



SURGERY

Ulnar Collateral Ligament Repair/Reconstruction of Thumb MCP Joint

Torn ulnar collateral ligament caught on the edge of the adductor aponeurosis after injury



What does this involve?

This operation involves repairing or reconstructing the torn strap ligament on the inner side of the thumb metacarpophalangeal joint.

When is surgery needed?

This operation is needed when the ligament has been completely torn or has not healed up properly (old injury). 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.

If the tear is diagnosed early a repair will be possible. If the tear is diagnosed later a ligament reconstruction might be a better option. Your surgeon will discuss these options with you.

<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/reconstruction

Repairs/reconstructions are more likely to fail if:

- A repair is operated on 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 in these circumstances.

Post Operative Course

Day 1 – 14

- A dressing and padded bandage with a plaster 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

10 – 14 Days

- An appointment will be made for you to see the hand therapy team
- They will check your wound and make you a removable splint and start further rehabilitation.

3 Months

- By this stage most people will have returned to most activities.
- Hand therapy will continue if needed.

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. For this surgery it can be up to two months before many people feel this confident. The Hand Therapy team will discuss this with you in more detail.

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.