CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

ਜਾਣਕਾਰੀ ਅਤੇ ਸਹਿਮਤੀ

Hook of Hamate Excision

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

ਤੁਰੰਤ ਰਿਕਵਰੀ। 18 ਪ੍ਰਕਾਸ਼ਿਤ ਅਧਿਐਨਾਂ ਤੋਂ ਇਕੱਠਾ ਕੀਤਾ ਗਿਆ — ਤੁਹਾਡੀ ਗਤੀ ਵੱਖਰੀ ਹੋ ਸਕਦੀ ਹੈ।

ਹਲਕੀਆਂ ਕੰਮਾਂ ਦੀਆਂ ਜ਼ਿੰਮੇਵਾਰੀਆਂ ਡੈਸਕ ਕੰਮ, ਡਰਾਈਵਿੰਗ, ਰੋਜ਼ਾਨਾ ਕੰਮ	ਜ਼ਿਆਦਾਤਰ ਰੋਜ਼ਾਨਾ ਗਤੀਵਿਧੀਆਂ ਮੈਨੁਅਲ ਕੰਮ, ਖੇਡਾਂ, ਜਿਮ	ਅੰਤਿਮ ਨਤੀਜਾ ਪਲੇਟੋ ਦਰਦ ਅਤੇ ਤਾਕਤ
1-2 weeks	**5-7 weeks**	**3 months**
Stitches and any splint come out at about one week, and in one series patients were cleared for normal daily activity at two weeks once the wound had healed. Desk work and light use of the hand are usually possible within that time.	Most people return to gripping, manual work and sport at five to seven weeks. Across 823 patients in a 2024 meta-analysis, 94.5% returned at a mean of 45 days; individual series report five weeks (range three to seven) and six weeks (range three to eight). These figures come mainly from athletes, who are highly motivated and closely supervised.	Scar tenderness is the main thing that settles last, usually by about three months. In a small series of ununited fractures every patient was back to their pre-injury function at three months, and in high-level amateur athletes hand scores were back to normal with 80% reporting no pain at all.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, matches the treatment to your specific injury. The hook of the hamate is a small hook-shaped bone deep in your palm, on the little-finger side of your wrist. Removing the broken piece of this bone is called excision. We usually suggest this operation when the broken piece will not heal on its own, or when it keeps causing pain in the base of your palm.

For long-standing problems, we start with non-operative care such as activity change, splinting or hand therapy, and consider surgery when that has not given enough improvement. For a fresh break from a single impact, surgery may be recommended straight away. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate.

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The aim of this operation is to relieve your pain and restore normal hand function. Return to play was documented for 94.5% of patients following treatment, and most baseball players were back to sport between 5 and 7 weeks after surgery. We will discuss whether this operation suits you, and decide together.

Before the operation

You will need some scans before surgery so we can plan it properly. These usually include an X-ray and an MRI scan, which uses a strong magnet to show the small bones and soft tissues of your wrist in detail. Sometimes an ultrasound is used as well.

On the day of surgery, stop eating and drinking seven hours beforehand. We ask for seven hours rather than a shorter time so your operation can be brought forward if the theatre list runs early. Your surgeon will tell you which of your usual medicines to stop and which to keep taking. Bring a written list of everything you take. Arrange for someone to drive you home afterwards, and wear loose, comfortable clothing.

If you have other medical conditions, you may need blood tests or a review with the anaesthetist.

On the day

You will arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will then meet the anaesthetist, the doctor who puts you to sleep and looks after you during the operation. This operation is done under general anaesthetic. You will be fully asleep for the operation. Some patients may also have a regional nerve block for post-operative pain relief; the anaesthetist decides on the day based on your individual circumstances.

You are then taken into the operating theatre, where the operation is performed. Afterwards, you will wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you will either go to the ward or go home, depending on the procedure and your recovery.

What the operation involves

The operation is done through one cut in your palm, on the little-finger side, directly over the broken hook of bone. The ulnar nerve and its artery run right beside this bone, so your surgeon finds them first and keeps them protected throughout the operation.

Once the area is safely exposed, the loose fragment of bone is freed from the soft tissue attached to it and taken out. The remaining edge of the bone is then smoothed over, so the tendons that glide across it can move without catching. The wound is closed with stitches.

Because the broken piece is removed rather than repaired, nothing is left in your hand that can rub or press on the nearby nerves and tendons.

After the operation

You will wake up in the recovery ward, where nurses keep an eye on you while the anaesthetic wears off. Your hand will have a soft dressing on it, and we will give you medicine to keep you comfortable. You can move around as soon as you feel steady; there is no cast or brace to slow you down. Someone should stay with you for the first 24 hours after you get home. This is usually a day case, so you can expect to go home the same day, although occasionally patients stay overnight. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

Recovery

Your hand will be sore and swollen for the first few days. This settles gradually. Keeping your hand raised on a pillow, even while you watch TV or sleep, helps bring the swelling down. Simple pain medicine, taken as directed, keeps you comfortable while the discomfort fades.

You will go home with a soft dressing and no cast or brace, so most everyday tasks are easier than you might expect. You can move around straight away and use your other hand for cooking, dressing and cleaning. Keep the dressing dry and intact until we review it. Hand therapy after surgery is with Ruby Doolan at Extend Rehabilitation. Your hand therapist will show you gentle exercises that restore movement and grip as the swelling settles, and will make a splint for you if you need one.

Once the wound is comfortable and you can grip and turn a steering wheel without protecting the hand, you can usually start driving again. See our page on driving after upper-limb surgery for more detail. Desk work and light daily tasks come back first, then heavier lifting, gym work and sport as your grip strength returns. Many people notice the deep palm pain from the broken bone is gone soon after surgery, and that grip feels more natural as the tendons glide freely over the smoothed bone.

Everyone heals at their own pace, so your timeline may differ. We will see you along the way, and your hand therapist will guide each step.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

The main thing to watch for is pain that does not settle. You might notice a deep, throbbing ache in the palm that keeps going despite simple painkillers, or pain that feels worse rather than better as the days pass. Tell us at your next review, or call the clinic sooner if it is getting worse.

Watch the wound itself. Some redness around the cut is normal early on, but redness that spreads out from the wound, oozing, or skin that feels hot and increasingly tender needs a closer look. Contact the clinic so we can check it. If you develop a fever or feel generally unwell with a worsening hand, go to the emergency department.

The nerves and blood vessels that run beside this bone are protected carefully during the operation, but they sit close by. If you notice new tingling, pins and needles, numbness in your little and ring fingers, or your fingers turning pale or cold, let us know straight away rather than waiting for your appointment.

The tendons that glide across this part of the bone can also become irritated. This might feel like a clicking, catching or grinding sensation when you move your fingers, or discomfort when you grip firmly. Mention it at your review so your hand therapist can adjust your exercises.

Swelling and stiffness are common in the first weeks and usually settle with keeping the hand raised and gentle movement. If swelling keeps growing instead of easing, or your fingers will not straighten or bend at all, call the clinic.

If anything about your hand worries you, it is always fine to contact us. The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing redness or discharge from the wound, or pain that keeps getting worse. Go to emergency if you have sudden severe pain, calf swelling, or shortness of breath. These can be signs of a blood clot. Call us straight away if your fingers go numb, turn pale or cold, or you cannot move them. If anything about your hand worries you, contact us. It is always fine to call.

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Hook of Hamate Excision

ਪ੍ਰਕਾਸ਼ਿਤ ਸਾਹਿਤ ਤੋਂ ਜਟਿਲਤਾ ਦਰਾਂ

18 ਪ੍ਰਕਾਸ਼ਿਤ ਅਧਿਐਨਾਂ ਤੋਂ ਇਕੱਠਾ ਕੀਤਾ ਗਿਆ। ਇਹ ਆਬਾਦੀ-ਪੱਧਰੀ ਦਰਾਂ ਹਨ, ਤੁਹਾਡੀ ਵਿਅਕਤੀਗਤ ਜੋਖਮ ਨਹੀਂ — ਤੁਹਾਡਾ ਸਰਜਨ ਤੁਹਾਡੇ ਲਈ ਲਾਗੂ ਹੋਣ ਵਾਲੀਆਂ ਗੱਲਾਂ ਬਾਰੇ ਚਰਚਾ ਕਰੇਗਾ।

ਜਟਿਲਤਾ	ਰਿਪੋਰਟ ਕੀਤਾ ਦਰ	ਨੋਟਸ
any complication (mostly minor and temporary)	**9-12%**	9.4% (36 of 381) in the 2024 meta-analysis and 11.8% (43 of 363) in the 2026 systematic review, most settling without further treatment. One single-centre series of 79 reported 25%, and complications there were far commoner in non-athletes (6 of 10) than athletes (14 of 69).
temporary numbness, tingling or weakness from the ulnar nerve	**5-6%**	The ulnar nerve and its motor branch run right beside the hook. Transient nerve symptoms were the commonest complication: 21 of 363 (5.8%) in the 2026 review, and 14 with tingling plus 6 with weakness among 381 in the 2024 meta-analysis. Nearly all resolved; in one athlete series the tingling had gone by five weeks.
tender or painful scar	**3-5%**	13 of 363 (3.6%) and 11 of 381 (2.9%) in the two reviews, and 2 of 41 (4.9%) in one series. Scar massage and padding during gripping help while it settles.
pain at the base of the palm on returning to hard gripping	**1.7%**	6 of 363 in the 2026 review, reported as pain around the pisiform when players resumed batting. It was self-limiting.
further surgery	**0.5%**	3 of 623 athletes (0.5%) needed another operation, for a retained bone fragment or scar tissue pressing on the ulnar nerve.
wound infection or the wound opening	**0.3-0.6%**	One superficial infection and one wound dehiscence among 363 patients in the 2026 review, both minor.
regrowth of the hook with a new fracture	—	Reported only in case reports and very small series, so no reliable rate exists: two athletes whose hook regrew and broke again after excision, and one refracture of the remaining hook among five patients in one series.

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ਮੈਂ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਪੜ੍ਹ ਲਿਆ ਹੈ ਅਤੇ ਡਾਕਟਰ ਹੀਰਪਾਲਾ ਨਾਲ ਇਸ ਪ੍ਰਕਿਰਿਆ, ਇਸਦੀ ਉਮੀਦਵਾਰ ਠੀਕ ਹੋਣ ਦੀ ਮਿਆਦ, ਅਤੇ ਉੱਪਰ ਦੱਸੇ ਗਏ ਜੋਖਮਾਂ ਬਾਰੇ ਸਵਾਲ ਪੁੱਛਣ ਦਾ ਮੌਕਾ ਪ੍ਰਾਪਤ ਕੀਤਾ ਹੈ।

ਰੋਗੀ — ਨਾਮ ਪ੍ਰਿੰਟ ਕਰੋ	ਸਹੀ ਸਹੀ	ਤਾਰੀਖ

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