

Osteoarthritis at the base of the thumb

What is arthritis?

Arthritis is inflammation of a joint. The common form “Osteoarthritis” is caused by use over many years, although there is a genetic pre-disposition to it.

Why is it so common in the base of the thumb?

The “first Carpo-metacarpal joint” is a saddle joint. It takes a lot of pressure in any movement when the thumb is used outside the plane of the palm.

Symptoms

People often get pain on using the thumb. It may be worse with gripping, writing, using keys, opening doors, etc. There may be swelling, or “squaring-off” of the base of the thumb. The next joint along may bend back.

How common is it?

About one third of people over the age of 50 will have this. Most can manage with modification of activities. Often people find that as they retire, their symptoms improve. It tends to go through good phases and bad phases. Unlike big weight-bearing joints in the legs, symptoms do not necessarily get worse with time.

How do we treat Arthritis at the base of the thumb?

1. **Splint** – This can work very well.
2. **Change of some equipment** – You can buy scissors that work like shears. You can get grips for keys, and levers for taps to save the twisting force through the thumb base. If you are changing your car, consider power steering. Electric pencil sharpeners and easy-grip tin openers are handy. You can get voice-activated software for computers to save writing.
3. **Cod liver oil, glucosamine and chondroitin.** These have all been shown to help many people with arthritis. Some people have side effects, so read the information in the packet. It may be cheaper to buy these at a supermarket than from a Health Food Shop.
4. **Anti-inflammatory gel** to rub in. This can be bought in a pharmacy.
5. **Steroid injection.** We can do this in the clinic. Approximately 50% of the time this helps improve a patient’s condition. It can be repeated. A small quantity of steroid and local anaesthetic is injected.

Risks of injection:

- Infection.
- Does not help the condition or reduce the pain.
- Pain during the injection.
- Damage to small nerve branches.
- Making darker skin pale.
- Temporary adjustment of insulin requirement in people with diabetes.
- Damage to joint surface.

6. **Operation = “Trapeziectomy”**

There have been many types of operation described. Each has problems. We commonly now take out a small bone (called the trapezium). This removes the joint. We sometimes fill the gap with a spare tendon, attaching it so that the thumb is kept stable. Some surgeons put a wire across which we take out in clinic later. It takes about 45 minutes. We usually use a General Anaesthetic. We usually put you in a padded plaster after the procedure. You will be reviewed in clinic, but you will be in a full plaster or splint for 5-6 weeks post-op. You may need to take a few weeks off work.

Risks:

- Infection. This usually needs antibiotics.
- Damage to the nerves (leading to numbness in the back of the hand, or a tender scar).
- Weakness. It takes months for the wrist to feel strong. It is never as strong as before the arthritis.
- Stiffness. We encourage you to move all joints after the procedure.
- “Thumb-in-palm” deformity or hyperextension of the next joint.
- Recurrence. Arthritis may progress in the remaining thumb joints.
- Scar sensitivity – We encourage patients to massage the scar as soon as the stitches are out. It may take a year to settle.
- Complex Regional Pain Syndrome. Pain and stiffness after hand surgery.

It is important to prepare for an operation to reduce the risks of complications. There is information about how to do this at: <https://www.cpoc.org.uk/patients>.

After surgery you must

- Exercise all the joints that you can. Keep moving the fingers.
- Keep your hand elevated for the first two days (to reduce swelling).
- Your hand will be weak. Avoid lifting heavy objects for a month.
- Wear the splint most of the time for the first five weeks.
- Once the stitches are out, you may massage the scar.

Post-operative regimen

We try to give you a clinic appointment within two weeks for the stitches to come out, to put the hand in a new splint or plaster and to encourage exercises. You will not be able to drive while in plaster. It may take several weeks (6-12) after surgery to regain strength in the hand.

Post-operative contacts:

Conquest DSU Mon–Fri Office hours 0300 131 4500 (ask for Richard Ticehurst ward)
Eastbourne DSU Mon-Fri 8am-6pm 0300 131 4500 (ask for Day Surgery Unit)
Eastbourne Orthopaedics outpatients matron 01323 734576

Summary

Arthritis at the base of the thumb is very common. Most people cope with it very well by modifying activities. Surgery involves removing a small bone. It is a last resort, but usually reduces pain.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, doctor or practitioner.

Reference

The following clinicians have been consulted and agreed this patient information:

Mrs Scarlett McNally	Consultant Orthopaedic Surgeon
Miss Miranda Champion	Consultant Orthopaedic Surgeon
Mr Hemant Thakral	Consultant Orthopaedic Surgeon

Next review date:

Responsible Clinician: Mrs Scarlett McNally, Consultant Orthopaedic Surgeon