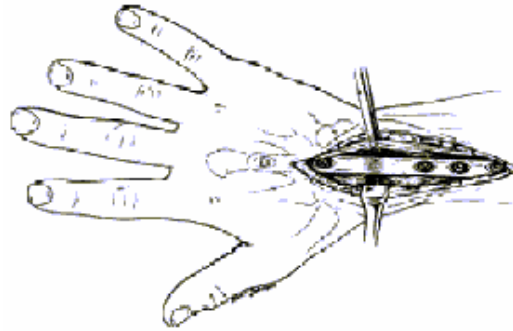

WRIST ARTHRODESIS

Wrist arthrodesis involves fusing together some of the bones (carpals and radius) in your wrist and is performed for a number of conditions that produce pain and /or instability in the wrist.



Arthritis is the most common cause of pain, stiffness and deformity in the wrist especially as we get older. About 60% of adults over 60 years old have degenerative arthritis of the wrist. Arthritis can be diagnosed by a combination of your history, physical examination of your wrist and X-rays.

CONSERVATIVE TREATMENT

Other pain reduction and stabilising measures are usually tried before surgery is considered.

- You may be able to identify certain movements or activities that cause pain and so be able to avoid them.
- Using a brace or splint on your wrist to provide support and limit movement may help.
- Anti-inflammatory medications may be prescribed.
- Cortisone injection into the wrist may provide relief for some weeks. A small dose of the drug is injected and usually has no harmful side effects.

SURGICAL TREATMENT

The main aim of the surgery is to relieve pain by limiting movement. Joint movement is not improved by surgery.

Whether a complete or partial wrist arthrodesis is performed depends on the area and extent of the problem. With a total wrist fusion wrist movement up and down is eliminated but rotation is maintained. A partial fusion will cause a markedly restricted range of movement.

The wrist is usually fused extended a little, which is a more natural position for using the hand.

During the surgery the surface of the joints is removed and the bones held in place by a metal plate that is contoured to fit over the bones. A bone graft may be used to encourage the bones to fuse.

AFTER CARE

- After the surgery your wrist will be immobilised in a half cast that covers from your fingers to just below your elbow. This remains intact, until you see your surgeon again. If the bandage feels tight it may be loosened carefully.
- Keep the bandage clean and dry. Use a securely taped plastic bag over your hand when showering.
- Keep the arm elevated as much as possible in the first week to reduce swelling and pain.

- Remove your arm from the sling a few times each day and move your elbow and shoulder or these joints will become stiff.
- An appointment will be made for you to see your surgeon 10 to 14 days after your surgery. At this time the dressing will be removed, the wound checked, and the stitches removed.
- After the stitches are removed your arm will be placed in a cast for a total of 6 weeks post surgery. You will then be referred to a physiotherapist who will make you a brace to wear.
- You should not drive a car until you are able to safely grip the steering wheel in an emergency situation

COMPLICATIONS

There are always some risks with any surgery. These include:

- The possibility of infection. This is low and antibiotics are usually given during surgery to reduce the risk even more.
- Bleeding around the wound.
- Damage to the local nerves around the operation site resulting in localised numbness
- Deep Vein Thrombosis (DVT). This risk is low unless you have had a DVT or have a family history of this. Please inform your doctor if this is the case.
- A rare but possible complication is called Reflex Sympathetic Dystrophy, the exact cause of which is not known. The symptoms include severe burning pain in the whole limb, swelling, acute sensitivity to touch, muscle spasms and sweating. These symptoms can last from 6 to 18 months and may not fully resolve.

Specific risks for this surgery are:

- Damage to the nerves supplying sensation to the hand
- Damage to the tendons in the wrist
- Bleeding in the wrist.
- Failure of the bones to fuse
- No relief of symptoms at all.

DISCLAIMER

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