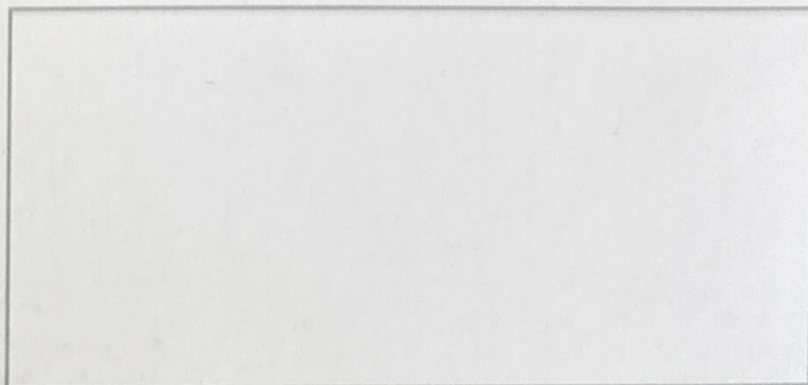




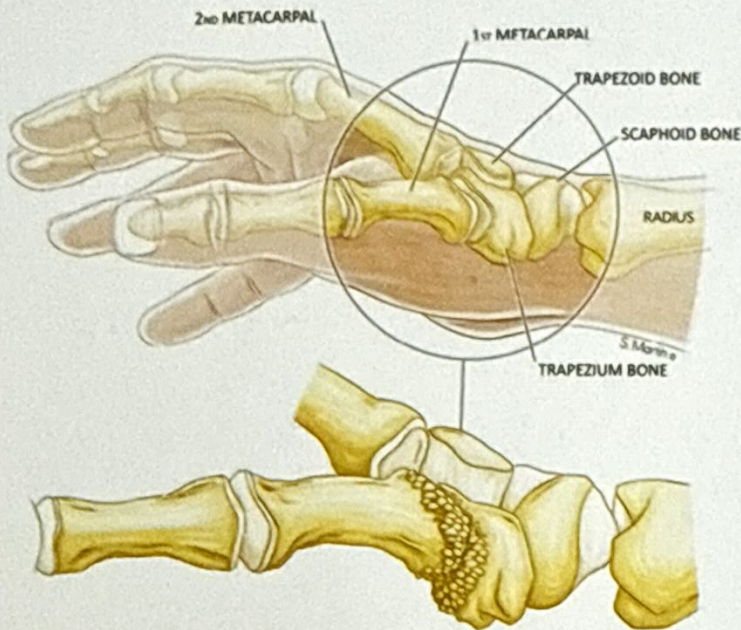
This booklet has been created in association with your surgeon

PATIENT BOOKLET

Thumb prosthesis
(Trapeziometacarpal
total joint replacement)



DEGENERATIVE OSTEOARTHRITIS OF THE BASE OF THE THUMB



Definition

- Wear of the cartilage within the joint between the trapezium and the base of the first metacarpal.

Causes

- Osteoarthritis affects mainly women (80% of the cases) around fifty years of age (pre or peri menopausal).
- Degenerative osteoarthritis is often hereditary.
- The osteoarthritis can be post-traumatic (mostly in men) after an articular fracture of the base of the first metacarpal.

Symptoms

- Pain at the base of the thumb with twisting and pinching, impacting on daily tasks such as opening a bottle or turning a key in a lock.



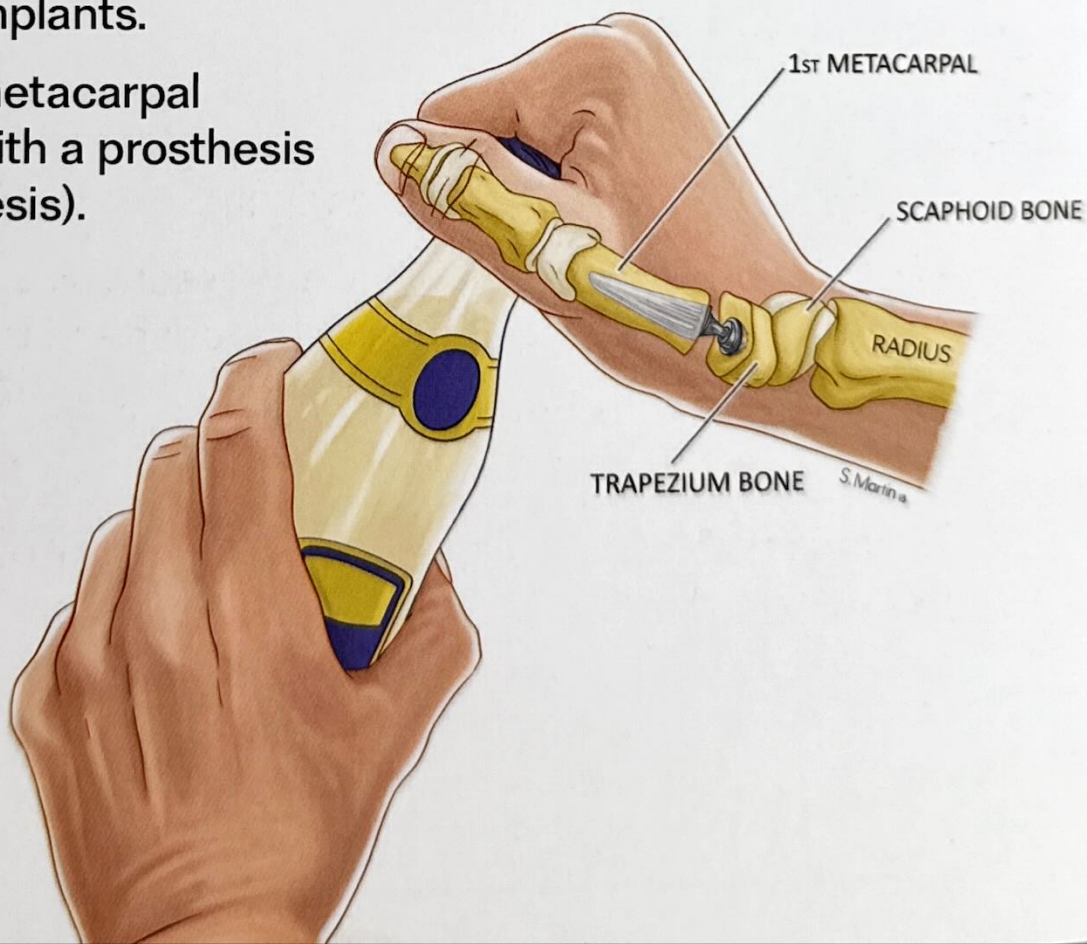
Non operative treatment

- Resting the joint by immobilisation (e.g. night time splint).
- Anti-inflammatories and analgesics.
- Cortisosteroid injection.



Surgical Treatment

- Excision of the trapezium (trapeziectomy) with or without ligament reconstruction to stabilise the thumb.
- Interposition implants.
- Total trapeziometacarpal replacement with a prosthesis (thumb prosthesis).



Intervention

- General and/or regional anaesthesia.
- Surgery is made with either a dorsal or palmar incision (scar of 2 - 3 cm).

Possible complications related to joint replacement

The specific risks of a replacement are dislocation of the implant or loosening.

Post-operative management

- The duration of post-operative immobilisation is variable and depends on surgeons (between 0 and 3 weeks).
- Physio or hand therapy is not always essential. Use of the thumb as able is suggested once comfortable or after a period of splintage.
- Resuming activities requiring strength can be started from the 2nd month.
- This operation result in fast return of mobility of the thumb and in grip/pinch strength.

FAQ

When do I know if I need a prosthesis?

This decision is dependent on symptoms (persistent pain after non operative treatment) and X-rays which help show if a prosthesis is appropriate.

Why does a surgeon decide to put a prosthesis rather than performing a trapeziectomy?

The prosthesis allows for a better recovery in both pinch and grip strength. It corrects the distortion of the thumb by restoring length and correcting malalignment; furthermore, pain relief is more quickly obtained.

When could I resume my manual activities?

It depends on the type of activity. In the majority of cases, 3 weeks is enough to resume the basic manual activities, such as the use of a computer keyboard.

Will the prosthesis need to be changed in time?

In case of complication, a change of prosthesis or a trapeziectomy remains possible.

Will I have pain after the intervention?

This surgery is not considered as painful, as local anaesthetic is often used to minimise postoperative pain and you may take analgesics and/or anti-inflammatories as tolerated.

Are follow-up visits necessary?

Yes, for the long-term follow-up of the prosthesis.

May I travel after the intervention?

Yes, although it may be reasonable to take your x-rays showing the prosthesis with you (for example photos on your mobile).

Depending on the countries and their safety regulations and metal detector strength, your prosthesis might be detected.