

Orthopaedic Connection

Why Does My Thumb Hurt?

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Transforming patient information into patient understanding.

At the end of last week's article I touched on arthritis of the thumb being a frequent condition I see in the office.

The diagnosis is often delayed even if the patient has gone to the doctor. There is a common saying in medicine that states "If you don't think of the diagnosis you will never make it". What this means is that the doctor has to consider all the possibilities when attempting to make a diagnosis. The problem with hand conditions is that there are so many possibilities to consider. Some get overlooked which is understandable.

Thumb Arthritis

I mentioned last time that the pain is deep and aching and is located at the base of the thumb. It is increased by gripping and other hand activities. I take a careful history and then examine the hand completely. Then I do a plain x-ray study of the hand in 3 views. If the patient has arthritis of the base of the thumb I don't need anything else to diagnose it. I have also been able to consider and exclude a number of other hand problems, notably carpal tunnel. It is always good though to consider that patients can sometimes have two conditions at the same time.

Treatment

Conservative treatment is always attempted first. This consists of medication, injections, splinting and occupational therapy.

If the condition has been present for some time or if it is severe, surgery may be the only hope of improvement.

Surgery

Thumb arthritis is caused by the joint at the base of the thumb wearing out and bones rub together. It is painful and the joint needs some major treatment. This is an interesting story. There are a whole bunch of operations that have been tried to treat this in the past. There is no use in telling you a lot of things you don't care about. I will tell you what has worked the best for me.

Part of the bone is removed from each side of the thumb joint through a small incision on the upper side of the thumb. In this space between the bones of less than a quarter of an inch, a pad of tendon tissue is inserted as a spacer. I use tendon tissue from the Michigan Tissue Bank. This pad of new tissue stays in the space between the bones and functions as a spacer, not allowing the bones to rub together anymore.

The relief is dramatic in most patients.

Surgery is done with a general anesthetic and some but not all patients can go home the same day. The thumb is in a splint or cast for four weeks after which gradual use of the hand is allowed out of the splint. It may take two or three months for strength to return to the hand.

It is a technical operation in a very small space. But then again, I guess most hand surgery is that. Some of my most grateful patients have had this surgery. The thumb is considered 50% of our hand function and if it is not working right you have a big problem. Restoring someone's use of the hand is gratifying.

The Message

Don't put up with hand pain, stiffness and weakness that you think there is no hope for.
There is always help, but you must have the correct diagnosis. After that it becomes fairly easy.

Gratiot County Herald Archive and Office Website

I sincerely hope all of our loyal readers will take advantage of an endless amount of musculoskeletal information. It is easy! Log onto www.orthopodsurgeon.com.

It gives access to all Website articles, Your Orthopaedic Connection and every GCH article from most recent to the first. Full text! It covers everything I do in the office and hospital.

Good Health. Good life. All the best to you.

Dr. Haverbush