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Basal Thumb Arthritis

Thumb arthritis is very common. It occurs as the cushioning cartilage wears at the thumb joint. This will eventually lead to swelling, pain, and stiffness. Patients have trouble with tasks that involve thumb pinch, such as opening jars and turning doorknobs.

Treatment for thumb arthritis is directed towards pain control. Options include splints, medication, and surgery. Thumb splints can be rigid or soft. They should be comfortable, so make sure to try on various splints before you purchase one. Splints should be worn while sleeping at night and while using the hand for pinch activities.

Medical options for pain control include Voltaren gel, anti-inflammatory medications [such as Ibuprofen or Advil], Tylenol, or cortisone injections into the joint space. Cortisone injections may provide pain relief for 3 - 12 months. These can be repeated as needed. If pain remains despite splinting and medical therapy, surgery may be an option.

Surgery involves removing the trapezium, a bone at the base of the thumb. The remaining space and ligaments of the thumb are reconstructed with a tendon [LRTI]. Surgery is designed to reduce pain. It will not increase strength. After surgery the thumb is placed in a cast for 6 weeks. Full recovery is expected after 9 - 12 months. The thumb may continue to improve for 2 - 3 years.

After surgery patients report a 90% success rate. This means that 10% of patients do not obtain optimal pain relief. Risks of surgery include pain, stiffness, tendon injury, nerve injury [with possible numbness to the top of the thumb], hyper-extension deformity of the MCP joint, bleeding, risks of anesthesia, and recurrent arthritis at the base of the thumb. Ideally, surgery should be performed by an ASSH fellowship trained hand surgeon.

