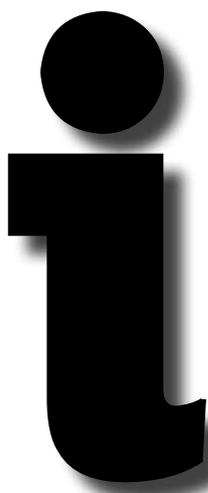


Arthrodesis (page 1 of 3)



Arthrodesis is an operation to join and permanently fuse 2 bones. Commonly these bones are in the hand. This is done to relieve pain in a joint which cannot be managed by pain medication, splints or other usual treatments. The typical causes of such pain are fractures which disrupt the joint and arthritis.

In this operation a bone graft is taken from another area of the body, usually the hip bone (iliac crest), but can be from other larger neighbouring bones. This bone is then placed in to the area needing fusion. Because the bone comes from the patient's own body it can provide bony structure and also encourage new bone growth to help with fusion between the two bone ends.

Fusion is also sometimes carried out without using a bone graft. Screws, plates and wires are usually used to achieve this.

The procedure prevents any movement in the joint.

What are the complications of the operation?

Scarring

There will be a scar both where the joint has been fused and also where we have taken the bone. These scars will remain red and raised for up to a year and then should fade to a fine white line. When the wounds have healed we advise you to massage the scars twice a day to prevent scar tissue forming and to prevent the scar joining nearby tissues. It will also help to keep them supple.

Infection and wound breakdown

Infection is very rare with this surgery. The dressings are not changed often which gives the body lots of time to heal. If infection occurs you will notice pain and soreness at the site of the wound. If you are worried that your wounds may be infected please contact us. You may be asked to come to the outpatient department and be given oral antibiotics or sometimes you may be readmitted to hospital for treatment.

Swelling and bruising

You will have some swelling in the fused area after the surgery. You will be given anti-inflammatory medication and you will be encouraged to keep the limb elevated for at least a week after surgery. You may also have swelling and bruising at the donor site, especially if the hip bone has been used.

If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customercare@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

Mal- and non-union of bone ends

Occasionally after fusion the bones may be out of line, giving a misshapen result. Sometimes fusion may fail and the bone ends may not fuse. Further surgery is then needed. Your consultant will discuss this with you.

Pain

There will be some pain after your surgery, but you will be given pain killers while in hospital and will also be given some to take home with you. Please follow the instructions on the packet.

Getting back to normal after your operation

You will not be able to use your hand normally for at least 6 weeks while the bone is healing and you may still have weakness in the joint for weeks after this.

Deep vein thrombosis (venous thromboembolism or VTE)

This is caused by a clot forming in the leg veins. You will be encouraged to be up and about as soon as possible after surgery. This is a very serious complication and if a clot 'breaks away' it can travel to the lungs and cause a pulmonary embolism which can be fatal. Please read the leaflet 'Help us to stop the clot'.

Pre-operative assessment

Before your operation you will be asked to attend for a preoperative assessment appointment where a nurse will explain your operation to you and answer any questions you may have. A detailed medical history will be taken and various tests performed (appropriate to your age and medical history).

- Blood test
- ECG
- MRSA screen
- X-ray.

On the day of the operation

On the day of your operation you will be admitted to the Surgical Admissions Lounge. You will see the anaesthetist who will discuss your anaesthetic with you and also the doctor who will answer any questions you may have and ask you to sign a consent form for the operation. You will then be taken to the operating theatre.

After the operation

When your operation is over you will be taken to the ward. Your hand will be raised in a sling. You will be allowed to eat and drink as soon as you feel able.

Dressings

The dressing to the fused area will be bulky and may also include a rigid plaster cast to protect the bone as it heals. The donor area will be covered in a waterproof dressing to allow you to shower.

Discharge from hospital

When you are discharged you will be given an appointment to be seen in the Plastics Outpatient Department one week after your operation. Here your dressings will be removed and a lighter one put on if necessary. You will also see a physiotherapist.

Physiotherapy

You will see the physiotherapist on the day of your discharge and then again at your outpatient appointment. You will be shown exercises which will help your hand get back to normal. Your hand will be stiff at first. You may see the physiotherapist again if they think it is necessary.

Is there anything I should not do after the operation

You must be very careful with the hand for at least 6 weeks. Treat it gently and do not lift anything heavy (such as a full kettle) or push/pull anything heavy.

Driving

You will have a bulky dressing on your wound for some weeks and you would find it difficult to be in control of the car. You would not be covered by your insurance while you have the dressing on your joint and you should not drive until the dressing has been removed. It is the responsibility of the driver to ensure that he/she is in control of the vehicle at all times and to be able to demonstrate that is so, if stopped by the police. You should check your insurance policy before returning to driving after surgery.

Plastic Outpatient Department
01722 336262 ext 3254

Plastics and Burns Unit
01722 336262 ext 3507