CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Thumb UCL Repair

At-a-glance recovery. Pooled from 12 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
2-6 weeks	**3 months**	**6-12 months**
A splint or cast protects the repair for the first 4-6 weeks; writing and light desk work are possible in the splint.	Pinch and grip loading rebuild after the splint comes off; manual work and sport by about 3 months, key-pinch strength last.	Final pinch strength and comfort settle over 6-12 months.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. 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. A clinic assessment (history, examination, and imaging where needed) establishes the diagnosis.

For degenerative or long-standing problems we usually try non-operative care — activity change, physiotherapy or hand therapy, splinting, and injections — and consider surgery when that has not given enough improvement. For structural or acute problems, surgery may be recommended straight away, without a preceding non-operative trial. This procedure repairs the torn ligament on the inner side of your thumb joint. It is typically offered when the ligament has completely ruptured or is displaced, as 75% of such cases fail to heal with conservative treatment alone. The main benefit is to restore stability and reduce pain, allowing you to regain normal hand function.

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Before the operation

Please fast for seven hours before your surgery so we can start on time if the list runs early. Stop taking certain medications as your surgeon will advise. Arrange a lift home and wear comfortable clothing. Bring a list of your current medicines. We use X-rays and scans to plan your repair. Blood tests and an anaesthetic review are not routine. You may need them only if you have other medical conditions. This ensures we have all the information needed for your safety and recovery.

On the day

You will arrive at the hospital's surgical admissions unit. Staff will check you in and prepare you for theatre. You will meet the anaesthetist before the procedure begins. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief — the anaesthetist will discuss this with you on the day.

You are then taken into the operating theatre, where the operation is performed. You wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you either go to the ward or go home. The decision depends on the procedure and your recovery. We ensure you are comfortable and ready for the next step.

What the operation involves

Your surgeon will make a small cut over the side of your thumb joint to access the injured ligament. This is the thick band of tissue that stabilises your thumb. In some cases, such as when a piece of bone has pulled away, your surgeon may use small anchors or sutures to reattach the tissue to the bone. For more complex or chronic injuries, your surgeon might use a small piece of tendon from nearby to reinforce the repair. This helps restore stability without making the joint too stiff.

If your injury involves a fracture where the ligament has pulled a bone fragment away, your surgeon may use a small metal plate or special sutures to hold the bone in place. This ensures the joint stays aligned while it heals. The goal is to restore normal movement and strength to your thumb.

Once the repair is complete, your surgeon will close the cut with stitches or glue and apply a dressing. The entire procedure typically takes a short amount of time, allowing you to go home the same day. Your surgeon will discuss the specific details of your repair with you before the operation.

After the operation

You will wake up in the recovery ward with your hand elevated and protected in a soft dressing. We provide pain relief to keep you comfortable. Your team will tell you whether you go home the same day or stay one night in hospital. Please arrange for someone to stay with you for the first 24 hours to help you. We keep your thumb

still in a simple support to protect the repair. Avoid moving your fingers until we advise otherwise. Keep the dressing dry and clean. You can usually return to unrestricted work and activity by 5-6 weeks post-surgery.

Recovery

Your thumb will likely feel sore and swollen in the first few days. This is normal. We keep the discomfort manageable with simple pain relief and by keeping your hand elevated above your heart as much as possible. You may notice some bruising around the joint. This usually fades as the swelling settles.

We protect your repair with a splint or cast to keep the joint still while it heals. You must keep this dry and intact. We do not use hinged braces for this procedure. Your hand therapist, Ruby Doolan at Extend Rehabilitation, will guide your exercises and make any splint you need. You will start gentle movements once your surgeon clears you to do so. Do not grip or lift heavy objects until your therapist says it is safe.

Sleeping may feel awkward at first. Try propping your arm on pillows to reduce throbbing. As your thumb gains strength, you will slowly return to daily tasks. You can drive again once you are out of the splint, can control the wheel with both hands, and are no longer taking strong pain medication. Please see our guide on driving after upper-limb surgery for full details.

Your timeline may differ from others. Your surgeon and hand therapist will guide your specific path to recovery.

When to call us

Call us if you have fever, increasing wound redness or discharge, or sudden severe pain. Go to emergency if you notice calf swelling, shortness of breath, loss of sensation, or inability to move your thumb. These signs need urgent assessment. We want to ensure your recovery stays on track and your hand remains stable and painless.

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COMPLICATIONS & CONSENT

Thumb UCL Repair

Complication rates from published literature

Pooled from 12 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
stiffness of the thumb MCP joint	—	The trade-off of immobilisation; usually recovers with therapy.
persistent laxity or re-injury	—	Uncommon after repair of an acute tear with good tissue.
nerve irritation (radial sensory branches)	—	Numbness over the back of the thumb can occur and is usually temporary.
late arthritis	—	More related to the injury and any joint surface damage than to the repair.

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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