**Joint Replacement in the Rheumatoid Hand**

**Risks of Surgery**

**Wound**
Parts of the wound can break down and be slow to heal (3%).

**Infection**
Any operation can be followed by redness and tenderness which may indicate infection. Do not apply antiseptics. It would be treated with antibiotics. Deep infections may not respond to antibiotics and may require removal of the implant (1%).

**Fracture**
Breakage of the implant becomes more likely with time but does not necessarily cause problems (5%).

**Bone wear**
Absorption of the bone around the implant related to loosening (3%).

**Dislocation**
The implant can slip out of position or become unstable. Again, this does not necessarily cause problems (1%).

**Synovitis**
Inflammation of the joint lining due to fragmentation of the implant (0.5%).

**Removal**
The implant is removed if significant problems are encountered (see above). They can be replaced if needed later (3%).

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**Please call the Day After your Surgery to make an Appointment at:**

**Hand Clinic**
**Vancouver General Hospital**
2775 Laurel Street
Vancouver, BC
604-875-4095

**DATE:** ________________________________

**OR:** ________________________________

*It is the patient’s responsibility to make a return appointment.*

If you would like to make a donation to benefit hand surgery research, a tax deductible donation may be made payable to the **Hand and Microsurgery Research & Education Fund**.

Please mail cheques to:

**Foundation**
**Vancouver Hospital & Health Sciences Centre**
855 West 12th Avenue
Vancouver, BC, V5Z 1M9

We thank you for your support!

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Rheumatoid arthritis damages the joints, ligaments and tendons in the hand. This causes distortion of the fingers and loss of movement in the joints.

Your operation has involved the replacement of your knuckle joint (MCPJ) with silicone implants and straightening of the fingers by realignment and/or transfer of the tendons.

Post-Operative Care

- The operation is usually performed under general anaesthetic. Local anaesthetic is often injected into the arm at the end of the operation. The fingers will remain numb for up to ten hours after surgery. As this effect wears off, it may be worth taking some painkillers. You might stay in the hospital for one night after your operation.

- You will be initially placed in a bulky splint consisting of gauze, plaster of paris and crepe bandage to rest the hand unless otherwise instructed leave dressing in place until first post-operative visit.

- The wound will be left uncovered as soon as possible. There will be some swelling and bruising. Keep dressing clean and dry.

- When the post-operative dressing is removed, it is safe to get the hand wet in a bath or shower once instructed by the doctor, nurse or hand therapist.

- Hand elevation is important to prevent swelling and stiffness of the fingers. Remember not to walk with your hand dangling, or to sit with your hand held in your lap.

- At 3-5 days post-op, you will see the hand therapist who will fit you with, and provide instructions for:
  a) a **dynamic splint** for daytime, which allows movement of the fingers while protecting the tendon repair with elastic supports. It is worn up to 9 weeks.
  b) a **static splint** for sleep, which protects and rests the hand. It is worn up to 12 weeks.

- You will be seen by a hand therapist who will instruct you on your exercise program. The program is usually along the following lines, (it may be varied according to your requirements).

  Every two hours:

  - active MCPJ flexions (bend the knuckle joints with the fingers held straight, stretching the elastic bands). Do 4 times
  - active IPJ flexions (bend the finger joints only, leaving the knuckle joints supported by the slings). Do 4 times
  - active thumb oppositions (bend the thumb over towards the base of the little finger). Do 4 times

- Specific exercises will be provided by your hand therapist and will continue for 8-10 weeks following surgery.

- Your stitches will be removed between 2-3 weeks after the operation. Following this, the scar will be some what tender and firm to touch. This can be helped by firmly massaging the area. Necessary scar management is done by your hand therapist.

- After the operation, movement in the joints averages 45 degrees, which is less than half that of a healthy joint. In general, complications are rare (overall 5%) and outcomes are satisfactory.

- The implants will not last forever and sometimes they need to be replaced. There can be a tendency for the fingers to become deviated again over the years. It is important to protect your joints from excessive forces while doing your activities.

Please call the Office or your Family Doctor if:

- the prescribed medication does not provide adequate pain relief
- the dressing/cast is too tight or uncomfortable
- numbness persists
- you have a fever