CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

PIP Joint Replacement

The PIP joint is the middle of the three finger joints. A replacement resurfaces the joint with an implant rather than fusing it solid.

At-a-glance recovery. Pooled from 80 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
8 weeks	**12 months**	**12 months**
Patients typically return to work after a median of 8 weeks following PIP arthroplasty.	A controlled motion rehabilitation program guides occupational therapy over a twelve-week postoperative timeline to achieve optimal motion.	Patient-reported outcomes and pain reduction are evaluated at 12 months, with some patients experiencing residual minor pain for up to 3 months.

Why this operation has been suggested

Your surgeon has suggested a proximal interphangeal joint replacement, often called a PIP joint replacement. This surgery replaces the damaged joint in your finger with an artificial one to treat wear-and-tear arthritis. It is typically offered when non-operative options have not provided enough relief from pain or stiffness.

This operation aims to give you better motion and stability while reducing pain. It is a reliable option for the index finger, though it is less common for the long finger. Most patients return to work after a median of 8 weeks. While infection is uncommon, about 1 in 5 patients may need revision surgery within 5 years. The main goal is to restore function and provide long-term pain relief so you can use your hand more comfortably.

Before the operation

You will need to fast before your surgery and stop taking certain medicines as your surgeon advises. Please arrange for someone to drive you home and wear comfortable clothing. You may need X-rays, blood tests, or an

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Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

anaesthetic review to check your health and plan the best care. Your surgeon will perform the operation through a single open incision over the joint. This approach allows direct access to replace the damaged bone with a new implant. You should bring a list of all your current medications to the hospital.

On the day

You will arrive at the hospital and meet your surgeon and the anaesthetist. 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.

Your surgeon will make a single conventional cut over your finger to reach the joint. You will then be moved to the operating theatre. After the surgery, you will wake up in recovery. Your team will monitor you closely before you go to your room.

What the operation involves

Your surgeon will make a single cut over the front of your finger joint. This open approach gives clear access to the area that needs repair. For some procedures, the joint is positioned slightly bent to allow better access to the tissues inside.

Inside, your surgeon removes the worn-out joint surfaces and replaces them with new parts. This surface replacement creates a smooth, stable joint that moves better than older options. In some cases, a small sling of tissue is tightened to support the finger. If needed, the surgeon may also fuse the smaller joint below it to help your finger move more freely.

Once the new joint is in place and working well, your surgeon closes the cut with stitches. These stitches are usually dissolvable or can be removed later. A dressing is applied to protect the area as you begin to heal.

After the operation

You will wake up in a recovery ward where your pain is managed with general medication. Your hand will be wrapped in a dressing, and you may wear a simple sling or brace for support. Your surgeon uses a single incision over the finger to perform the surgery. Most patients stay one night in hospital after this operation, though some are able to go home the same day. Someone must stay with you for the first 24 hours. You can begin moving your fingers early to protect the tendon repair. Most patients return to work after a median of 8 weeks. Some may feel minor pain for up to 3 months if you had tenderness before surgery.

Recovery

You will feel some swelling and soreness in your hand for the first few weeks. This is normal as your body heals from the single incision made over your joint. If you had tenderness before surgery, you might notice minor pain for up to 3 months. Your surgeon will guide you on how to manage this discomfort at home.

Your recovery involves a controlled motion program to help you move your finger safely. You will work with an occupational therapist for about twelve weeks to protect the tendon repair while regaining movement. You may wear a sling or brace to keep your finger in a comfortable position, often bent between 20 and 30 degrees. Simple tasks at home are possible once the swelling settles and you can grip without pain.

Your journey is unique, and your timeline may differ from others. Your surgeon and physiotherapist will adjust your plan as your movement returns. You will progress slowly toward full function, ensuring your joint remains stable and mobile. Trust the process and follow your team's advice for the best outcome.

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.

Sometimes the long finger is not a good candidate for this joint replacement. If you have this finger, your surgeon will discuss if the risks are too high for you.

Reoperations are common after this surgery. The most frequent reason is a problem with the tendon that straightens your finger. You might notice you cannot straighten your finger fully or feel a sudden weakness in the hand. Call your surgeon immediately if this happens.

Some joint replacements may need revision surgery within five years. You might also need more than one operation to fix the joint. If your finger becomes painful again or feels unstable, tell your surgeon right away.

Infection is uncommon after this procedure. However, if you notice redness spreading from the wound, deep throbbing pain that does not ease with simple painkillers, or a fever, contact your clinic immediately.

If you have severe stiffness in your finger from Dupuytren disease, complications may occur. You might feel increased swelling or pain that does not improve. Your surgeon will discuss the best plan to manage this.

If you have arthritis in multiple fingers, the risk of problems is similar to having just one finger replaced. You should still report any new pain or loss of movement to your team.

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 your wound. Go to emergency if you feel sudden severe pain, calf swelling, or shortness of breath. Contact us immediately if you lose sensation or cannot

move your finger. You may have minor pain for up to 3 months after surgery. Reoperations are common, often due to tendon issues. If you have these signs, do not wait for your next appointment.

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COMPLICATIONS & CONSENT

PIP Joint Replacement

Complication rates from published literature

Pooled from 80 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Extensor lag	**67.1%**	Inability to fully extend the finger occurs in 20% of patients; severe cases may require tendon reconstruction.
Bone erosion	**60%**	Radiographic bone loss around the implant occurs in approximately 60% of cases; most is asymptomatic but progressive erosion may lead to implant loosening or fracture.
Finger deformity	**28%**	Recurrent angular deformity occurs in 28% of patients; pre-existing deformity is difficult to correct completely.
Joint incongruency	**20%**	Radiographic malalignment occurs in 20% of cases; most are asymptomatic but significant incongruency may cause pain or instability.
Persistent or recurrent pain	**11-81%**	Ongoing pain occurs in 13-20% despite surgery due to implant loosening, bone resorption, instability, or unrealistic expectations.
Revision surgery	**11-25%**	Implant revision or removal is required in 3.3-20% of cases; options include repeat arthroplasty, fusion, or implant removal.
Reoperation rate	**10-18%**	Unplanned reoperation occurs in 14-20% of patients for stiffness, pain, instability, and symptomatic implant fracture.
Joint stiffness	**9-35%**	Postoperative stiffness requiring intervention occurs in 29% of patients; average postoperative arc of motion is 40-60 degrees.
Implant subsidence	**8%**	Progressive sinking of the implant occurs in 8% of patients, potentially leading to pain or instability requiring revision.
Tendon imbalance or swan-neck deformity	**4.8-10%**	Improper soft tissue balancing may lead to extensor lag, flexion contracture, or swan-neck deformity requiring revision or tendon reconstruction.

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COMPLICATION	REPORTED RATE	NOTES
Digital nerve injury	**4-38%**	Nerve injury may cause numbness or altered sensation, with most injuries being temporary and recovering over 3-6 months.
Heterotopic ossification	**4-12%**	Abnormal bone formation around the implant occurs in 4-45% of cases; usually asymptomatic but may contribute to stiffness.
Dislocation or instability	**2-12%**	Dislocation occurs in 5.7-9.3% of cases, with risk higher with inadequate soft tissue balancing or improper sizing.
Lateral instability	**2-12%**	Coronal plane instability occurs in 2-3% of cases, with significant instability requiring ligament reconstruction or revision.
Implant loosening	**2-22%**	Component loosening is a significant cause of failure, particularly in older implant designs.
Implant fracture	**1-9%**	Silicone fracture increases with time from 9% at short-term to 30% at long-term follow-up; most fractures are asymptomatic due to fibrous encapsulation.
Infection	**1-4%**	Deep infection occurs in 0-5.3% of cases; deep infections may require implant removal, washouts, and prolonged antibiotics.
Periprosthetic fracture	**1-9%**	Bone fracture around the implant can occur during or after surgery, requiring fixation or revision.
Silicone synovitis	**Rare**	Inflammatory reaction to silicone wear particles; may require implant removal.
Wound healing problems	**Rare**	Delayed healing with poor skin quality, vascular disease, or smoking.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME

SIGNATURE

DATE

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