



## **Thumb CMC Arthroplasty Post-operative Instructions**

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### **The Surgery**

Your thumb CMC joint surgery is an outpatient procedure that will be done in a formal operating room. After checking into our registration desk, you will be taken to a preoperative holding area where you will change into a gown, meet with your surgeon, your anesthesia staff, nurses, and other members of our team to evaluate you and prepare you for the procedure. You will then be taken to the operating room. The surgery is typically performed under a shoulder block anesthesia with additional IV sedation. It is very important that you have nothing to eat or drink after midnight the evening prior to surgery. If you regularly take medications in the mornings, you may have them with a small sip of water. You will also need to have someone else drive you home. If you are unable to meet these two needs, your surgery may have to be cancelled and rescheduled for another date.

In the operating room, the OR staff will require about 15 minutes to place you under anesthesia, then prep and drape your arm. After this, the surgery itself will take a little less than 2 hours. During the operation, incisions will be made in your wrist and forearm to remove the arthritic trapezium bone from the wrist and harvest part of a wrist flexor tendon to support the base of the thumb. I will on rare occasions also use a wire that comes out of the skin to temporarily hold the thumb in proper position while the reconstruction heals. A bulky splint is then placed on the thumb, wrist, and forearm, then you will be awoken and taken to a recovery room. Once you are comfortable and can drink clear fluids, you may go home.

### **Post-operative Protocol**

#### **The first two weeks**

During this time, you should elevate and rest your hand as much as possible. It is very important to move your fingers, even though it may cause some wrist and hand pain. Light typing or writing for no more than 10 minutes at a time is allowed, but if it causes pain you should discontinue. You may not lift anything heavier than a cup of

coffee with your surgical hand. You will have some swelling and bruising in your fingers, but as long as you can move them without severe pain, this is normal. You will be given a prescription for pain medication to take as needed.

Approximately two weeks after surgery, I will re-evaluate you in my office. At this time, the splint will be removed, and new x-rays will be taken to ensure good positioning of the thumb bones. I will check the wound and remove any non-dissolving stitches. My assistants will then place you in a cast including the thumb.

### **The 3<sup>rd</sup> and 4<sup>th</sup> weeks**

During this time, your chief goal is to regain finger motion. You should gently try to open and close your hand throughout the day. You may type and write for up to 20 minutes at a time with low speed, but you should discontinue if your pain increases. You should still avoid any significant lifting or tight grasp during this time.

You should call my office if you have progressively worsening pain that is not relieved by icing, rest, elevation, and your prescription pain medication. You should also call if you have a persistent fever of greater than 101°F or notice any drainage from the incisions.

I will see you in the office again at 4 weeks after surgery. If a pin was placed, it will be removed. A hand therapist will place you in a removable splint, and you will start moving your thumb and wrist under their guidance.

### **The 5<sup>th</sup> and 6<sup>th</sup> weeks**

You should go to therapy on a regular basis. I expect to see slow but steady improvement in thumb and wrist flexibility. You should be having less pain at this time also. You can start to soak the wrist and hand in warm water to help decrease any residual stiffness.

You can now lift up to 2 pounds with your operative hand unless I give you other instructions. You should keep your brace on any time that you are not actively doing exercises or getting the hand wet.

### **The 7<sup>th</sup> and 8<sup>th</sup> weeks**

You will continue to aggressively pursue range of motion of the wrist and hand. You may now lift up to 4 lbs (e.g. a half full gallon jug of milk) with the surgical hand if it does not cause pain. You should have a brace on any time that you are lifting, but you can come out of it when you are doing lighter activity. You can type and write as long as you are comfortable.

I will evaluate you again around 8 weeks after surgery to monitor your progress.

### **The 9<sup>th</sup> thru 12<sup>th</sup> weeks**

You should now work on strengthening your wrist and fingers. I will sometimes re-evaluate you after 12 weeks, and possibly get a final set of x-rays. If your motion and strength are returning well, you may progress your activity and return to normal use of the hand over the next month.

If you are still having stiffness, numbness or pain, I will start other treatments such as medications, therapy, or splinting as indicated. Additionally, I will personalize further follow-up visits to meet your needs.