



SURGERY

Proximal Row Carpectomy

What does this involve?

In this operation the first, arthritic, row of small bones in the wrist are removed. The second row of bones in the wrist are left undisturbed and these provide some wrist joint movement after the operation.

No plates, screws or staples need to be left inside your wrist after this operation but the soft tissues do need a chance to heal up.

When is surgery needed?

This operation is performed to relieve pain from the worn out part of the wrist joint but to keep movement in the parts of the wrist that are not arthritic.

Painkillers, activity modification, aids to help with certain tasks, splints (removable supports) and steroid injections into the painful joint should be tried before considering surgery. The majority of patients with wrist arthritis can manage their symptoms in this way without ever needing an operation.

Which operation is the right one for you?

There are a number of surgical alternatives to a proximal row carpectomy. The right option for you depends on what you feel about surgical risks, your functional requirements and the pattern of arthritis you have. Options include:

- Wrist denervation – this involves removing the small nerves that supply sensation to the wrist joint. In some people this can relieve pain for some time to allow you to function more effectively.

- Radial styloidectomy – in early arthritis around the scaphoid just the pointed end of the radius is arthritic. Sometimes removing just this tip of bone can relieve pain for a while.

- Partial wrist fusion – taking some bones out and fusing others together (see 'Partial Wrist Fusions')

- Total Wrist Fusion – this involves fusing all the wrist bones together but leaving the rotating joint between the radius and the ulna (see 'Total Wrist Fusion')

- Wrist Replacement – this involves fusing some of the wrist bones together and replacing others (see 'Wrist Replacement')

Your surgeon will discuss the options for your individual case with you.

Normal Wrist Xray to show bones to be removed in a Proximal Row Carpectomy



Thumb is here

Bones taken out – the scaphoid, lunate and triquetrum

Xray after the surgery



Type of Operation

Day Case

Length of Procedure

45 minutes

Anaesthesia

Regional Anaesthetic (whole arm numb) and/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 is sometimes the cause (see relevant information sheet in 'Conditions we Treat'). Severe complex regional pain syndrome occurs in less than 1% of cases.

Reduced movement in the wrist joint is expected after this operation. On average patients keep about half of the range of wrist motion that they start with.

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 major nerves to the hand should not be damaged by these operations but small skin nerves can be affected. This may lead to small patches of numbness on the back of the hand and wrist which can sometimes be permanent. This might be irritating but should not affect how your hand works.

Residual symptoms

This operation seems to be reliable at relieving pain in the arthritic joint. Studies have shown that about 80% (8 in 10) of patients are satisfied with this operation in the longer term. The wrist is not normal after this procedure however and most patients will still have some residual discomfort after this operation.

Arthritis developing in the remaining joints

It might be expected that the remaining joints in the wrist would start to wear out over time with this operation as there are fewer joints to spread any load across. Conversion to a total wrist fusion or wrist replacement is still possible if this does occur.

Post Operative Course

Day 1 - 14

- A dressing and padded bandage with a splint or plaster support 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, dressing change, removal of sutures (if needed).
- The plaster will be changed to a removable splint for support
- You will be advised on gentle wrist exercises and scar massage

Six Weeks

- A clinic review will be arranged to review your progress
- Loading of the wrist can be gradually increased from this point

Three Months

- Contact sports can be re-introduced if satisfactory progress has been made
- Exercises to stretch and strengthen the wrist should continue

1 Year

- Improvements in the range of motion can continue up to this point

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.

It is often 2 months before patients feel able to re-introduce driving after this surgery.

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

Time off Work

This will vary depending on the nature of your job.

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