

Thumb Carpo-Metacarpal 1 Prosthesis – Moovis ©

Patient Information



Rhizarthrosis - Arthrosis of the thumb saddle joint

What is that ?

The thumb saddle joint, that is, the joint between the trapezium and the first metacarpal bone, is of crucial importance for the gripping function of the thumb. The fine motor movements and overall coordination of the hand depend on this mobile joint on 3 axes (frontal, sagittal and rotary). The thumb is very sensitive to overload, a force of clamp of 1kg reproduced 12 kg on the trapezoid. Too flexible ligaments and repetitive or forceful use will lead to premature wear of the saddle joint of the thumb (rhizarthrosis). The consequences are often pain and deformity.

The Trapezo-Metacarpal Prosthesis and the surgeon

The prosthesis of the joint in the saddle of the thumb imitates the mechanics of the joint. It removes the painful friction of osteoarthritis and the surgeon will sculpt the bony reliefs and restore the shape and axes of the thumb. The model chosen here is a dual mobility implant, which ensures less wear and better stability. We have been using it for 9 years and have listed 450 patients operated on to date.

Unlike trapezectomy (removal of the trapezium), the implantation of the prosthesis does not lead to a shortening of the radius of the thumb or loss of strength. On the contrary, strength and dexterity will be improved.



In which patients is this operation indicated?

The diagnosis is clinical: pain refractory to medical treatment and loss of strength. The radiograph indicates the morphological feasibility of implanting the prosthesis.

Is this surgery very painful?

No. The intervention is performed in loco-regional anesthesia and in hospital mode. The arm remains asleep between 6 and 12 hours post-operatively, wakes up slowly and the lack of control of the arm represents a risk of dislocation of the implant during this period. The intake, for 3 days, of minor analgesics (paracetamol) and / or NSAIDs is sufficient.

What are the complications that can occur?

The risks inherent in prostheses are dislocation of the implant and loosening. Radiological checks are necessary to prevent them on D10, M1, M3 and 1 year. Then every 3 years. Other operating information is listed in the appendix.

Should the prosthesis be changed?

The polyethylene wears out and the current lifespan is between 10 and 15 years (change at 10 years).



When can I resume my activities?

The day after the operation, free fingers can be used in everyday life (clothing, toiletries, food). The plaster is changed on D2 and removed on D10. A cycling type glove is offered from D10 to D28 and must be removed for washing, meals and at rest, but kept overnight. There is no physiotherapy. The strength recovers around the 4th week and increases until the 12th.

You can travel as soon as the RX control and the removal of the plaster from J10. Depending on the security gantries, the prosthesis can be detected and we advise you to keep a photo of your implant on you



Patients infos



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Patient ID Card – Prosthesis - Moovis ©

Double mobility CMC 1 Prosthesis – Moovis ©

The owner of this card has internal fixing hardware by hand in chrome -cobalt. This implant can activate a metal detection device.

Patient name: _____

Implantation date: _____

Site of implantation: left thumb right thumb

Series number: _____

Trapezial cup : _____

Metacarpal stem: S neck: S
 M M
 L L

Agenda

Exams to do

Notes

Anesthesist

ECG

Date: _____

Time: _____

Lab

xray

Surgical procedure

Clinic admission's date:

Time: _____

First post-op Apointment

Date: _____

Time: _____

cast

2^e rendez-vous de suivi – J10

Date: _____

Time: _____

xray

stiches

3^e follow-up + X-ray M1

4^e follow-up + X-ray M3

5^e follow-up + X-ray Year 1

Date: _____

Time: _____

Treatment Programme



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