CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Hamate Fractures and Ring/Little Finger CMC Fracture-Dislocations

Trang này được dị ch bằng máy và chưa được bác sĩ kiểm tra.**Bản tiếng Anh** là bản chính thức.

What you're feeling

This is an injury that happens in a moment, not a condition that builds up over time. It usually follows a hard impact on a closed fist, a fall, or another high-energy knock to the hand. The force travels up the little finger and into a small bone on the outside of the wrist called the hamate. Part of that bone can break, and the joint where the ring and little fingers meet the wrist can push out of place.

You will feel pain straight away, usually on the outside edge of your hand where it meets the wrist. The area may swell and become tender. Your hand may look out of shape, and you may not want to grip, make a fist, or put weight through it. Pushing up from a chair, carrying a shopping bag, or turning a door handle can all hurt. Some people also notice tingling or weakness in the little finger, because a nerve that supplies it runs close by.

These injuries are uncommon, and the full damage is often missed on ordinary hand x-rays. That is why your surgeon will look closely at your hand and may order extra x-ray angles or a CT scan, which shows the bones in more detail. Finding the injury early matters. If it is picked up late, the joint is harder to put back into place, and the result may not be as good.

In the first days, pain is often worst with movement and can disturb your sleep. Over the following weeks it should gradually settle as the bone and joint begin to heal. Your hand will feel stiff from resting it, and grip strength may be weak for a while. Most people have little lasting loss of hand function once the injury has healed, whether or not an operation was needed.

What's actually happening

Your hand has two small bones at its base, called metacarpals, which connect your ring finger and little finger to your wrist. They sit against a small wrist bone called the hamate. In this injury, the hamate can crack, and the joint where those fingers meet the wrist can be pushed out of line. Think of a row of books standing on a shelf: if you knock the end book hard enough, it tips backwards and the books behind it lose their neat line. That is roughly what has happened at the base of your little finger.

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

The force usually comes from a hard impact on a clenched fist or a fall. It travels up the finger and into the joint. Once the joint is pushed out of place, some muscles and tendons that attach nearby keep pulling on the broken pieces. That constant pull is why the joint does not stay where it should on its own, and why your grip feels weak and unreliable right now.

Bone heals by knitting back together, the same way a cracked plate fuses when it is held still. But if the joint surface is out of line while it heals, the pieces set in the wrong position. That can leave the joint rough and painful later, and grip strength may not come back fully. So the aim of treatment is to realign the joint and hold it still while it heals.

Sometimes the break is small and the joint stays stable, so rest and close monitoring are enough. Often, though, the joint is unstable or the break involves the joint surface, and an operation is needed to put the pieces back and hold them there. Your surgeon will explain which situation applies to you once the scans are complete.

What we can do about it

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, matches the treatment to your specific injury. 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. At the clinic we examine your hand and review your scans, then talk through the options with you.

Some injuries are stable, or the break has barely moved. For these, we may not need to operate. We put the joint back into place and hold it still with a splint or cast. Because these joints can slip again, we check it closely with repeat imaging in the first week. Once things are settled, movement returns in stages with your hand therapist.

Other injuries need surgery from the start. If the break has moved out of place, the joint is unstable, the joint surface is broken, or you need a strong reliable grip for work or sport, an operation is often the right choice. The aim is to put the bone and joint back into line and hold them there while they heal. Sometimes both paths are possible, and the choice is genuinely yours. A splint may avoid an operation, but the joint may not sit perfectly, and holding it still can be uncomfortable. We will talk through what matters most to you.

Whichever path you take, the first weeks look similar. We will help you manage the pain while the bone knits. You will need to protect your hand and avoid loading it through the palm. Your therapist will guide you on when to start moving, and will make any splint you need. Hand therapy after surgery is with Ruby Doolan at Extend Rehabilitation.

What to expect

Healing starts with rest. If your injury is stable and treated without surgery, the bone knits while a splint or cast holds everything still. You will need close checks in the first week to make sure the joint stays where it should. If you have surgery, the bone is held in place with small metal implants while it heals, and the first weeks look much the same: protect the hand, keep it still, and let the pain settle.

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Recovery comes in stages. Your wrist often moves well early on, but straightening your fingers can stay difficult for more than 3 months. Grip strength is usually the slowest thing to return. Over time, most people regain about 70% of normal movement and about 75% of normal strength, with only mild symptoms left behind. Many people have little lasting loss of hand function once the injury has healed.

Most people get back to daily tasks as the pain settles, though heavy gripping and loading the palm take longer. Return to work and sport depends on your job and on which treatment you had. Your hand therapist will guide you on what is safe at each stage, and hand therapy after surgery is with Ruby Doolan at Extend Rehabilitation.

Some things can slow you down. The joint can slip again while it heals, or the pieces can set in a poor position, which may leave the joint rough and painful years later. Stiffness in the fingers is common early and usually improves with movement. If a plate is used to hold the bone, it sometimes needs a second small operation to remove it once the bone has healed. A nerve near the injury can also become irritated weeks or months later, causing tingling or weakness in the little finger, so we will check your nerve function at your visits.

Over the longer term, some people still notice mild symptoms years after the injury. Scans taken more than five years after surgery have shown the joints wearing well, with no sign of arthritis where the fingers meet the wrist.

When to see someone

Seek urgent care if your hand is visibly out of shape, if there is an open wound, if you have numbness or tingling in the little finger, or if you cannot use your hand at all. These injuries can also hide behind more serious injuries elsewhere, so a careful examination matters. If ordinary x-rays look normal but your pain is not settling, ask your GP whether extra x-ray angles or a CT scan are needed, because the full injury is often missed on routine films. See your GP or ask for a specialist review if swelling, movement or grip are not improving week on week as healing progresses. Getting the joint checked and treated early makes it easier to put back into place and protects your grip strength later.

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