CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

STT Arthritis

ਇਹ ਪੰਨਾ ਮਸ਼ੀਨ ਦੁਆਰਾ ਅਨੁਵਾਦ ਕੀਤਾ ਗਿਆ ਹੈ ਅਤੇ ਹਾਲੇ ਤੱਕ ਕਿਸੇ ਡਾਕਟਰ ਦੁਆਰਾ ਜਾਂਚਿਆ ਨਹੀਂ ਗਿਆ। **ਅੰਗਰੇਜ਼ੀ ਸੰਸਕਰਣ** ਹੀ ਅਧਿਕਾਰਤ ਹੈ।

What you're feeling

The STT joint sits where the scaphoid bone of the wrist meets two smaller bones, the trapezium and the trapezoid, just behind the joint at the base of your thumb. When this joint wears, you feel an ache at the base of your thumb and along the thumb side of your wrist. Gripping and pinching make it worse.

Everyday tasks tend to set it off: turning a key, opening a jar, writing, carrying shopping, or holding a cup of tea. You may find yourself avoiding these movements without realising why.

Wear in this joint is common on X-rays, especially in older women. Many people with these X-ray changes feel nothing at all. So an X-ray that shows wear does not always mean the joint is the source of your pain. X-rays can also under- or over-estimate how much wear is there.

STT arthritis often comes with arthritis of the joint at the base of the thumb, and the two can be hard to tell apart. When both joints are worn, it is called pantrapezial arthritis. Knowing which joint is causing your pain matters, because it shapes the treatment. An injection of local anaesthetic and steroid into the joint, done under X-ray or ultrasound guidance, can show whether the pain is coming from it, and may settle your symptoms for a time.

In some people with STT arthritis the wrist bones tilt into a pattern called DISI. Your surgeon checks for this on X-ray before choosing an operation, because it affects which one suits you.

The worn joint lies right next to a tendon at the front of the wrist, the tendon of flexor carpi radialis. This tendon can become inflamed and cause further pain. Very rarely it ruptures.

See your GP if your symptoms are not settling, are getting worse over weeks, wake you at night, or stop you working or using your hand.

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What's actually happening

Your wrist has many small bones that let it move in every direction. The STT joint is where one of these, the scaphoid, meets two of its neighbours, the trapezium and the trapezoid. Think of these three bones as a short stack of building blocks at the base of your thumb. In a healthy joint, the surfaces glide smoothly over each other, held in place by strong straps of tissue called ligaments.

With wear-and-tear arthritis, the smooth covering on the bone surfaces thins and frays. The joint loses its cushioning, so bone starts to rub on bone. That rubbing causes the ache you feel when you grip or pinch. The ligaments holding the stack together can also stretch or weaken, which lets the scaphoid tip out of its normal position. In some people this leads to a tilt of the wrist bones, the pattern called DISI that your surgeon checks for on X-ray.

Wear in this joint rarely happens alone. It often appears alongside arthritis at the base of the thumb, which is why the two can be hard to tell apart. The worn joint also sits right next to a tendon at the front of the wrist, and that tendon can become inflamed and add its own pain.

One more thing worth knowing: how much wear shows on an X-ray does not match how much pain you feel. Many wrists with clear wear on X-ray cause no trouble at all, while some painful joints look milder on the picture. That is why your surgeon does not rely on the X-ray alone, and may use a guided injection to work out whether this joint is truly the one causing your pain.

What we can do about it

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Treatment begins without surgery. A splint that holds the thumb and wrist still can settle the ache, especially when you use your hand a lot. Changing how you do things helps too: easing off tasks that load the base of the thumb, and finding other ways to grip and carry. Hand therapy aims to keep the joint moving and build the strength around it, so everyday tasks put less strain on the worn surfaces. Simple pain relief from your pharmacy can take the edge off on busier days. We usually give these measures a fair go over several weeks or a few months before thinking about anything further.

The guided injection described earlier, with local anaesthetic and steroid placed into the joint under X-ray or ultrasound guidance, does two jobs. It helps confirm that this joint is the source of your pain, and the steroid may settle your symptoms for a time. If the thumb base joint is worn as well, the same approach applies there.

When non-operative care has done all it can and the pain still limits your grip, your work or the things you enjoy, we talk about surgery. The choice depends on which joints are worn. If the STT joint is worn on its own, the usual options are removing the worn end of the scaphoid, or placing a small pyrocarbon spacer to fill the gap and keep the scaphoid at its normal height. If the thumb base joint is worn too, the usual operation removes the trapezium along with part of the trapezoid. Before choosing, we check your X-rays for the DISI tilt and for how stable the middle row of wrist bones is, because that shapes which operation suits you. We weigh the options with you, and the decision is one you make together with us.

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What to expect

STT arthritis is a long-term condition rather than a passing injury. The ache tends to come and go, and it often flares with heavy use of your thumb and wrist. For some people it settles with simple measures and stays quiet for long stretches. For others it grumbles on, slowly limiting grip and pinch over months or years. There is no set timeline, and how much trouble it causes does not always match what the X-ray shows.

Without treatment, the ache often persists or returns whenever you load the joint. Leaving it alone does not usually make the joint worse faster, but it also gives the pain nothing to settle. Non-operative care, a splint, easing off aggravating tasks, simple pain relief and a steroid injection, gives many people enough relief to keep doing what they need and enjoy. These measures are worth a fair go over several weeks or a few months. If your symptoms are not settling, are getting worse over weeks, wake you at night, or stop you working or using your hand, see your GP or ask for a specialist review.

One sign needs urgent care. If your hand becomes hot, red, swollen and painful, especially with a fever, go to the emergency department the same day. You do not need a referral.

When to see someone

Most of the time, this condition is not an emergency. One sign is. If your hand becomes hot, red, swollen and painful, especially with a fever, go to the emergency department the same day. You do not need a referral.

For everything else, start with your GP. See your GP if your pain is not settling with rest and simple measures, or if it is getting worse over weeks. The same applies if the pain wakes you at night, or stops you working or using your hand.

Ask for a specialist review if your grip or pinch is weakening, or if you find yourself dropping things when you grip or pinch. These can be signs the joint is wearing. Your GP can arrange X-rays and refer you on if the picture points to this joint.

If you cannot reach the clinic, out of hours or on a weekend, go to your nearest emergency department.

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