CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

THÔNG TIN & ĐỒNG Ý

Trapeziectomy with Partial Trapezoidectomy

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

Tóm tắt quá trình hồi phục. Tổng hợp từ 6 nghiên cứu đã công bố — tốc độ hồi phục của riêng bạn có thể khác.

CÔNG VIỆC NHẸ làm việc tại bàn, lái xe, các công việc hàng ngày	HẦU HẾT CÁC HOẠT ĐỘNG HÀNG NGÀY công việc thủ công, thể thao, phòng gym	ĐỈNH ĐIỂM CỦA KẾT QUẢ CUỐI CÙNG đau và sức mạnh
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

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, including your history, an examination and imaging where needed, establishes the diagnosis.

This operation is for wear-and-tear arthritis in two places at the base of your thumb: the joint where the thumb meets the wrist, and the joint just behind it. Removing the whole trapezium bone treats the thumb base joint. Taking away the worn part of the trapezoid, the bone next to it, treats the second joint as well. Only part of the trapezoid is taken, because removing all of it has given worse results. We usually try non-operative care first, such as activity change, hand therapy and splinting. Surgery is considered when that has not given enough improvement. The aim is lasting relief of pain, with better thumb strength and stability for everyday tasks.

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Before the operation

Once surgery has been booked, our team will send you clear instructions. You will need to stop eating and drinking seven hours before your operation, so we can bring you forward if the theatre list runs early. Tell us about all the medicines you take, including blood thinners and supplements, as some may need to pause beforehand. Bring a written list of your medicines with you on the day. Arrange for someone to drive you home, as you will not be able to drive yourself. Wear loose, comfortable clothing with sleeves that slide up easily. If you have other medical conditions, you may need blood tests or a review with the anaesthetist before the day. Most people need neither.

On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist, the doctor who puts you to sleep and looks after you during the operation. 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 watch over you while the anaesthetic wears off. Once you are stable, you either go to the ward or go home, depending on the procedure and how your recovery is going.

What the operation involves

The operation is done through a cut at the base of your thumb. Your surgeon removes the whole trapezium, one of the small bones at the base of the thumb, and then removes the worn part of the trapezoid, the bone next to it where it meets the scaphoid. Only part of the trapezoid is taken, because removing all of it has given worse results.

Your surgeon may use a tendon to make a sling that supports your thumb. The wound is closed with stitches.

During the operation, your surgeon looks directly at the joint just behind the thumb base. X-rays alone often miss arthritis in that joint, so seeing it directly confirms whether it needs treating.

After the operation

You wake up in the recovery area, where nurses watch over you while the anaesthetic wears off. Your hand will be in a splint, and a dressing covers the wound. 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. Numbness or weakness in your hand in the first 24 hours is expected if you had a nerve block, and settles as it wears off. Keep your hand raised when you can to help with swelling and comfort. Pain relief is planned with you before you leave. You may go

home the same day or stay one night in hospital after this operation. Both are common, and your team will talk with you about which suits you. Please have someone stay with you for the first 24 hours. Call the clinic the same day if you develop a fever, spreading redness around the wound, or fluid or pus leaking from it, or if your pain keeps getting worse despite your pain medicines.

Recovery

For the first few days your thumb and the back of your hand will be sore and swollen. This is normal. Keeping your hand raised on pillows, above the level of your heart, eases the swelling and the discomfort. The pain settles steadily over the first couple of weeks, and simple pain relief helps you through.

You will go home with your thumb in a splint, which stays on for four to six weeks. The splint protects the healing joints, so you will not drive while it is on. Once it is removed and your surgeon clears you, you can start driving again; see Driving after upper-limb surgery. Hand therapy begins soon after surgery with Ruby Doolan at Extend Rehabilitation. Ruby is a hand therapist: she guides your exercises and makes any splint you need. At first you will use your hand for light tasks only, such as eating, dressing and typing. Heavier jobs, lifting and gym work come back gradually as your grip returns and your therapist says you are ready.

Regaining pinch and grip strength is the slowest part of recovery. It continues to improve for six to twelve months, so expect steady progress rather than a quick return to full strength. Most people find the pain improves well before the strength does.

Recovery varies from person to person, and your timeline may differ. Your surgeon and your hand therapist will guide you at each stage.

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.

Call the clinic the same day if you develop a fever, spreading redness around the wound, or fluid or pus leaking from it, or if your pain keeps getting worse despite your pain medicines. These can be signs of an infection or a problem that needs prompt attention.

Some people notice ongoing aching at the base of the thumb after surgery rather than full relief. If your pain is not settling the way your team expects, bring it up at your next review so other causes can be looked at.

Pinch strength can stay weaker than before, even months later. Hand therapy works on this, and steady practice helps. If weakness is limiting what you can do, mention it at your review.

A small skin nerve near the incision can be irritated, giving patches of numbness or tingling around the scar. This often settles with time. If the numbness spreads or bothers you, tell your surgeon at your next appointment.

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Some people develop stiffness in the thumb or hand, especially after weeks in a splint. Your hand therapist will guide you through movements to loosen it. If stiffness is not improving with therapy, raise it at your review.

Occasionally the wrist bones can tilt slightly after part of the trapezoid is removed. This shows up on X-ray and usually causes no symptoms, so you are unlikely to notice anything day to day.

Rarely, a condition called complex regional pain syndrome can develop. You would notice ongoing burning pain, swelling or skin changes in the hand that seem out of proportion to the operation. Tell your surgeon promptly if this happens, as early treatment helps.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Most problems are picked up early when you know what to watch for. Call the clinic the same day if you develop a fever, spreading redness around the wound, or fluid or pus leaking from it, or if your pain keeps getting worse despite your pain medicines. Go to the emergency department if you have calf swelling or pain, shortness of breath or chest pain, as these can be signs of a blood clot. Go to the emergency department if your thumb, hand or fingers turn pale, cold, white, blue or dark. Numbness or weakness in the first 24 hours after a nerve block is expected and settles as it wears off. Call the clinic if you cannot move your hand or fingers once the block has worn off, at about 24 hours. If you cannot reach the clinic, go to your nearest emergency department.

Trapeziectomy with Partial Trapezoidectomy

Tỷ lệ biến chứng từ các tài liệu công bố

Được tổng hợp từ 6 nghiên cứu đã được công bố. Đây là các tỷ lệ ở cấp độ dân số, không phải là nguy cơ cá nhân của bạn — bác sĩ phẫu thuật của bạn sẽ thảo luận về những gì áp dụng cho bạn.

BIẾN CHỨNG	TỶ LỆ ĐƯỢC BÁO CÁO	GHI CHÚ
Tilt of the wrist bones on X-ray (DISI)	**29%**	A backward tilt of the lunate of 15 degrees or more was seen in 29% of hands after partial trapezoid removal (26% after complete removal), and was linked to poorer wrist scores.
Sinking of the index metacarpal	**10%**	Symptomatic in 2 of 21 hands after partial trapezoid removal, against 4 of 22 after complete removal, which is why only part of the trapezoid is taken.
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.
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.

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Tôi đã đọc thông tin này và có cơ hội đặt câu hỏi cho bác sỉ Hirpara về thủ thuật, quá trình hồi phục dự kiến và các biến chứng được liệt kê ở trên.

BỆNH NHÂN — HỌ TÊN (VIẾT RÕ)	CHỮ KÝ	NGÀY

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