



Buckinghamshire Hand Surgeon

Andy Hacker MBBS FRCS (Tr & Orth)

Hand arthritis information sheet

What is it?

Arthritis causes the destruction and damage of the normal cartilage that covers the surface of the bones that form the finger bones. It takes 2 distinct forms:

Osteoarthritis- commonly known as 'wear and tear' it is caused by repetitive use or trauma to the joint. It leads to thinning and ultimately destruction of the smooth cartilage of the wrist joint, leaving bare bone to rub against bare bone. It's incidence increases with age and a history of injury to the wrist joint.

Rheumatoid arthritis- this differs from osteoarthritis as the destruction of the joint is caused by the patients' own body (autoimmune) The condition leads to damage to the building blocks of cartilage, tendon and other soft tissues.

What are the symptoms?

Most patients will present with symptoms of pain, stiffness, swelling and deformity within the hand and finger joints. This can lead to a reduction in hand function and an inability to carry out simple, everyday tasks and hobbies. Patients with severe disease may find they have pain at night which disturbs sleep or pain at rest. Rheumatoid arthritis can cause severe deformities of the hand which patients find distressing.

Do I need any further investigations?

YES. All patients will need x-rays of the wrists and some may require CT, MRI or ultrasound scans to help Andy plan treatment.

Patients with a new diagnosis of rheumatoid arthritis will require blood tests and a referral to a rheumatologist who will work closely with Andy to help improve your symptoms.

What is the treatment?

Unfortunately it is not yet possible to regenerate damaged cartilage in the finger joint so the mainstay of treatment for wrist arthritis is management of pain and preservation of movement. In the early stages of finger joint arthritis, simple analgesia, splinting, hand therapy and activity modification will improve your symptoms. Occasionally Andy will inject the finger joints with steroids to help reduce the inflammation in the joint.

As the arthritis worsens and is not controlled by simple measures it may become necessary to intervene with surgery.

- **1. Joint replacement**

Technology has progressed over the past 20 years and this has allowed surgeon to replace most arthritis joints in the body, including the fingers. The aim of these procedures is to reduce pain in the affected joints and help improve function. It is unlikely that the operation would improve your range of movement. There are several different types of joint replacement available and Andy will discuss this with you at your consultation.

Some finger joints are not suitable for replacement and may need to be fused (See below)

- **2. Joint Fusion**

In cases of severe arthritis with pain that has become unbearable, and that are not suitable for replacements, Andy may opt to fuse some of the finger joints in the hand. This prevents bare bone from rubbing on bare bone which causes the pain; however all movement at that joint will be lost. This is not as daunting as it first sounds as the rest of the hand and wrist joint compensate for this very well. Most patients who undergo this operation are very pleased to be pain free.

- **3. Soft tissue reconstruction**

In severe rheumatoid arthritis, patients pain and deformity may be due to damage and rupture of the important soft tissues and tendons ([Link to extensor tendon rupture page here](#)) that stabilize the hand and wrist joints. Andy may be able to repair or reconstruct these surgically to improve the function and cosmesis of the hand.

How long will it take to recover?

After the operation a temporary plaster splint will be applied to the hand and wrist. Your hand therapist will see you at 2 days for advice regarding hand movements and avoiding swelling. Andy will review you in his clinic at 2 weeks at which point the plaster be replaced with a custom made plastic splint. This will be worn for 4-6 weeks. You will receive a lot of input from your hand therapist to help you regain you function as quickly as possible

What are the potential complications?

- **Infection** - Uncommon and usually treated very successfully with antibiotics.
- **Delayed healing**- Smokers and those with diabetes are more prone to this.
- **Painful/ Tender Scars**- the vast majority of patients complain of some discomfort around the scar and thumb, this is know as pillar pain and generally resolves with time. Rigorous wound care and desensitization as directed by your hand therapist help prevent this.
- **Damage to surrounding structures**- inadvertent damage or stretching to surrounding nerves may cause some numbness around the scars, although this should improve with time.
- **Stiffness**- Operations to the hand cause stiffness; this can be minimized by working closely with your hand therapist.
- **CRPS**- An uncommon but potentially serious complication of hand surgery leading to pain, stiffness, swelling and discomfort. It is impossible to predict this problem but working closely with you hand therapist and getting your hand moving early has been proven to significantly reduce the risk of this.

When can I get back to normal activities?

The hand **MUST** be kept clean and dry for **10 days** until the sutures are removed. Depending the site and extent of your surgery you should be able to return to “**desk job**” type activities within **1-3 weeks** of the operation.

Any **manual work, heavy lifting or sporting activities** should be avoided for at least **2-8 weeks**. You may return to driving in around **1-6 weeks** depending on your surgery.

Please inform your insurance company that you have recent hand surgery to ensure that are happy for you to do so.