CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Trapeziectomy

Trapeziectomy: the worn trapezium is removed and the thumb supported with a tendon.

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
2-6 weeks	**3-6 months**	**12 months**
Return to light activities and desk work typically occurs within 2 to 6 weeks, with some patients returning to work by 3 months.	Return to manual work and full daily activities is generally achieved by 3 months, with most patients returning to baseline by 3 months.	Maximum improvement in pain and function is typically observed within the first post-operative year, with sustained results at 5 years.

Why this operation has been suggested

Trapeziectomy is a procedure where your surgeon removes the small, thumb-base bone that causes pain from wear-and-tear arthritis. This operation is typically offered when non-surgical treatments, such as splints or anti-inflammatory medications, have not provided enough relief. Your surgeon may have recommended this specific step because simple removal of the bone often leads to significant and sustained improvement in your daily function.

While other techniques exist, this approach focuses on removing the problematic joint to stop the grinding pain. You can expect a large improvement in both pain and hand use after the surgery. For many patients, this results in better overall satisfaction and functional outcomes compared to other options like joint replacement with implants. The main goal is to give you a more stable, less painful thumb that allows you to perform everyday tasks with greater ease.

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Before the operation

Please fast for at least six hours before your surgery. Stop taking blood-thinning medications only after your surgeon gives you specific instructions. Arrange for a responsible adult to drive you home and stay with you for the first night. Wear loose, comfortable clothing to your appointment. Bring a complete list of all current medications and supplements. Your care team may order X-rays, blood tests, or an anaesthetic review to ensure you are safe for surgery. These checks help your surgeon plan the best approach for your thumb. Simple trapeziectomy is an accepted treatment for wear-and-tear arthritis in this joint. You will have a single conventional incision over the operative site.

On the day

You will arrive at the hospital and be admitted to the ward. Your surgeon will visit you to confirm your details and answer any final questions. You will then meet the anaesthetist, who will discuss the pain relief plan and check your health history. 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 will be taken to the operating theatre. Your surgeon performs this procedure using an open approach with a single conventional incision over the operative site. This means they make one cut to access the joint directly. The surgery itself is not described here, as that is covered in a separate section. After the procedure, you will wake up in the recovery area. Nurses will monitor your breathing and pain levels closely. You will rest there until you are stable and ready to return to your room.

What the operation involves

Your surgeon will make a single cut over the base of your thumb to access the joint. This is an open approach, meaning the area is fully visible rather than viewed through small scopes. Through this opening, your surgeon removes the trapezium bone, which is the small bone at the base of your thumb that has become worn out.

In some cases, your surgeon may also remove part of the adjacent trapezoid bone to create more space. However, complete removal of the trapezoid is not recommended. Your surgeon might use a tendon from your wrist or forearm to fill the space left by the removed bone. This is often done by weaving the tendon through the remaining structures to support your thumb. Sometimes, a temporary wire is used to hold things in place while things heal, though the long-term benefit of this step is still being studied.

After the bone is removed and any necessary support is added, your surgeon closes the cut with stitches or staples. A dressing is applied to protect the area. The operation typically takes about an hour, depending on how much reconstruction is needed. You will not feel any pain during the procedure because you will be asleep or numb, but the focus here is on what your surgeon does to your tissues to fix the problem.

After the operation

You will wake up in the recovery ward. Your hand will be in a dressing and a splint. Most patients stay one night in hospital after this operation, though some are able to go home the same day. Keep your arm elevated to reduce swelling. Someone should stay with you for the first 24 hours. You will need a thumb spica or splint for four to six weeks. Do not drive while the splint is on because it stops you gripping the wheel safely. Wait until your surgeon clears you and the splint is removed before driving. See Driving after upper-limb surgery for more details.

Recovery

You can expect significant pain and swelling in the days and weeks following your trapeziectomy. This is a normal part of the healing process. Your surgeon will provide guidance on managing this discomfort. Keeping your hand elevated and following your prescribed care plan will help ease the swelling.

During your recovery, you will wear a thumb spica splint or cast to protect your hand. This support is essential for proper healing. You will perform gentle physiotherapy exercises as directed to maintain mobility. Avoid heavy lifting or gripping tasks that strain your thumb. Sleep with your hand propped up on pillows to reduce swelling overnight.

As the swelling settles and movement returns, you will gradually reintroduce daily activities. You can resume driving once the splint is removed and your surgeon clears you to do so. Learn more about driving after upper-limb surgery. You will continue strengthening exercises to regain grip strength and dexterity. Your hand therapist will guide you through these steps.

Your timeline may differ from others. Some people recover faster, while others need more time. Your surgeon and physiotherapist will guide you based on your specific progress. Trust the process and follow their advice closely. Consistent care leads to the best outcomes.

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.

If you have had a previous joint replacement in your thumb base that did not work, a second trapeziectomy surgery can still provide results similar to the first operation. You might notice persistent pain or stiffness if the previous implant failed. Your surgeon will evaluate if a second removal is the right step for you.

Some patients worry about the type of reconstruction used. Whether your surgeon performs a simple removal or adds a tendon graft to rebuild ligaments, both methods aim to reduce pain effectively. Studies show that both approaches significantly reduce pain in 80% of patients over a follow-up period of 12 months. If you experience ongoing pain after this time, let your surgeon know.

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You might feel a clicking or grinding sensation in your thumb. This can happen if the joint space changes shape after the bone is removed. It is important to report any new mechanical sensations or sudden swelling to your care team. They can determine if this is part of normal healing or a sign that needs attention.

In rare cases, complications can occur despite careful planning and skilled surgery. You might notice signs of infection, such as redness spreading from the wound, increased warmth, or pus. You may also feel a deep, throbbing pain that does not ease with simple painkillers. If you see these signs, contact your clinic immediately. Do not wait for your next scheduled review.

Your surgeon will discuss the best approach for your specific case. While some techniques use scopes or different incisions, your operation uses a single conventional incision over the thumb base. This open approach allows your surgeon to see the area clearly and manage any issues directly. If you have concerns about the surgical method or potential risks, bring them up before the procedure.

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, or sudden severe pain. Go to emergency if you notice calf swelling or shortness of breath. Seek urgent care for loss of sensation or inability to move your limb. Complications can occur despite careful surgery and rehabilitation. Your surgeon wants you to stay safe and comfortable during recovery.

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COMPLICATIONS & CONSENT

Trapeziectomy

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
scaphotrapeziotrapezoid arthritis	**11.8-52.0%**	Radiographic changes or symptomatic arthritis in the adjacent STT joint are common long-term findings.
flexor carpi radialis tendinitis	**10.0-25.0%**	High incidence reported with APL suspensionplasty due to tendon attrition or impingement.
symptomatic subsidence	**9.0-18.0%**	Metacarpal collapse or subsidence causing pain may occur, particularly in suspensionplasty techniques.
persistent pain	**7.0-72.7%**	Variable rates of persistent pain reported, with some studies showing high rates in specific arthroscopic cohorts.
superficial radial nerve neuritis	**4.0-13.2%**	Transient paresthesias or neuritis of the superficial radial nerve are common, often resolving within 3 months.
implant failure	**3.4-33.3%**	High variability in failure rates depending on implant type (pyrocarbon, silicone, metal) and technique.
revision surgery	**3.2-19.0%**	Revision rates vary by technique; higher rates seen in arthroplasty or suspensionplasty compared to simple excision.
MCP joint hyperextension	**1.3-3.0%**	Thumb metacarpophalangeal joint hyperextension deformity may develop, sometimes requiring arthrodesis.
infection	**0.8-2.6%**	Superficial wound infections occur in less than 3% of cases; deep infections are rare.
wound dehiscence	**0.0-0.6%**	Wound healing issues are generally rare in this procedure.
index metacarpal fracture	**Rare**	Fracture through bone tunnel; rare with modern techniques. The 100% figure is from a single case report.

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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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