



Patient Information: Proximal Interphalangeal (PIP) Silastic Joint Replacement

Introduction

This document provides information for patients undergoing a proximal interphalangeal (PIP) silastic joint replacement. The procedure is performed to relieve pain, improve function, and restore mobility in the finger joint affected by arthritis, trauma, or deformity. It also outlines the post-operative rehabilitation program to support recovery and optimize outcomes.

The Procedure

- The PIP joint (middle joint of the finger) is replaced with a silastic (silicone-based) implant.
- The implant acts as a spacer, maintaining joint alignment and allowing controlled movement.
- The goal is to reduce pain, improve finger alignment, and restore functional use of the hand.

Benefits

- Pain relief in the affected joint
- Improved finger alignment and stability
- Increased ability to perform daily activities

Risks and Considerations

- Infection
- Implant fracture or loosening
- Stiffness or reduced range of motion
- Persistent pain or swelling
- Need for revision surgery in rare cases

Post-Operative Care

- The hand will be bandaged and supported with a splint immediately after surgery.
- Elevation of the hand is important to reduce swelling.
- Pain medication and antibiotics may be prescribed.
- Stitches are usually removed 10–14 days after surgery.

Rehabilitation and Exercise Regimen

Rehabilitation is essential to achieve the best outcome. Exercises should be performed as instructed by the hand therapist or surgeon. Progression may vary depending on healing and individual needs.

Phase 1: Early Recovery (Weeks 0–1)

- **Splinting:** A protective splint will be worn continuously after the operation until you are reviewed in the wound / plaster clinic.
- **Exercises:**
 - Active movement of the unaffected fingers, wrist, and elbow to maintain circulation and prevent stiffness.

Phase 2: Controlled Motion (Weeks 1–6)

- **Splinting:** Splint may be removed in order to perform exercises which should be done every 2-3 hours. The splint may be discarded after 2 weeks but can be worn if you feel the finger needs protecting when you are outside.
- **Scar Massage:** massage the scar and apply silicone scar gel or bio oid to ensure the skin is moving over the soft tissues beneath.
- **Exercises:**
 - Active-assisted bending and straightening of the operated finger to gradually increase the amount of bend that you can achieve in the joint.
 - Tendon-gliding exercises to prevent adhesions.
 - Light functional activities such as picking up small objects.

Phase 3: Strengthening and Functional Use (Weeks 6–12)

- **Splinting:** not required
- **Exercises:**
 - Active range of motion exercises without assistance.
 - Gentle strengthening with therapy putty or soft ball.
 - Functional hand tasks such as buttoning, writing, and gradually increasing gripping.

Phase 4: Long-Term Recovery (After 12 Weeks)

- **Exercises:**
 - Continued strengthening and stretching exercises.
 - Gradual return to normal daily activities.
 - Avoid heavy lifting or forceful gripping until cleared by the surgeon.

Long-Term Expectations

- The implant is designed to improve function but may not restore full normal motion.
- Most patients achieve pain relief and improved hand use.
- Regular follow-up appointments are important to monitor implant function.

When to Seek Medical Advice

Contact the surgical team immediately if any of the following occur:

- Increasing pain, swelling, or redness around the joint
- Fever or signs of infection
- Sudden loss of movement or deformity in the finger
- Numbness or tingling in the hand

Summary

A PIP silastic joint replacement can significantly improve quality of life by reducing pain and improving hand function. Following the rehabilitation program is essential for a successful outcome. Consistent exercises, splint use, and follow-up care will help achieve the best possible recovery.



Patient Information: Proximal Interphalangeal (PIP) Silastic Joint Replacement

Introduction

This document provides information for patients undergoing a proximal interphalangeal (PIP) silastic joint replacement. The procedure is performed to relieve pain, improve function, and restore mobility in the finger joint affected by arthritis, trauma, or deformity. It also outlines the post-operative rehabilitation program to support recovery and optimize outcomes.

The Procedure

- The PIP joint (middle joint of the finger) is replaced with a silastic (silicone-based) implant.
- The implant acts as a spacer, maintaining joint alignment and allowing controlled movement.
- The goal is to reduce pain, improve finger alignment, and restore functional use of the hand.

Benefits

- Pain relief in the affected joint
- Improved finger alignment and stability
- Increased ability to perform daily activities

Risks and Considerations

- Infection
- Implant fracture or loosening
- Stiffness or reduced range of motion
- Persistent pain or swelling
- Need for revision surgery in rare cases

Post-Operative Care

- The hand will be bandaged and supported with a splint immediately after surgery.
- Elevation of the hand is important to reduce swelling.
- Pain medication and antibiotics may be prescribed.
- Stitches are usually removed 10–14 days after surgery.

Rehabilitation and Exercise Regimen

Rehabilitation is essential to achieve the best outcome. Exercises should be performed as instructed by the hand therapist or surgeon. Progression may vary depending on healing and individual needs.

Phase 1: Early Recovery (Weeks 0–1)

- **Splinting:** A protective splint will be worn continuously after the operation until you are reviewed in the wound / plaster clinic.
- **Exercises:**
 - Active movement of the unaffected fingers, wrist, and elbow to maintain circulation and prevent stiffness.

Phase 2: Controlled Motion (Weeks 1–6)

- **Splinting:** Splint may be removed in order to perform exercises which should be done every 2-3 hours. The splint may be discarded after 2 weeks but can be worn if you feel the finger needs protecting when you are outside.
- **Scar Massage:** massage the scar and apply silicone scar gel or bio oid to ensure the skin is moving over the soft tissues beneath.
- **Exercises:**
 - Active-assisted bending and straightening of the operated finger to gradually increase the amount of bend that you can achieve in the joint.
 - Tendon-gliding exercises to prevent adhesions.
 - Light functional activities such as picking up small objects.

Phase 3: Strengthening and Functional Use (Weeks 6–12)

- **Splinting:** not required
- **Exercises:**
 - Active range of motion exercises without assistance.
 - Gentle strengthening with therapy putty or soft ball.
 - Functional hand tasks such as buttoning, writing, and gradually increasing gripping.

Phase 4: Long-Term Recovery (After 12 Weeks)

- **Exercises:**
 - Continued strengthening and stretching exercises.
 - Gradual return to normal daily activities.
 - Avoid heavy lifting or forceful gripping until cleared by the surgeon.

Long-Term Expectations

- The implant is designed to improve function but may not restore full normal motion.
- Most patients achieve pain relief and improved hand use.
- Regular follow-up appointments are important to monitor implant function.

When to Seek Medical Advice

Contact the surgical team immediately if any of the following occur:

- Increasing pain, swelling, or redness around the joint
- Fever or signs of infection
- Sudden loss of movement or deformity in the finger
- Numbness or tingling in the hand

Summary

A PIP silastic joint replacement can significantly improve quality of life by reducing pain and improving hand function. Following the rehabilitation program is essential for a successful outcome. Consistent exercises, splint use, and follow-up care will help achieve the best possible recovery.

FINGER JOINT REPLACEMENT

Patient Information

Patient Information: Proximal Interphalangeal (PIP) and Metacarpophalangeal (MCP) Silastic Joint Replacement

Introduction

This document provides information for patients undergoing a proximal interphalangeal (PIP) or Metacarpophalangeal (MCP) silastic joint replacement. The procedure is performed to relieve pain, improve function, and restore mobility in the finger joint affected by arthritis, trauma, or deformity. It also outlines the post-operative rehabilitation program to support recovery and optimize outcomes.



The Procedure

- The PIP joint (middle joint of the finger) or the MCP (bottom knuckle joint) is replaced with a silastic (silicone-based) implant.
- This can be performed under local anaesthetic or general anaesthetic as the patient wishes.
- The implant acts as a spacer, maintaining joint alignment and allowing controlled movement.
- The goal is to reduce pain, improve finger alignment, and restore functional use of the hand.
- Surgery takes approximately 60-90 minutes, and you will go home with a bandage, splint and in a sling.
- There will be a scar over the back of the finger or knuckle joint with sutures in place

Benefits

- Pain relief in the affected joint
- Improved finger alignment and stability - although movement is rarely fully returned to normal.
- Increased ability to perform daily activities

Risks and Considerations

- Infection
- Implant fracture or loosening
- Stiffness or reduced range of motion
- Persistent pain or swelling
- Need for revision surgery in rare cases

Post-Operative Care

- The hand will be bandaged and supported with a splint immediately after surgery.
- Elevation of the hand is important to reduce swelling.
- Pain medication and antibiotics may be prescribed.
- Stitches are usually removed 10–14 days after surgery.

Rehabilitation and Exercise Regimen

Rehabilitation is essential to achieve the best outcome. Exercises should be performed as instructed by the hand therapist or surgeon. Progression may vary depending on healing and individual needs.

Phase 1: Early Recovery (Weeks 0–1)

- **Splinting:** A protective splint will be worn continuously after the operation until you are reviewed in the wound / plaster clinic.
- **Exercises:**
 - Active movement of the unaffected fingers, wrist, and elbow to maintain circulation and prevent stiffness.

Phase 2: Controlled Motion (Weeks 1–6)

- **Splinting:** Splint may be removed in order to perform exercises which should be done every 2-3 hours. The splint may be discarded after 2 weeks but can be worn if you feel the finger needs protecting when you are outside.
- **Scar Massage:** massage the scar and apply silicone scar gel or bio oid to ensure the skin is moving over the soft tissues beneath.
- **Exercises:**
 - Active-assisted bending and straightening of the operated finger to gradually increase the amount of bend that you can achieve in the joint.
 - Tendon-gliding exercises to prevent adhesions.
 - Light functional activities such as picking up small objects.

Phase 3: Strengthening and Functional Use (Weeks 6–12)

- **Splinting:** not required
- **Exercises:**
 - Active range of motion exercises without assistance.
 - Gentle strengthening with therapy putty or soft ball.
 - Functional hand tasks such as buttoning, writing, and gradually increasing gripping.

Phase 4: Long-Term Recovery (After 12 Weeks)

- **Exercises:**
 - Continued strengthening and stretching exercises.
 - Gradual return to normal daily activities.
 - Avoid heavy lifting or forceful gripping until cleared by the surgeon.

Long-Term Expectations

- The implant is designed to improve function but may not restore full normal motion.
- Most patients achieve pain relief and improved hand use.
- Regular follow-up appointments are important to monitor implant function.

When to Seek Medical Advice

Contact the surgical team immediately if any of the following occur:

- Increasing pain, swelling, or redness around the joint
- Fever or signs of infection
- Sudden loss of movement or deformity in the finger
- Numbness or tingling in the hand

Summary

A PIP silastic joint replacement can significantly improve quality of life by reducing pain and improving hand function. Following the rehabilitation program is essential for a successful outcome. Consistent exercises, splint use, and follow-up care will help achieve the best possible recovery.