CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Touch thumb arthroplasty

X-ray after a Touch thumb arthroplasty: a small dual-mobility implant resurfaces the joint between the trapezium and the thumb metacarpal — the joint that wears out in basal thumb arthritis.

At-a-glance recovery. Pooled from 19 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**3 months**	**12 months**
Patients typically resume activities of daily living within 6 weeks, with some returning to light duties as early as 2 weeks.	Return to work or leisure activities typically occurs within 3 months.	Maximum improvement in pain, range of motion, and function is typically observed within the first post-operative year.

Why this operation has been suggested

Your surgeon has likely suggested this thumb joint replacement because wear-and-tear arthritis in your thumb base has not improved enough with non-surgical treatments. This surgery is typically offered when daily activities become painful and difficult. The goal is to remove the damaged joint surfaces and replace them with a new implant to restore movement.

This procedure aims to give you low pain levels, excellent mobility, and high satisfaction. By replacing the worn joint, you can regain strength and the natural length of your thumb. Your surgeon may recommend this specific approach to ensure the new joint lasts as long as possible while you return to your normal life.

Before the operation

You will need to fast before your surgery and stop certain medications as your surgeon directs. Please arrange a ride home and bring a list of all current medicines. You may need X-rays, blood tests, or an anaesthetic review to ensure you are ready. Your surgeon will use a single cut over your thumb to perform the procedure. You must not drive while wearing the thumb splint for four to six weeks. This splint stops you from gripping the steering

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wheel safely. You can drive again only once the splint is removed and your surgeon clears you. See Driving after upper-limb surgery for more details.

On the day

You arrive at the hospital and meet your anaesthetist before going to the operating theatre. This operation is done under general anaesthetic. You will be fully asleep for the operation. Some patients may also have a regional nerve block for post-operative pain relief — the anaesthetist decides on the day based on your individual circumstances. Your surgeon makes a single conventional cut over your thumb to perform the procedure. When you wake up in recovery, you will have a splint on your hand.

You cannot drive while wearing this thumb spica splint. The splint stops you from gripping the steering wheel safely. You must wait until the splint is removed and your surgeon clears you to drive again. See our guide on driving after upper-limb surgery for more details.

What the operation involves

Your surgeon will make a single cut over the base of your thumb. This open approach gives clear access to the joint. Inside, the surgeon removes the worn-out joint surfaces that cause your pain. These damaged areas are then replaced with new metal and plastic parts to create a smooth, moving joint.

To fit the new parts, your surgeon carefully shapes the bone and presses the new cup into place. This step is done with great care to avoid breaking the bone or causing the new part to loosen. Once the new joint is secure, the cut is closed with stitches. You will likely wear a splint on your thumb for four to six weeks to protect the repair while it heals.

You cannot drive while wearing this splint because it stops you from gripping the steering wheel safely. You may only drive once the splint is removed and your surgeon clears you. For more details, see Driving after upper-limb surgery.

After the operation

You will wake up in a recovery ward where your pain is managed gently. Your thumb will be wrapped in a dressing and placed in a splint. You can move your fingers immediately, but you must keep the thumb still. You will likely go home the same day, but someone must stay with you for the first 24 hours. This splint stays on for four to six weeks. Do not drive while the splint is on because you cannot grip the wheel safely. You may drive again once your surgeon removes the splint and clears you.

Recovery

You will feel pain and swelling in your thumb and hand for the first few days. This is normal. Your surgeon will give you a splint or cast to protect the joint. You must wear this device to keep your thumb safe while it heals. Do not drive while the splint is on, as you cannot grip the wheel safely. You can only drive once the splint is removed and your surgeon clears you.

Daily life will feel different at first. You will use your other hand for most tasks like eating or writing. Your physiotherapist will teach you gentle exercises to keep your fingers moving. These movements help reduce stiffness and bring back strength. As the swelling goes down, you will notice your thumb feels more stable. You will gradually start using your hand for light activities without pain.

Your recovery journey is unique to you. Some people feel better faster, while others take more time. Your surgeon and physiotherapist will guide you through every step. They will tell you when it is safe to return to work or sports. Trust the process and listen to your body as you heal.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

You might feel a deep, throbbing pain that does not ease with simple painkillers. This could mean the implant is not sitting correctly or is loosening. If you notice this, call the clinic right away.

Sometimes the joint feels unstable or gives way when you try to use your hand. You might feel a sudden shift or a clicking sensation. Tell your surgeon immediately if this happens so they can check the stability.

In rare cases, the plastic liner inside the joint can break. You may not see this on a standard X-ray, but you might feel a new grinding or catching in your thumb. Bring this up at your next review so your surgeon can investigate further.

If the bone where the implant sits cracks during surgery, you might feel sharp pain or notice swelling that seems out of proportion. This is a serious issue that requires careful attention from your surgical team.

Your surgeon will also watch for signs that the metal parts are rubbing together too much. This can cause wear and lead to the need for another operation later. If your pain returns or changes after a period of feeling better, let them know.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing redness, or discharge from your wound. Seek emergency care for sudden severe pain, calf swelling, or shortness of breath. Contact us immediately if you lose sensation or cannot move

your thumb. Limiting heavy thumb loads helps your new joint last longer. Your surgeon will guide you on when to stop wearing your splint before driving.

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Complication rates from published literature

Pooled from 19 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Persistent symptoms	**5-10%**	Some residual thumb base pain or weakness.
Trigger thumb	**4.9-7.7%**	Volar plate irritation or tendonitis can cause triggering, requiring splinting or release.
Revision surgery	**3.1-44.7%**	Revision arthroplasty for painful subsidence or instability in approximately 0.6% of cases within 5 years, typically around 9-10 months postoperatively.
Nerve injury and numbness	**2.0-21.1%**	Small nerves supplying sensation to the thumb skin (superficial radial nerve) are commonly irritated; approximately 14% experience temporary numbness; rarely (less than 1%) painful neuromas develop.
Tendon irritation	**2.0-10.3%**	De Quervain's tendinopathy occurs in 14-21% of cases particularly with ball-and-socket implants; most cases resolve with conservative treatment.
Implant loosening or subsidence	**1.89-6.5%**	Loosening or sinking of the implant may occur over time requiring revision surgery; the implant components may wear or rarely fracture.
Heterotopic ossification	**1.5-4.3%**	Bone formation around the implant, sometimes requiring revision if symptomatic.
Bone fracture	**1.0-10.3%**	Fracture of the trapezium (1.2%) or first metacarpal may occur during or after surgery, potentially requiring additional treatment.
Dislocation	**0.6-5.2%**	Rates vary by implant type (single-mobility 4.2%, dual-mobility 0.5%); may require further surgery to reduce and stabilise or conversion to trapeziectomy.
Infection	**0.5-2.6%**	Wound infection may require washout with antibiotics; if infection persists, implant components may need removal and conversion to trapeziectomy.
Polyethylene wear	**0.5-4.6%**	Wear can lead to instability or revision; rates are generally low but present in long-term follow-ups.

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COMPLICATION	REPORTED RATE	NOTES
MCP joint hyperlaxity	**Rare**	Hyperextension of the MCP joint may develop over time.
Polyethylene liner fracture	**Rare**	Rare but difficult to diagnose on standard radiographs; requires dynamic imaging.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME

SIGNATURE

DATE

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