CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Hook of Hamate Excision

At-a-glance recovery. Pooled from 18 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
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 bone hook deep in your palm, on the little-finger side of your wrist. This operation removes that broken piece of bone. 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. We assess your history, examine your hand, and arrange scans where they are needed to confirm the diagnosis.

This fracture often comes from repeated firm gripping in sport, and sometimes from a single hard blow. Because the piece of bone has a poor blood supply, it often does not heal on its own. We usually try non-operative care first, such as activity change, hand therapy or splinting. Surgery follows when those steps have not given enough improvement. For some acute fractures, we may recommend surgery straight away.

The aim is to settle your pain and restore normal hand function. Most people return to sport between 5 and 7 weeks after surgery. We will discuss the options with you and decide together.

CQ HAND + UPPER LIMB
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

Before the operation

You will need some scans before surgery so we can plan it properly. These may include an X-ray, an MRI scan (a scan that shows bone and soft tissue in detail), or an ultrasound. We will let you know which ones you need.

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 when. 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 (the doctor who gives the anaesthetic).

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 gives the anaesthetic. 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 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, depending on the procedure and your recovery.

What the operation involves

You will have one cut in your palm, on the little-finger side of your hand, near the base. The hook of the hamate sits just under the skin there, so this cut gives a direct path to the broken piece.

The ulnar nerve and artery run right beside the hook. Your surgeon finds these first and keeps them protected for the whole operation. The nerve is the structure that carries feeling and movement signals to your little finger, so protecting it matters. The broken hook is then freed from the soft tissue attached to it and taken out. The bone edge that is left behind is smoothed over, so the tendons that bend your fingers can glide across it without catching.

The cut is closed with stitches. A dressing goes over the top, and you keep that dressing on for about 10 days.

After the operation

When you wake up, you will be moved to the recovery ward, where nurses keep an eye on you as the anaesthetic wears off. Your hand will be sore, and we will give you pain relief to keep you comfortable. The dressing goes over your stitches, and 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. You can move around straight away and use your hand

for light tasks. This is usually a day case, so you can expect to go home the same day, although occasionally patients stay overnight. Please have someone stay with you for the first 24 hours after you get home.

Recovery

For the first few days your hand will be sore and swollen, and the palm may feel bruised and tender. Rest, keeping your hand raised on a pillow, and the pain relief we give you will ease this. The soreness settles steadily over the first couple of weeks.

You keep the dressing on for about 10 days, and we check the wound when we see you. You can use your hand for light daily tasks straight away, such as eating, dressing and typing. You can usually drive once the wound is comfortable and you can grip and turn the wheel without protecting your hand. See our page on driving after upper-limb surgery.

As the swelling settles, your grip and finger movement return. Hand therapy after surgery is with Ruby Doolan at Extend Rehabilitation. Ruby is a hand therapist: she will guide your exercises and make any splint you need. You will work on gentle movement first, then building strength, then firm gripping. Once you can grip and hold your sport or work tasks without pain, you can build back up to them. Desk work and light tasks come back first, and manual work, sport and the gym come later.

Most people are back to their usual activities within a few months, and pain keeps settling as strength returns. Your timeline may differ from someone else's. We will see you along the way, and your 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 we watch for is a problem with the wound itself. This might look like redness spreading out from the cut, swelling that keeps getting worse instead of settling, or fluid leaking from between the stitches. The area may feel warm and increasingly tender, and you might notice a deep, throbbing pain that does not ease with simple painkillers. If you see any of these signs, call the clinic straight away rather than waiting for your next appointment. If the redness is spreading quickly or you feel feverish and unwell, go to the emergency department.

Because the nerve and artery run close to where we operate, we also keep an eye on how your little finger feels and moves. If you notice tingling, numbness or pins and needles in your little finger that does not settle, or if the finger feels weaker than before, let us know. Some of this can happen from the local swelling pressing on things, and it often improves as you heal. We will check your finger feeling and movement at each review, so bring up anything you have noticed, even if it seems minor.

The tendons that bend your fingers glide across the area where the bone piece was removed. Very occasionally, a tendon can become irritated or catch on the smoothed bone edge. You might feel a clicking, catching or

grinding sensation when you bend your fingers, or a sharp sting in the palm when you grip firmly. Tell us about this at your next review so we can examine it properly.

If anything about your hand worries you between appointments, call us. It is always easier to check early.

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, or if the redness or discharge from your wound gets worse. Call us if you have sudden severe pain, or if your little finger feels numb or will not move. Go to emergency if the redness spreads quickly, or if you feel feverish and unwell. Go to emergency if you have calf swelling or shortness of breath. If anything about your hand worries you between appointments, call us. It is always easier to check early.

CQ HAND + UPPER LIMB
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

CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

COMPLICATIONS & CONSENT

Hook of Hamate Excision

Complication rates from published literature

Pooled from 18 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
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.

CQ HAND + UPPER LIMB
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

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

CQ HAND + UPPER LIMB
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