very effective and frequently controls the pain, especially if you adhere to a strict ice, elevation, and finger range of motion exercise program in the post-operative period. Take the ibuprofen and/or Tylenol with food and water. Dr. Verheyden typically gives a prescription for pain pills. Wean from the narcotics as soon as possible and take the narcotic pain medications only as prescribed. As long as ice is not in direct contact with skin, place ice 24/7 around the splint and base of the thumb to decrease swelling and pain.

Wounds: The area around the skin incision may be tender. Do not attempt to examine the wound as covered by the splint. The discomfort should resolve and improve over the course of a couple of weeks. You may note bruising in your hand. This is common and will resolve. Ice, elevation, and finger exercises will decrease the bruising in the hand.

Dressing: Do not remove the dressing/splint and keep clean, dry, and intact.

Bathing: It is fine to shower or wash your hands after surgery if you keep your dressing clean, dry, and intact. After dressing removal, you may shower and wash the wound gently with soap and water. Do not soak your hand in water, hot tubs or pools until at least 24 hours after suture removal.

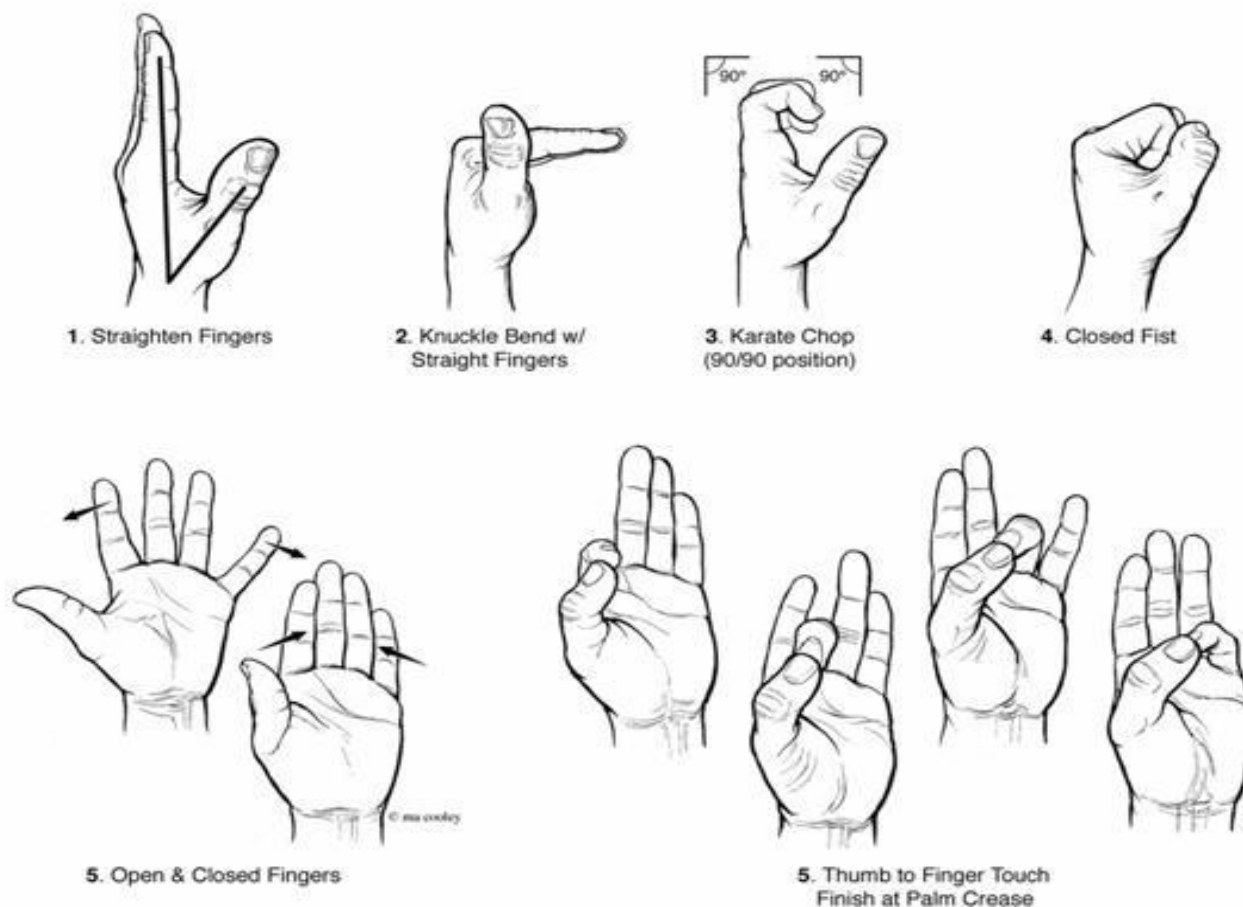
Activity: Encourage finger range of motion exercises immediately. This will help decrease swelling and discomfort. For the first 72 hours, keep your hand above the height of your heart to decrease postoperative swelling. Patients should have full finger range of motion at their two-week postoperative visit. You will be tender at the incision and just distal. Discomfort in the area of the incision is common, and will improve over the course of a couple of weeks.

Additionally: This surgery is usually very successful and routinely dramatically relieves the pain and discomfort at the base of the thumb. However, it is very common for patients to complain that their thumb does not “feel like their thumb” after surgery. It has usually taken many years for the severe arthritis and ligamentous laxity at the base of the thumb to develop. Many people have become accustomed to how their thumb has felt. Surgery removes the arthritic trapezium and bone spurs, FCR tendon transfer is performed, the joint and ligaments are reconstructed, and sometimes the MCP joint is fused. It takes a while for the body to get used to these changes. Patients frequently note that although their pain is gone, it takes several months before their thumb feels like a “normal thumb”. After

surgery, your pinch and grip strength will continue to improve with time, with continued strength improvements noted seven years or more after surgery.

Follow-up: 10- 14 days for suture removal and wound check. Thumb MCP fusions are casted for two more weeks before initiation of therapy. Typical MCP arthroplasties see a hand therapist at their two week post-operative visit for a removable thermoplastic splint. Patients wear the splint essentially full time for the next four weeks to protect the reconstruction. Several times a day, patients come out of the splint to work on gentle range of motion exercises. Strengthening starts approximately 6 weeks after surgery.

Precautions: To minimize the risk of infection, Dr. Verheyden recommends absolutely no swimming, hot tubs, long hot showers or steam showers, doing dishes, wearing ski gloves or heavy plastic gloves until 24 hours after suture removal. Keep the wound clean and avoid heavy use. Contact the office immediately for severe pain, elevated temperature, or any sign of infection at 541-382-3344.



3 Sets of 10 repetitions, 6-8 times per day