Mr. Jochen Fischer
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www.jf-ortho.co.uk
www.manchesterorthopaedicgroup.co.uk
www.advancedshoulderclinic.co.uk
www.orthobiologicsclinic.co.uk

Trapeziectomy

You've been listed for an operation to excise the trapezium bone from the base of your thumb, also called a trapeziectomy. You should have received most of the information during your last consultation with me. While the operation is successful for the vast majority of patients, there is a small risk of complications. As part of the consent process I will explain some common and/or significant complications to you. This list doesn't include every single complication that could possibly occur, but will focus on the important ones. While it is important that you understand the risk of complications, this shouldn't put you off having the operation, as the potential benefits of successful surgery by far outweigh the small risk of complications. Please don't hesitate to get in touch with me if you've got any further questions about this.

Infection: There is always a small risk of infection following any surgery. The risk is small. If the wound should become red/hot/swollen/painful following the operation you should see myself, your GP or a Doctor in the A&E department for advice. A short course of Antibiotics will usually eradicate the infection.

Nerve/artery damage: Nerve damage is a rare problem potentially resulting in pain, numbness and weakness. Usually this is a problem that gets better with time. Permanent damage is very rare. Damage to the major artery nearby is very rare but can result in bleeding. Rarely is further surgery required.

Ongoing pain: Excision of the trapezium bone does not always guarantee that any pain in the area will disappear. The pain may be due to wear and tear in other areas nearby. If this is a problem patients may require further investigations, but this can be a difficult problem to treat.

Scar tenderness: This can sometimes be a problem. Most patients will respond to physiotherapy.

Pain syndrome: This is a rare but potentially disabling problem. It is a poorly understood condition where patients experience pain out of proportion following surgery. In severe cases this can also cause stiffness of the fingers. While intensive Physiotherapy can help most patients to control the symptoms, very few patients can be left with severe pain and stiffness leading to long-term disability.

Likely outcomes: Most patients are much improved, but as with any surgery there is always a very small risk of a poor outcome.

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Following Surgery:

Bandages: You will have a plaster bandage incorporating your thumb and wrist. This will leave all other fingers free and will allow you to use your hand a little bit. Approximately 7-10 days following surgery you will see either myself or the hand therapist to remove the plaster bandage. This will be replaced with a soft removable support splint.

Sutures: They are absorbable. There is usually no need to formally remove the sutures.

Mobilisation: Keep your hand elevated, especially in the first couple of days when the tendency to swell up is strongest. You can mobilise as pain allows. Get your hand involved in light daily activities as soon as the pain subsides. Build up your activity levels slowly. The hand therapist will give you further exercises to help you developing normal function again in the weeks following surgery.

Pain killers: You will get some to take home from the ward. They work best when you take them early before it's really painful. Take some painkillers before you go to bed. If pain levels are high: Take painkillers regularly to keep the blood levels high. If pain levels are low: Take painkillers as and when required.

Problems following surgery: Phone the ward for advice on 01625 505416

If you would prefer to discuss this again with me prior to treatment then please contact my secretary: Tel 07935 480188, Email jfortho.secretary@gmail.com