



DISTAL POLE SCAPHOID EXCISION

Patient Information, Consent and Recovery Guide



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*This leaflet is designed to support, not replace, your conversation with Miss Edwards.
There is a list of questions you may find it useful to ask later in this leaflet.*

Written by Miss Alison Edwards, Consultant Hand Surgeon. Published: September 2026. Next review due: September 2028.

About the condition

The scaphoid is a small boat-shaped bone in the wrist, on the thumb side. Its far end — the distal pole — meets two other small wrist bones, the trapezium and the trapezoid. Together these form the **scaphotrapeziotrapezoid joint**, usually shortened to the **STT joint**.

Arthritis of this joint is common, and causes:

- Pain on the thumb side of the wrist, just below the base of the thumb
- Pain that is worse with gripping, pinching, pushing up out of a chair, or twisting a lid or a key
- Swelling and tenderness over the joint
- Sometimes a reduction in wrist movement, and weakness of grip

STT arthritis often occurs alongside arthritis at the base of the thumb, and the two can be difficult to tell apart from symptoms alone. It can also develop as a consequence of an old scaphoid fracture that never united.

Diagnosis is made from your history and examination together with X-rays, which show the narrowing and wear at the joint. Because the two conditions sit so close together, a local anaesthetic injection into one joint or the other is sometimes used to work out which is actually causing your pain, and this matters — treating the wrong joint will not help.

Your treatment options

You have a genuine choice here, and it is important you understand all of the options, including doing nothing, before deciding.

Doing nothing (watchful waiting) is a reasonable choice. STT arthritis is not dangerous and symptoms often fluctuate. The trade-off is continuing pain and the limits it places on gripping and thumb use.

Non-surgical treatment should generally be tried first: a splint supporting the wrist and thumb, activity modification, painkillers or anti-inflammatory medication, hand therapy, and a steroid injection into the joint, which can settle symptoms for a considerable time.

STT fusion (arthrodesis) joins the three bones together so the joint no longer moves. It was for many years the standard operation. It reliably removes pain from that joint, but it requires a long period in plaster while the bones unite, it reduces wrist movement, and it carries a risk of painful non-union and of arthritis developing later between the scaphoid and the radius.

Distal pole excision removes the worn end of the scaphoid altogether, so the surfaces can no longer rub. Recovery is much quicker than after fusion, and wrist movement is preserved. It is described below.

The surgery — what it involves

Through a small incision on the front of the wrist, on the thumb side, the scaphotrapezial joint is opened and the **distal quarter of the scaphoid is removed**. This leaves a space so that the worn surfaces no longer make contact. In some cases a small amount of soft tissue is placed into the space as a spacer. The ligaments and the sheath over the joint are repaired, and the skin is closed.

Some surgeons perform this operation arthroscopically, through keyhole incisions. Miss Edwards performs it **open**, through the small incision described above.

It is a **day case** procedure, carried out under general or regional anaesthetic, and takes around 45 minutes to an hour.

Benefits of surgery

In the published series of this operation:

- **Pain relief is good** — most patients were left either completely pain-free or with only occasional mild discomfort
- **Grip strength improved by around a quarter on average (García-Elias et al., 1999)**
- **Pinch strength improved by around 40% on average (García-Elias et al., 1999)**
- **Wrist movement is preserved**, with a good overall arc of bending and straightening retained
- **Recovery is much quicker than after fusion** — a couple of weeks of protection rather than months in plaster
- There is no metalwork and no risk of a non-union

Risks and possible complications

As with any surgery, there are risks:

- **Infection** at the wound
- **Injury to nerves or blood vessels** near the incision — branches of the radial nerve run close by, and injury can cause numbness or a tender spot
- **Scar tenderness** on the front of the wrist

- **A change in the alignment of the wrist bones.** Removing the end of the scaphoid allows the bone to tilt slightly, and a pattern called DISI can be seen on X-rays afterwards. In the published follow-up this was common — it appeared in around half the wrists — but it did not get worse over time (García-Elias et al., 1999), and it has not been shown to correlate with pain (Berkhout et al., 2019). The longer-term significance is not fully known.
- **Continuing or recurrent pain**, particularly if there is also arthritis at the base of the thumb that has not been addressed
- **Flexor tendon problems**, including rare reports of a tendon rupturing at the site some time after surgery
- **The need for further surgery** at a later date, including fusion
- **Complex regional pain syndrome (CRPS)** — uncommon but recognised

Everyone's circumstances are different, and something that seems minor to one person may matter a great deal to another. Please tell Miss Edwards about anything on this list — or anything else — that particularly concerns you, so your discussion covers what matters most to you personally.

Your consent

Before you have surgery, Miss Edwards wants to be sure you have been able to make a properly informed decision, in line with GMC guidance on decision making and consent. This means:

- You have the right to be as involved as you want in decisions about your care, and to be given the time and support you need to understand your options.
- The alternatives — including splinting, injection, hand therapy, STT fusion, and doing nothing — and their benefits and risks, should have been discussed with you.
- Miss Edwards will try to understand what matters to you personally, not just the clinical facts.
- You can ask questions at any point, and you are welcome to bring someone with you to appointments.
- **You can change your mind at any time** — including after signing a consent form — right up until the moment surgery begins, without needing to give a reason.
- Your discussion and decision will be recorded in your notes, and you will be asked to sign a consent form on the day of surgery.
- You have the right to seek a second opinion if you would like one.

Questions you may want to ask your surgeon

It's easy to forget questions in the moment, so you may find some of these useful:

- Are we certain the pain is coming from the STT joint rather than the base of my thumb?
- Do I also have thumb base arthritis, and if so does that need treating at the same time?
- Would excision or fusion be better in my case, and why?
- What does the change in wrist alignment afterwards mean for me in the long run?
- How much grip strength should I expect to get back?
- How long will I be off work, given what my job involves?

On the day of surgery

- The operation is a day case. The hospital will send you fasting instructions before the day — please follow these carefully.
- Take your usual medications as normal unless you've been told otherwise; do let Miss Edwards know in advance if you take blood-thinning medication.
- Remove rings and nail varnish (including false nails) from the operated hand before you arrive. You may be asked to change into a gown.
- Your hand and wrist will be cleaned with antiseptic and covered with a sterile drape before starting.
- You will have a dressing and a thumb spica splint supporting the wrist and thumb afterwards.
- Miss Edwards recommends that you arrange for somebody to drive you home on the day.

Recovery and rehabilitation

One of the main attractions of this operation over fusion is how short the protected period is: **two to three weeks, rather than months.**

The first two weeks

You will be in a thumb spica splint or dressing supporting the wrist and thumb — keep it dry. Keep your hand elevated above heart level as much as you can to limit swelling, and use a cold pack wrapped in a cloth for 10–15 minutes, 2–3 times a day. Keep your fingers, elbow and shoulder moving freely throughout. Paracetamol and ibuprofen are usually enough for pain relief.

2–6 weeks

The splint comes off at around two to three weeks and the stitches are removed. Begin gentle wrist and thumb movement — bending the wrist up and down and side to side, and touching the thumb to each fingertip — building up as comfort allows. Avoid forceful gripping and heavy lifting for now. Once the wound has healed, begin scar management: massage the scar with an unscented moisturiser, vitamin E oil or silicone gel — small circles over the scar, then strokes along and across it — for a few minutes, 2–3 times a day, and keep it out of the sun.

6–12 weeks

Move on to strengthening: therapy putty or a soft ball for grip, pinch exercises, and gradually returning to normal tasks such as opening jars and lifting. Increase the load gradually and stop short of pain. Hand therapy is often helpful at this stage, and Miss Edwards will arrange this if it would help you.

3–6 months

Grip and pinch strength continue to improve over several months, and most people reach their final result somewhere in this period. The scar continues to soften and settle.

Most people are back to desk-based work at 2–3 weeks and driving at 3–4 weeks. Manual work usually takes 6–8 weeks, depending on what your job involves.

When to seek help

Contact the clinic promptly if you notice:

- Increasing redness, swelling, warmth, discharge or fever (signs of infection) — please contact us before anyone starts you on antibiotics
- Pain that is uncontrolled by the painkillers you've been given
- New numbness, tingling or weakness in the hand or thumb
- A finger or thumb that suddenly stops bending properly
- A feeling that you are not recovering at the pace described here — we can arrange for you to see the hand therapist or Miss Edwards quickly

Summary Table: Recovery Milestones

Time after surgery	What to expect
First 2 weeks	Thumb spica splint or dressing, kept dry; hand elevated; fingers, elbow and shoulder moving
2–6 weeks	Splint off at 2–3 weeks; stitches out; gentle wrist and thumb movement; scar massage begins; desk work at 2–3 weeks
6–12 weeks	Grip and pinch strengthening; driving at 3–4 weeks; manual work at 6–8 weeks; hand therapy if needed
3–6 months	Strength continues to build; final result reached for most people; scar settles

Contact details

Mendip Hand Clinic Practice Plus Group Hospital, Old Wells Road, Shepton Mallet, Somerset BA4 4LP

Bookings: 0330 818 8981

If you think anything in this leaflet is unclear or needs updating, please tell us using the contact details above. For further background on this condition, the British Society for Surgery of the Hand also publishes patient information at bssh.ac.uk/patients.

A final note

This leaflet is general information and does not replace individual advice. Your own risks, alternatives and expected recovery should be discussed personally with Miss Edwards, in line with GMC guidance on decision making and consent.

References

García-Elias M, Lluch AL, Farreres A, Castillo F, Saffar Ph. Resection of the distal scaphoid for scaphotrapeziotrapezoid osteoarthritis. *Journal of Hand Surgery (British and European Volume)*, 1999;24(4):448–452.

Berkhout MJ, Bachour Y, Wessing D, Ritt MJ. Distal pole resection of the scaphoid for the treatment of scaphotrapeziotrapezoid osteoarthritis. *HAND*, 2019;14(2):230–235.