After Surgery Instructions

**Basal Joint Arthritis of the Thumb**

**Instructions for Ligament Reconstruction Tendon Interposition**

**Thumb CMC Joint Arthroplasty**

This surgery is performed in a hospital operating room under general anesthesia. You will arrive at the hospital at the instructed time, and spend one night in the hospital after surgery. Pain medication is available by IV administration or by pill. IV antibiotics are also given overnight.

**1st Week**

You will go home from the hospital in a padded dressing which contains a splint. The splint immobilizes the thumb and wrist, although a small amount of thumb motion may be possible. This dressing will be worn until the first office visit after surgery.

Elevation of the thumb and wrist is very important. For most of the week, you should try to keep your hand between the ceiling and your heart, regardless of position you are in. For sleeping, the arm may be placed on a pillow over the chest, or on pillows out to your side, or you can sleep rolled up on the other side with pillows in front of you. When sitting, try to keep the hand elevated on pillows. When walking, also try to keep the hand up above the heart. We do not use slings because it is very difficult to keep the hand elevated in a sling, and it is important to keep your shoulder and elbow moving. When elevating, the elbow must not be kept in one position – it should not be kept flexed or bent the whole time.

Ice applied over the operated area may help in the first 3 to 4 days. The ice should be kept in a plastic bag or cool pack in order to keep the dressing dry. It can be used intermittently. Not all the cold gets through because of the bulk of the dressing, but some gets through.

Finger motion is good to do. Try to straighten the fingers as much as possible, and then bend them as much as the dressing allows. This should be done on a frequent, but not repetitive basis. The distance that the fingers move is what is most important.
Light lifting with the arm that has been operated on is acceptable. Pain medication should be taken as needed. In general, pain medicines are needed the first 3 to 5 days, on a gradually decreasing basis. If you are able to take anti-inflammatory medicines such as Advil, they can be used in between the pain medicines. Anti-inflammatory medicines should not be used by patients with asthma, on blood thinners, or with ulcers. They should be taken with food, and stopped if stomach problems occur.

The dressing should be kept in place, as well as clean and dry. For showering, a plastic bag can be wrapped around the dressing.

If you have problems or questions after this surgery, please call the Cedar Valley Hand Surgery office, 319-364-2697. Whenever possible, please call during normal office hours.

2nd Week

Your first visit to the office will be 6 to 10 days after surgery. The dressing will be removed and the sutures taken out. You will be placed into a cast or splint that is to be worn full-time for the next three weeks. In most instances there will be a pin in place that protects the ligament reconstruction. This pin sticks out beyond your skin, but will always be covered by the dressing. Finger motion will be easier at this point, as well as lifting and use of that extremity.

Elevation will not be as important at this point, but may still be needed at times if the arm is painful or fingers swollen. The cast or splint still needs to be kept clean and dry, with a plastic bag again used for showers. Most patients do not require pain medications at this point, although Tylenol or Advil may be needed occasionally. Finger motion exercises should still be done periodically.

5th through 7th week

At the second postoperative visit, usually 4 to 5 weeks after surgery, the pin will be removed if there is one present. This is usually a simple procedure with minimal discomfort. A removable plastic splint is used for activities for the next three weeks. This splint is made in therapy if you do not already have one. The splint will be worn at all times except for these two exceptions – the splint should be removed for showering or bathing, and the splint should be removed for range of motion exercises done 3 times a day. These exercises will be taught in therapy, but will be done at home. The exercises are done to increase motion of the fingers, thumb, wrist and forearm. Strengthening exercises are not done yet.

The splint is worn for all activities, and for sleep. More use of the operated hand and arm is possible, with the splint protecting the surgery.

The incision scars from surgery should be massaged with lotion twice a day for three to 5 minutes, during one of the periods that the splint is removed.
8th Week

During the next two months, the splint should be worn on a gradually decreasing basis. Lighter activities – such as eating and reading – are done first without the splint. It is usually not necessary to wear the splint for sleep at this point. As strength improves and discomfort decreases, more and more activities can be done without the splint. Usually, splint wear at home and for many occupations that do not involve manual labor is finished by the end of this two month period.

*Range of motion exercises* should be continued during this period. *Strengthening exercises* are added to the exercise regimen, and exercises should be done 3 to 4 times a day. These are taught and supervised by the therapist.

Scar massage to all incisions should be continued, 2 times a day for 3 to 5 minutes.

3rd month

Strengthening exercises should be continued on a home basis for at least another 4 months, and optimally for a year. Strength has been shown to gradually increase after this surgery for well over a year.

Splint wear is acceptable for very heavy activities or for periods of activity-related discomfort on an as-needed basis. Most patients are able to resume full, unprotected sports and activities without the need for a splint by three to 5 months after surgery.