



**SURGERY**

# Ulnar Collateral Ligament Repair of Thumb

## *Incision for Repair of Ulnar Collateral Ligament (in red)*



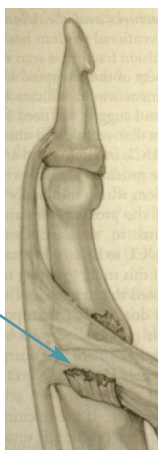
## *What does this involve?*

This operation involves repairing or re-attaching the torn strap ligament on the inner side of the thumb metacarpophalangeal joint (see 'Conditions we Treat').

## *When is surgery needed?*

This operation is needed when the ligament has been completely torn and flipped around the edge of the adductor aponeurosis. In that position it cannot heal back in the correct place. If the collateral ligament is not repaired the joint will continue to give way and feel unstable when the thumb is used. Eventually this abnormal movement will wear out the joint and it will become arthritic.

Occasionally these injuries are not appreciated early on. Repair or re-attachment of this ligament can still be done up to 6 weeks after the original injury but the damaged tissues eventually become soft and weak. In those circumstances a ligament reconstruction might be considered. This is a much bigger operation involving taking a piece of spare tendon from the wrist and using that to re-create the ulnar collateral ligament. The results of this operation are less reliable than an early repair.



Torn end of ulnar collateral ligament flipped around edge of adductor aponeurosis

If the injury has pulled off a piece of bone with the ligament surgery is less likely to be necessary. This is because the bone fragment is much more difficult to flip underneath the adductor aponeurosis and often remains in a good place to heal up.

<i>Type of Operation</i>	Day case
<i>Length of Procedure</i>	1 hour
<i>Anaesthesia</i>	Regional Anaesthetic (whole arm numb) or General Anaesthetic (asleep)



## What are the main risks of this operation?

### *Swelling, Stiffness and Scar pain*

This can be reduced by keeping the arm elevated and moving all the free joints as soon as possible. In most people the general swelling reduces dramatically in the first week after the operation.

Local swelling around the surgical site can persist for several months. Local swelling can be helped by massaging the tissues and this may also improve any irritability in the surgical scar.

Occasionally patients are troubled by more swelling and stiffness than average. In this case Complex Regional Pain Syndrome (CRPS) is sometimes the cause (see relevant information sheet in 'Conditions we Treat'). Severe CRPS occurs in less than 1% of cases.

### *Infection*

This is unusual in the hand (less than 1% of cases). Local wound infections can often be treated with oral antibiotics. Rare, deep seated infections may require re-admission to hospital, antibiotics into the vein and occasionally more surgery.

### *Nerve Damage*

The nerve most at risk with this operation is a branch of the superficial radial nerve near the wound. Damage to this branch will leave a lost patch of skin sensation on the back and side of the thumb. This might be irritating but should not affect how your hand works.

### *Failure of the repair*

This is more likely to happen if:

- The repair is undertaken more than 2 weeks after the original injury
- The rehabilitation protocol is not followed
- A further fall or injury occurs

Further surgery might be necessary if the repair completely ruptures.

## Post Operative Course

### *Day 1-14*

- A dressing and padded bandage with a plaster cast incorporated is applied after the operation
- Keep the dressings clean and dry
- Keep the arm elevated in a sling or on pillows to reduce swelling
- Start moving all the joints that are not immobilised as soon as possible to prevent stiffness
- Take painkillers before the anaesthetic wears off and as necessary thereafter

### *Two Weeks*

- An appointment will be made for a wound check and removal of stitches (if necessary)
- A light weight cast will be applied to protect the repair
- Keep moving all the joints that are not immobilised by the cast

### *Six Weeks*

- The cast will be removed
- A removable splint will be fitted, for intermittent use, and exercises demonstrated
- Scar massage should be started – 10 minutes a day with unscented hand cream – to soften and de-sensitise the scar and surrounding tissues
- Hand therapy will be arranged if you are particularly stiff
- Gradually re-introduce normal activities

### *3 Months*

- You should avoid very heavy loading or contact sports (rugby or similar) until this point in your recovery

### *Plaster Cast Information*

Contact your surgical centre if:

- Your fingers become blue, swollen or numb and tingling with a plaster cast in place
- You see any discharge, wetness or detect any unpleasant smells from around your cast
- The cast becomes cracked, soft, loose or uncomfortable.

Outside normal working hours you may need to attend your local Accident and Emergency Department for help with these issues.

### *Driving*

You may drive when you feel confident to control the car, even in an emergency.

Most patients find it is two months before they wish to consider driving again after this sort of surgery.

You should discuss it with your insurer if you are considering driving with a splint in place.

### *Time off Work*

This will vary depending on the nature of your job and the exact nature of your surgery.

Sick notes can be provided on the day of your operation, at your clinic visits and by your own GP.

*These notes are intended as a guide and some of the details may vary depending on your individual circumstance and at the discretion of your surgeon.*