

Thumb Carpometacarpal Arthritis (Thumb CMC Arthritis/Basal Joint Arthritis)

Thumb arthritis is one of the most commonly diagnosed problems in the hand. It is a progressive condition that is generally more prevalent as patients get older. It is much more frequent in women compared to men. However, it is not uncommon for this condition to affect men as well. The condition generally appears in patients in their 50s. However early forms of this arthritis can be present in patients in their 30s. This condition can be confused with carpal tunnel syndrome and wrist tendinitis.

Common complaints include pain at the base of the thumb, difficulty turning a key, and difficulty opening a door or a jar. It is common for people to complain of loss of strength and stamina in the hand. The pain can affect the dominant or the non-dominant extremity. The pain can be localized to the palmar base of the thumb or directly over the top of the thumb as it joins the wrist. Additionally, patients may notice a bump over the base of their thumb. This is generally due to the abnormal movement of the bones about the joint. With long-standing arthritis, this could cause an inward deformity of the thumb towards the palm. This would make opening the hand to grasp wide objects more difficult. The body's natural tendency is to compensate for this by allowing increased hyperextension of the adjacent joint in the thumb creating instability of that joint as well. The end result would impair function significantly.

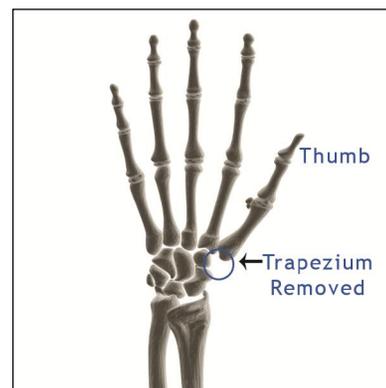
Non-operative treatments for this condition include activity modification, anti-inflammatory medications, corticosteroid injections, and hand splints. Activity modification can include rest or even adding special modifications to activities to improve pain levels. An example of this would be to increase the grip size of a golf club or tennis racquet to a wider grip to remove some stress from the thumb. Anti-inflammatory medications may be appropriate for those patients who do not have any history of stomach or intestinal problems, impaired kidney function, or take medication that thin the blood. Thumb splints can be worn at night or other times when the patient recognizes that he or she will be doing an activity that generally causes pain to the thumb. Corticosteroid injections may be quite effective in improving pain for many months, but are generally not regarded as a permanent cure.

Explanation of Procedure

Surgery for thumb CMC arthritis is generally done as an outpatient. It can be done under either a block or general anesthetic. There are many described techniques for the procedure and the most appropriate option will be presented to you by your surgeon. Most procedures have in common the removal of the bone that is rubbing on the base of the thumb creating a space so as to improve the pain.

Preparing for Surgery

Once you decide to have surgery, the physician and his staff will schedule the procedure at the local hospital or surgery center. Blood tests and other diagnostic exams are occasionally obtained to make sure the patient is safe for surgery. If you have multiple or severe medical conditions, you may see your primary care doctor prior to surgery. You are instructed to have nothing to eat after midnight the day before their surgery. Anti-inflammatory medication, such as ibuprofen and aspirin, should be stopped 7 days prior to surgery. It would be preferable to temporarily discontinue blood thinning medication, such as Coumadin or Plavix, but this should only be done under the strict direction of your physician. In addition, certain medications for rheumatoid arthritis may need to be stopped as well. Your surgeon will go over your medication list and let you know which medications will need to be stopped.



What to Expect at Surgery

Expect to arrive at the hospital or surgery center at least 1-2 hours prior to your actual surgery time. This gives the staff time to meet you, get all your paperwork in order, and make sure you are safe and ready for surgery. You will meet many different people on the day of surgery. A preoperative nurse will get you dressed and ready for surgery. The anesthesiologist will discuss the different options available to help you sleep comfortably and pain-free during the actual surgery. The circulating nurse and scrub technician assist the surgeon during the procedure. Finally, the postoperative nurse will help you recover from the anesthesia after the surgery. Depending on the type of anesthesia you receive, you may be in the postoperative care area from anywhere from a half hour to three hours after your procedure. A friend or relative will need to drive you home after you are released from the postoperative care unit. Friends or relatives waiting for you should be aware that your discharge time may be unpredictable and a longer stay in the postoperative recovery area does not necessarily mean there is a problem.

Care After Surgery

You are encouraged to move your fingers and the tips of their thumbs postoperatively beginning immediately after surgery. You will be instructed to keep the dressing clean and dry. The surgical dressing will remain in place until you see your surgeon back in the office, generally within 7-14 days after surgery. You are able to shower by placing a plastic bag over the dressing with tape or a rubber band. At your first postoperative appointment the sutures are usually removed. Either a removable splint or cast is placed. Formal therapy is usually utilized, but may not begin until the cast is removed. This procedure can be fairly painful especially in the beginning weeks immediately after surgery. However, this pain generally resolves and patient satisfaction is uniformly high.

Possible Complications and Instructions

1. Infection is usually rare for this procedure but can occur. Common signs of infection include increasing pain after surgery, increased redness around the incision, swelling, and drainage. Patients may have fever or chills as well. If you experience any of these symptoms, contact your surgeon immediately. If you are unable to see your doctor, go to the emergency room.
2. Numbness or stinging or burning pain can be present over the top of the thumb near the incision. This is most commonly caused by a stretch of the superficial sensory nerves in the region. If this occurs, it usually resolves but may take up to several weeks.
3. Despite this procedure being touted as a uniformly satisfying procedure, complete pain relief may not be achieved. Each patient is different and your surgeon will explain the nuances of your particular situation.
4. Tenderness and hypersensitivity over the scars are possible. This may be temporary or, less likely, permanent.
5. The length of time for full recovery can vary. Patient should expect at least 3 months for recovery. However, it is not uncommon for patients to continue to improve up to 12 months postoperatively.

Questions

The CORE Institute is dedicated to your outcome. If any questions or concerns arise, please call The CORE Institute at 1.866.974.2673.