

Trapeziectomy

What you're feeling

You likely have pain at the base of your thumb where it meets your wrist. This is wear-and-tear arthritis of the joint between your thumb and wrist bones. The pain often flares up after you use your hand for daily tasks like opening jars or turning keys. You might notice it gets worse when you grip things tightly or lift light objects.

Many patients find the pain is most annoying at night or first thing in the morning. It can make it hard to sleep on your side if that arm is under your body. Simple movements like tucking in a shirt or reaching behind your back to fasten a bra may become difficult. You might feel a deep ache that makes you avoid using your hand for fear of hurting it.

Even though the pain can be persistent, you can expect a large improvement in how you feel and how well you use your hand after surgery. While it is unclear exactly how much of this change comes from the operation itself, most people find their symptoms improve significantly. If you have psychological risk factors, your pain and function may still improve, but the results might be slightly less than for others. Your surgeon will work with you to address any symptoms that do not go away.

What's actually happening

The joint at the base of your thumb is like a worn-out hinge where two bones meet. Over time, the smooth coating on the ends of these bones, called cartilage, wears away. This is often called wear-and-tear arthritis. Without this cushion, the bones rub directly against each other. This friction causes pain, swelling, and a feeling that the joint is unstable or grinding.

To fix this, your surgeon removes the small bone causing the problem, a process called trapeziectomy. When this bone is gone, the thumb bone above it can slide upward. This movement is called proximal migration. While this shift happens, it does not seem to change how well you can use your hand in the long run. Your surgeon may use a strong suture or a special implant to hold the thumb bone in place and prevent it from sliding too far up.

Some surgeons also remove a small amount of the bone next to the gap, up to 4 mm, to make more room. This does not weaken the rest of your wrist. Whether your surgeon uses a tendon graft, a suture, or an implant to fill the space, the goal is to stop the bones from rubbing. Most patients find that removing the bone and stabilizing the joint reduces pain and improves movement. Even if the thumb bone moves slightly upward after surgery, your hand can still function well.

What we can do about it

Your journey often begins with self-management and physiotherapy. You will learn exercises to strengthen the muscles around your thumb. Your physiotherapist aims to improve your movement and reduce pain without surgery. You should give this approach a fair chance before considering other steps. Many people find relief through these non-invasive methods alone.

If simple care is not enough, your surgeon may discuss medical management. This includes pain medication and anti-inflammatories to help you feel better. You might also consider injections into the joint. These can be cortisone, hyaluronic acid, or PRP. Cortisone injections often provide relief for a few months. Hyaluronic acid and PRP may offer longer-lasting benefits for some patients. These treatments aim to calm the inflammation and lubricate the joint.

When conservative care reaches its limit, surgery becomes an option. Your surgeon will consider this if pain and function remain poor despite other treatments. The surgical procedure involves removing the small bone at the base of your thumb. This simple excision is an acceptable treatment for wear-and-tear arthritis of the thumb joint. It aims to stop the bones from rubbing together and causing pain.

When to see someone

See your GP if you have persistent pain in your thumb that does not improve with rest. Ask for a specialist review if you notice weakness, instability, or your thumb locks and gives way. Contact your surgeon if symptoms interfere with your sleep or work, or if you experience a sudden worsening of pain. While most patients see significant pain relief after surgery, complications can still occur despite careful planning and rehabilitation. If you have psychological risk factors, be aware that outcomes may be worse than for others, though pain and function can still improve.