Ulnar collateral ligament injury (skier’s thumb)

This leaflet offers more information for patients with an ulnar collateral ligament injury, also known as skier’s thumb. If you have any further questions or concerns, please speak to the staff member in charge of your care.

What is an ulnar collateral ligament injury?
A ligament is a type of fibrous tissue that connects bones to other bones. The ulnar collateral ligament (UCL) is a strong ligament on the inside of the base of the thumb at the metacarpophalangeal joint (MCPJ, see diagram). The UCL forms part of the supportive structure that stops the joint from dislocating. The UCL also acts as a support for the thumb when pinching or gripping.

The UCL can be injured due to trauma and can be completely torn, partially torn or sprained. Types of trauma might include falling onto an outstretched thumb, or if the thumb is pulled away from the hand. Falling while holding a skiing pole is another common cause of UCL injury, which is why it is sometimes known as a skier’s thumb. Occasionally, there is no trauma and the UCL is torn by chronic stretching of the ligament. People with a chronic tear usually notice loss of strength when pinching or gripping with the thumb.

How is a UCL injury diagnosed?
The thumb will usually be painful, swollen and bruised on the inside of the MCPJ. Activities that put force through the UCL, such as pinching a key between the thumb and index finger and turning a key in a lock, can cause pain.

If an injury is suspected, the doctor or nurse practitioner will need to examine the UCL to see whether the ligament is partially or completely torn, and to assess the stability of the joint. This is done by holding the thumb and applying sideways movement at the joint. This can be painful following an injury, so a local anaesthetic is sometimes used numb the thumb for the examination.

An x-ray will be taken to show any injury to the bone, such as an avulsion fracture (where the force of the injury causes a break at the point where the UCL connects to the bone).

How is a UCL injury treated?

Conservative management
A sprain or partial tear of the UCL can be managed conservatively (without surgery). A splint (rigid support to stop the thumb from moving) is made by the hand therapy team to protect the ligament for up to six weeks. Exercises for the tip of the thumb and other fingers are taught to prevent stiffness. After the six weeks of splinting, the MCPJ will be stiff, and the hand therapy team will give you a further programme of exercises to get the thumb moving again. It can take several months for full movement and strength to return.

Surgical management
If the ligament is completely torn, an operation to repair the damage will be performed. This will be a day case procedure under either general anaesthetic (meaning that you will be asleep for
the operation) or a regional anaesthetic (meaning that your arm will be put to sleep). A small incision (surgical cut) is made in the skin overlying the UCL and the ligament is repaired with fine sutures. If there is an avulsion fracture, this may be repaired with a small screw during the operation. Following surgery, a period of splinting and exercise management will be required.

There are some risks associated with surgery:

- **Infection** – This is rare and can be treated with antibiotics if necessary. After an operation you should monitor for signs of infection, such as swelling, increasing pain, pus or a raised temperature.
- **Scarring** – The incision at the base of the thumb will cause some scarring. The scar will take up to a year to mature. In some cases it can become thickened, red and painful (keloid or hypertrophic scar). The scar may be tender for six to eight weeks, however it is not often troublesome in the long term.
- **Pain** – It is common to have pain in the thumb for a few days following surgery. Your surgeon or nurse practitioner may prescribe some painkillers for you, if needed. Alternatively you can buy simple painkillers over the counter.
- **Swelling** – Swelling is normal after an operation and may take many months to settle. You will be given a sling to wear for the first five days to help with this.
- **Stiffness** – Following surgery and the use of the splint, the thumb will be stiff. You will be seen by the hand therapy team, who will help you overcome the stiffness.

Very rarely, people are sensitive to hand surgery and the hand may experience pain, swelling and long-term stiffness following the operation. This problem cannot be predicted but will be monitored afterwards and can be treated with medication and hand therapy.

**What can I expect from my recovery?**

Most patients can return to work within two weeks, providing their work involves only light duties. Heavy manual work should be avoided for six to 12 weeks, depending on the nature of your UCL injury. A fitness to work certificate can be provided by your surgeon.

Driving should be avoided for six weeks. You should speak to your surgeon, nurse practitioner or hand therapist and inform your insurance company and the DVLA before returning to driving.

Following treatment, your thumb should regain movement and strength. Occasionally, the thumb does not return to 100% function and can be weaker than before the injury. Very rarely, there may be long-term instability of the joint and further surgery might be recommended. Your surgeon will discuss this with you if necessary.

**Who can I contact for further information?**

If you have any questions or concerns, please discuss them with your surgeon, nurse practitioner or hand therapist at your clinic appointment. Alternatively, you can contact the hand unit on 020 8725 4770 (Monday to Friday, 8.30am to 5pm).

For urgent advice outside of these hours, please contact the on call plastic surgeon by calling the switchboard on 020 8672 1255 and asking for bleep number 7050.

**Additional services**

**Patient Advice and Liaison Service (PALS)**

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9am and 5pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

**Tel:** 020 8725 2453  **Email:** pals@stgeorges.nhs.uk

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