#### Treatment

Alan Middleton Consultant Orthopaedic Surgeon North Tees Hospital 29 April 2013

# Non Surgical

- Analgesia
- NSAIDs
- Intra articular injections
- Physio / Splints

# Fingers

- Most effective for pain relief = fusion
- Problems with non union
- Function affected distal to proximal

#### Soft Tissue Procedures

- Cheilectomy
- Volar Plate Arthroplasty

## Arthroplasty

- Relies on soft tissues
- ROM usually does not improve
- Good for pain relief
- Long term promising

### Types

- Silastic not good for high demand
- Metal poly metal
- Rotating platform
- Pyrocarbon

#### Thumb Base

- Options:
  - Remove (Trapeziectomy +/- LRTI)
  - Fuse (no STT involvement, accelerates OA at adjacent joints)
  - Replace (Huge topic....)

## Trapeziectomy

- @ Gold Standard, but not brilliant
- Weakness
- Long recovery
- LRTI vs pinning vs nothing
- ST & MC/MC not addressed

#### Fusion

- Different fixation types
- Non union & reoperation up to 40%
- Younger patients where grip needed

## Arthroplasty

- Complex joint morphology & biomechanics
- Main problem is soft tissue
- Constraints do not work
- ?spacers



#### Wrist

- Wrist fusion best
- Better tolerated than believed
- Non union need meticulous preperation
- Tendon problems
- 3rd CMCJ or not?

## Wrist Arthroplasty

- Developing field
- Concepts around replicating normal movements
- 1 articulation to replace 2 .....
- Traditionally not for OA, but recent results promising



### DRUJ

- Excision
- Problem with instability & impingement
- Good for Rheumatoid



# Arthroplasty

- Hemi: consider bearing surface
- Total needs to be constrained





