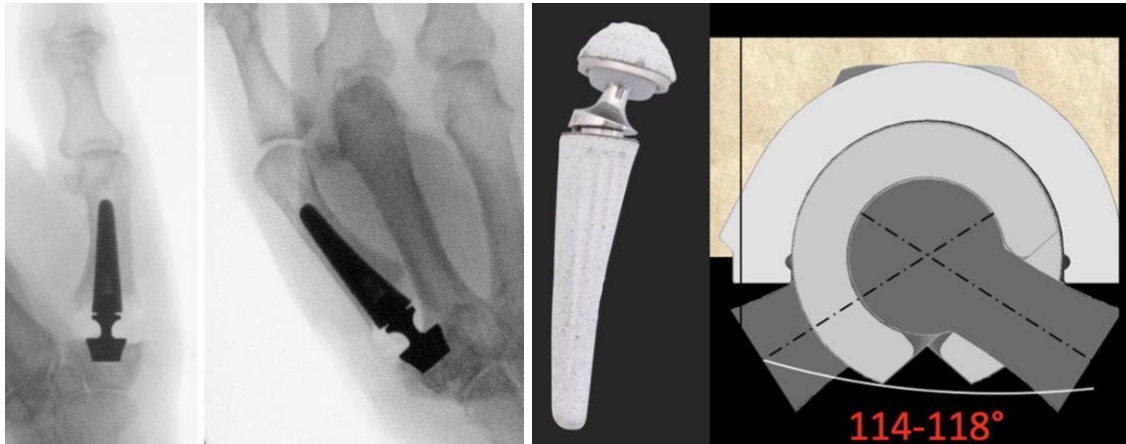


TRAPEZIOMETACARPAL JOINT PROSTHESIS (ARTHROPLASTY) for BASAL THUMB OSTEO-ARTHRITIS (RHIZARTHRITIS).





Dual Mobility, Cementless Trapeziometacarpal Prosthesis: Radiographs - Anteroposterior (AP) and Lateral View.

The purpose of the trapeziometacarpal prosthesis is to restore the length of the thumb column, thereby restoring strength. The mobility and function are close to normal.



Post-Prosthesis Thumb Column Range of motion

The procedure is usually performed under regional anesthesia (only the arm is anesthetized) or general anesthesia. The surgical approach is dorsal, centered on the trapeziometacarpal joint. The operation duration is approximately one hour.

Postoperative Care:

There is **no rigid immobilization** of the thumb after the procedure, but a bandage is applied opening the first web space (between the thumb and index finger) to allow immediate thumb movement.

A lighter, removable tape bandage is applied after the first dressing change to facilitate safe thumb mobilization, worn continuously for 15 days, then at night or when at risk for another 15 days.

Strength usage is permitted as soon as the prosthesis is osseous-integrated (**6 weeks** postoperatively).

The prosthesis is typically "mentally forgotten" on average 2 months after the procedure.

The duration of sick leave varies between 4 and 8 weeks depending on the type of occupation.

Complications:

Common Hand Surgery Complications:

Nosocomial infections, Hematoma, Sudeck's syndrome (Complex Regional Pain Syndrome), Anesthesia-related complications.

Specific Complications of Trapeziometacarpal Prosthesis:

- **Radial nerve irritation** (tingling and/or numbness on the back of the thumb)
- **Dislocation:** this risk is nearly eliminated with the use of double mobility prostheses with an enlarged head for stability.
- **Loosening** (non-integration) of the cup
- **Polyethylene wear** (late)

All combined, complications occur in approximately 2 to 3% of cases at 5 years postoperatively with a prosthesis survival rate of 90% at 15 years of follow-up.

A complication may necessitate reoperation, typically involving prosthesis removal (trapeziectomy) or component replacement (modular prosthesis).

Persistent pain should prompt a consultation to rule out any early complications.

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