

# Patient Information for Consent

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## OS32 Trapeziectomy

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## Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit <https://www.gov.uk/coronavirus> for up-to-date information.

## Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks of having your procedure if you have coronavirus. It is then up to you to decide whether to go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this document. If you would rather delay or not have the procedure until you feel happy to go ahead, or if you want to cancel, tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time beforehand (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly your healthcare team will have the most up-to-date information.

## What is the trapezium?

The trapezium is the cube-shaped bone in your wrist that is joined to the base of your thumb (trapeziometacarpal joint).



The trapeziometacarpal joint

Your surgeon has recommended a trapeziectomy, which is an operation to remove the trapezium. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

## How does osteoarthritis happen?

Osteoarthritis is the most common type of arthritis, where there is gradual wear and tear of a joint. For a few people osteoarthritis is a result of a previous fracture but usually it happens without a known cause. Research shows that osteoarthritis at the base of the thumb is more common in women and may run in families.

Osteoarthritis eventually wears away the normal cartilage covering the surface of the joint. The bone underneath becomes damaged, causing joint pain, stiffness and weakness. The pain can happen, or be made worse, by using your thumb and may cause you to drop things or avoid your normal activities, such as gardening.

## What are the benefits of surgery?

The main benefit of surgery is to relieve pain and so improve how your thumb works. You should be able to move your thumb better but you may find your thumb is weaker.

## Are there any alternatives to a trapeziectomy?

A splint often helps by restricting the movement of your thumb but you may find that a splint makes it difficult for you to perform normal activities.

A steroid injection into the joint can reduce pain in most people but the symptoms usually come back after several weeks or months.

It is possible to replace the joint with an artificial joint made of metal and plastic but most thumb joint replacements have a high failure rate and can also cause pain.

For young and active people with no arthritis below the trapezium, it may be better to have an arthrodesis (where the thumb bones are permanently fixed together using screws). This gives good pain relief and improves strength in your thumb but the movement of your thumb will be permanently restricted.

## What will happen if I decide not to have the operation?

Osteoarthritis at the base of the thumb usually gets slowly worse over many years. It is not life-threatening and you may choose to put up with the pain and the restricted movement it causes.

If you decide to have the operation at a later stage, the operation will not be more difficult to perform and the chance of success should be the same.

## What does the operation involve?

Remove any rings from your hand before you come into hospital.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may be given antibiotics during the operation to reduce the risk of infection.

The operation usually takes an hour to 90 minutes.

Your surgeon will make a small cut on the back of your hand at the base of your thumb, and remove the trapezium. Your surgeon may construct a ligament to connect the thumb to your wrist using a tendon that runs over the trapezium.

They will close your skin with stitches and place a bandage or cast on your hand.

## What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

## What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by having a bath or shower either the day before or on the day of the operation.

## What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

## General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Bleeding during or after the operation. This is not usually serious and any swelling usually improves if you keep your hand raised above the level of your heart for the first 2 days.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. If you have a cast, you must keep it dry. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Unsightly scarring of your skin, although the cut usually heals to a neat scar.

## Specific complications of this operation

- Continued numbness or pain caused by damage to sensory branches of the radial nerve during the operation. This usually improves over a few months. You may get a neuroma (painful lump) and need another operation.
- Damage to the artery that passes near to the trapezium. You may need another operation to repair it.

- Severe pain, stiffness and loss of use of your hand (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your hand can take months or years to improve and sometimes the pain and stiffness will be permanent.

## How soon will I recover?

### In hospital

After the operation you will be transferred to the recovery area and then to the ward. It is important to keep your hand raised above your heart, using a sling or pillow.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

### Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

Keep your hand raised for 2 weeks.

The healthcare team will tell you when you can return to normal activities.

The bandage or cast will be removed after 4 to 6 weeks. It is important to gently exercise your thumb and fingers to help you to recover. Gently exercise your elbow and shoulder to prevent stiffness.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

### The future

The operation is a success in 4 in 5 people, providing good pain relief and allowing you to move your thumb better. It can take over 3 months to be able to use your thumb for normal activities and it may ache and be stiff for a while.

Your thumb should continue to improve over the next year as you get back a good range of movement. You will usually find that your thumb is weaker than a normal thumb and you will find it difficult to open tight lids and bottle-tops.

### Summary

Osteoarthritis at the base of your thumb can cause pain when you use your thumb and prevent you from performing normal activities. A trapeziectomy can relieve the pain and so improve how your thumb works.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

**Keep this information document. Use it to help you if you need to talk to the healthcare team.**

**Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.**

**This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.**

### Acknowledgements

Reviewer: Tim Davis (ChM, FRCS)

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