



THUMB BASE ARTHRITIS SURGERY

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.*

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About the condition

Thumb base arthritis — also called carpometacarpal (CMC) or trapeziometacarpal (TMC) joint arthritis — is wear of the joint at the base of the thumb, where the thumb metacarpal meets a small wrist bone called the trapezium. It is common in middle-aged and older adults, and particularly common in women. The joint allows the thumb its very wide range of movement, and it is that mobility that makes it vulnerable to wear.

Typical symptoms include:

- Pain at the base of the thumb, worse with gripping and pinching
- Difficulty with tasks such as turning keys, opening jars and lids, and writing
- Weakness of pinch and grip
- Swelling, or a prominent bump at the thumb base
- Stiffness, and in time a thumb that sits in a more fixed position

Diagnosis is made from your history and examination, supported by an X-ray. The X-ray also matters for choosing between operations, because it shows how much wear there is and — importantly — whether the joint immediately below the trapezium is also affected.

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. Thumb base arthritis is not dangerous, and many people manage well for years. Symptoms can fluctuate, and for some people the pain settles as the joint stiffens. The trade-off is that pain and loss of pinch strength may continue or worsen, and daily tasks become harder.

Non-surgical treatment should generally be tried first, and often works well: a splint to support the thumb base, activity modification, painkillers or anti-inflammatory medication, hand therapy, and corticosteroid injection into the joint. Surgery is considered when these have stopped giving enough relief.

Surgery is not one operation but several, each with its own advantages and disadvantages, and the right one depends on your X-ray, your age and activity level, how much strength you need, and what matters most to you. The two operations Miss Edwards performs most often for this are set out below.

The surgery — what it involves

Trapeziectomy, with or without a sling (ligament reconstruction and tendon interposition, LRTI)

The trapezium bone is removed, creating a space at the thumb base so that the worn surfaces can no longer rub together. In the LRTI or “sling” version, a strip of tendon is used to stabilise the thumb and fill the space, preventing the thumb metacarpal from dropping into it.

- **Advantages:** proven long-term pain relief; no implant, so nothing that can wear out or need revising for implant failure; decades of reliable results; well suited to older or less active patients.
- **Disadvantages:** recovery is slow — several weeks in a splint and a gradual build-up over months; some loss of pinch strength compared with a normal thumb; the thumb can shorten, and occasionally the base can become unstable.
- **Recovery:** light activities at around 8–12 weeks, with full strength taking 6–12 months.

Thumb base joint replacement (MAIA total joint replacement)

The worn joint surfaces are removed and replaced with an artificial joint — a metal stem in the thumb metacarpal and a socket component in the trapezium which look like a tiny hip replacement implant.

- **Advantages:** thumb length and alignment are maintained; pinch and grip strength are often better, at least initially; recovery is considerably faster than after trapeziectomy.
- **Disadvantages:** it is an implant, so it can loosen, wear or dislocate over time and may need revision surgery. Occasionally a fracture during implantation means converting to a trapeziectomy during the same operation. It needs the joint below the trapezium to be free of significant arthritis.
- **Longevity:** the longest published series of this implant found 88% still working well at 12 years (Chiche et al., 2023), and a second series found 88% at 10 years (Toffoli et al., 2024). Beyond that the long-term outcome is genuinely not yet known, and the most recent review of this type of implant concludes that follow-up is not yet long enough to draw firm conclusions about how long they last (Maling and Rooney, 2025).
- **Recovery:** splint for 2–4 weeks, exercises from about 2 weeks, light activities at 2–6 weeks, full strength and heavy tasks by around 6 weeks to 3 months.

Other procedures: neurectomy and fusion

Two further operations are occasionally used. **Neurectomy** divides the small nerve branches that carry pain signals from the joint, leaving the joint itself alone. **Fusion (arthrodesis)** joins the bones of the joint together so that they no longer move against

each other. Both are suitable for specific groups of patients and are not commonly undertaken. If either might be the right choice for you, Miss Edwards will go through it with you in detail at your consultation.

Comparing the options

Procedure	Pain relief	Motion	Strength	Recovery	Main drawback
Trapeziectomy + sling	Good	Good	Moderate	Slow	Thumb shortening, some loss of pinch
Joint replacement (MAIA)	Good	Good	Often better initially	Faster	Implant can loosen or need revision

Where there are several reasonable operations for the same problem, it usually means each has its own advantages and is best in particular circumstances. What matters is choosing the one that fits your joint, your hand and your priorities — and that your surgeon does that operation regularly and gets good results with it.

Both trapeziectomy and joint replacement are carried out under a **general anaesthetic**, or a regional block that numbs the arm. The operation takes approximately 1–1.5 hours and is normally a day case, with same-day discharge.

Benefits of surgery

- Significant reduction in pain at the thumb base — reliable across all of these operations
- Improved ability to grip, pinch and use the hand for everyday tasks
- With joint replacement, thumb length and alignment are preserved

Risks and possible complications

As with any surgery, there are risks:

Common to all of these operations

- **Infection** — around a 1–2% risk after trapeziectomy (Hoogendam et al., 2023), and well under 1% after joint replacement (Vitiello et al., 2026)
- **Nerve or blood vessel injury** — uncommon
- **Persistent pain or stiffness**
- **Complex regional pain syndrome (CRPS)** — rare but recognised
- **Scar tenderness**

Specific to trapeziectomy

- Reduced pinch strength, because the trapezium has been removed
- Thumb shortening, or the base of the thumb settling into the space (subsidence)
- Instability or collapse at the thumb base
- Persistent pain if scar tissue forms

Specific to joint replacement

- Loosening or wear of the implant over time, which may need revision surgery
- Dislocation of the implant

- Fracture during implantation, which may mean converting to a trapeziectomy during the same operation
- Tendon pain or trigger thumb — around 5%, with about 2% needing further surgery (Hoogendam et al., 2023)
- The need for further surgery at some point in the future

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 splints, injections, hand therapy, the different operations, 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 it helpful to bring some of these along:

- Which procedure would you recommend for me, and why that one rather than the others?
- What does my X-ray show, and does it rule any of the options out?
- How many of these operations do you perform, and what are your results?
- How long will I be in a splint, and how long before I can drive and get back to work?
- If I have a joint replacement, what happens if it wears out?
- What can I expect my pinch strength to be like afterwards?

On the day of surgery

- The operation is normally a day case, with same-day discharge.
- 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 will be cleaned with antiseptic and covered with a sterile drape before starting.
- You will have a bulky padded bandage on your hand and thumb afterwards, leaving your fingers and thumb tip free to move.
- Miss Edwards recommends that you arrange for somebody to drive you home on the day.

The hospital will send you fasting instructions before the day — please follow these carefully.

Recovery and rehabilitation

Recovery differs between the operations. The phases below cover **trapeziectomy and joint replacement**, noting where they differ. Speed of recovery varies from person to person; after trapeziectomy it can be a slow, gradual improvement over about six months, whereas after joint replacement it is usually rapid.

Weeks 0–2: protection and early movement

You will have a bulky bandage that leaves your fingers and the tip of your thumb free — keep it dry. Expect some bruising and swelling in the fingers or tracking down towards the wrist. Avoid forceful thumb use, gripping and lifting. Keep your hand elevated above heart level, and open and close your fist gently. Move your shoulder, elbow and fingers — including the thumb tip — ten times, 3–4 times a day, and use your hand for gentle day-to-day activities within the limits of the bandage. Simple painkillers, paracetamol and ibuprofen, taken as needed. Most people have stopped painkillers by two weeks, and some still need occasional paracetamol; you should not need anything stronger by this point.

Weeks 2–6: gentle mobilisation

The bandage comes off, the stitch is removed, and you are given a removable splint supporting the thumb. Take the splint off to do your exercises over the next two weeks, then wean yourself off it over the following 2–4 weeks, leaving it off in between if comfort allows. Avoid heavy lifting, gripping and forceful pinching.

Exercises, ten repetitions three times a day:

- Thumb opposition — touch your thumb to each fingertip
- Thumb abduction and adduction — move the thumb away from and back towards the palm
- Thumb flexion and extension — bend the tip down and straighten it (particularly after joint replacement)
- Gentle wrist bending up, down and side to side

Start light functional use — picking up paper or coins, using a keyboard, using cutlery. **After joint replacement**, driving is usually possible at around four weeks, if you feel able to control the vehicle and would not hesitate in an emergency; from four weeks you can slowly start increasing gripping and pinching. **After trapeziectomy**, this is generally slower — see below.

Once the wound has healed, begin scar management: gentle circular massage with an unscented lotion, vitamin E oil or silicone gel, 2–3 times a day; use cold to help with swelling; and pinch the skin around the scar to help it become mobile rather than stuck down.

Weeks 6–12: strengthening and function

Build strength and dexterity, increasing resistance gradually and stopping short of pain:

- Isometric thumb pinch — press the thumb against each finger, hold five seconds, ten times
- Rubber band exercises — open the fingers and thumb against the resistance of a band
- Therapy putty — squeezing and pinching
- Functional tasks — buttoning, writing, opening jars, as tolerated

Continue scar massage and silicone gel as needed, and protect the scar from sun exposure. Most people have returned to driving and light or moderate work by about six weeks; if your work involves heavier gripping it may take longer.

Weeks 12 and beyond

Progressive strengthening with putty, hand grippers or light weights, and fine motor work with small objects such as coins, buttons and beads. After joint replacement, most people are at full function within 2–4 months. After trapeziectomy, full strength typically takes 6–12 months to come — this is normal and does not mean anything has gone wrong.

Perform your exercises 2–3 times daily unless you have been told otherwise, and stop any exercise that causes sharp pain or swelling.

When to seek help

Contact the clinic promptly if you notice:

- Increasing redness, swelling, warmth, discharge or fever (signs of infection) — please contact the hospital helpline without delay, and do not let anyone start antibiotics before speaking to us
- Pain that is uncontrolled by the painkillers you’ve been given
- New numbness, weakness, or a change in your symptoms that concerns you
- 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	Joint replacement (MAIA)	Trapeziectomy and sling
0–2 weeks	Bulky bandage kept dry; fingers and thumb tip moving; hand elevated	Bulky bandage kept dry; fingers and thumb tip moving; hand elevated
2–6 weeks	Splint, weaned over 2–4 weeks; thumb and wrist exercises; scar massage;	Splint, weaned over 2–4 weeks; thumb and wrist

	driving from about 4 weeks	exercises; scar massage
6–12 weeks	Strengthening; light and moderate work; most function returning	Strengthening; driving and light work at about 6 weeks
3–6 months	Full function for most people by 2–4 months	Gradual, steady improvement; light activities from 8–12 weeks
6–12 months	—	Full strength typically achieved in this period

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

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Vitiello R, Bocchino G, Pietramala S, et al. Prosthetic joint infections in trapeziometacarpal arthroplasty: a comprehensive systematic review. *Journal of Personalized Medicine*, 2026;16(1):35.

Note: the trapeziectomy complication figures above come from a series using a Weilby sling technique.