

Metacarpal Phalangeal (MCP) Joint Replacement Programme

Static splinting programme

This leaflet gives information about your MCP joint replacement surgery and the rehabilitation process following the operation. It is very important that you follow the advice of your surgeon and hand therapist to ensure that you do not damage your joints and that you achieve a good range of movement. If you have any questions or concerns, please speak to a member of the team involved in your care.

What is joint replacement surgery?

Joint replacement (also called arthroplasty) is used in the hand for many different reasons. This surgery can help to reduce pain, correct deformities and provide increased movement and function.

Metacarpal phalangeal (MCP) joint replacement refers to the replacement of joints between the metacarpal bones (which form the base of the hands) and the phalanges (the bones in the fingers). No joint replacement is ever going to be as effective as an original healthy joint, however with good surgery and hard work after your operation, you can achieve a good result.

You will need to consider that the disease process of osteoarthritis / rheumatoid arthritis continues, even with your new joints, so it is essential to protect your joint replacements as much as possible.

What happens during surgery?

When the joint is replaced, the bone is smoothed back and a hole is drilled down the centre of each of the bones.

An implant is inserted and used to provide a space between each bone, which creates a new joint surface (Figure A).

The hand therapy process

A new joint takes around 12 weeks to fully heal. Within this time, you must try to achieve the maximum amount of movement possible, especially in bending. Your hand therapist will monitor your treatment and adapt your rehabilitation programme according to your needs.

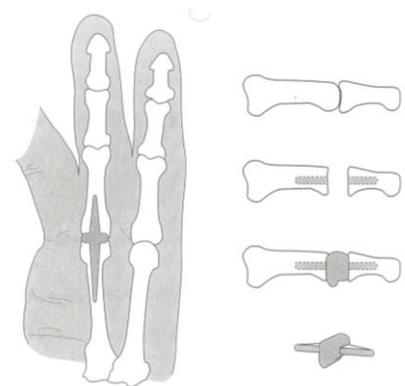


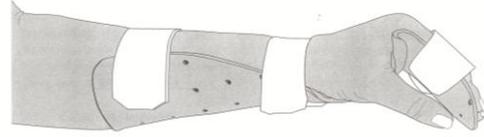
Figure A

The hand therapy process

Weeks one to four:

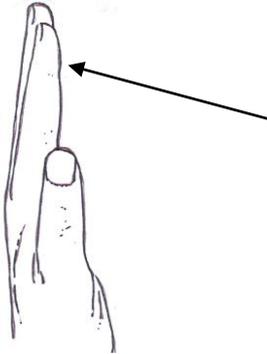
In the first week after your surgery, you will be provided with a resting splint. The splint will hold the joints in a safe position. The splint should be worn continuously for protection, and you will need to remove your splint to complete your exercises, as directed by your therapist.

Your hand therapist will see you weekly at this stage to alter your splint as your swelling decreases and your movement improves with your exercises.

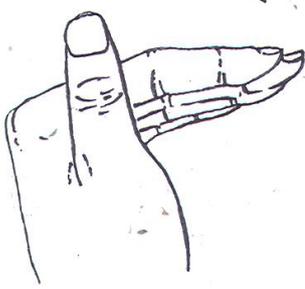


At this stage, you must not use your hand for any activities other than the exercises recommended by your therapist, as this may cause damage to your new joints.

Exercises for weeks one to four:



1. Using your other hand, gently push your fingers straight and try to use your



muscles to keep them there.

3. Gently bend and straighten your main knuckles while keeping your smaller finger joints straight.



2. Gently bend and straight your fingers while keeping your knuckles straight,

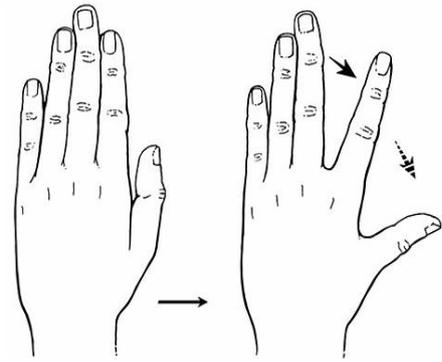


i.e. make a 'hook' with your fingertips using the muscles in your affected hand.

4. Try to get your fingers into a palm to make a fist. You will not be able to make a full fist straight away after surgery; this may take up to four weeks to achieve following your operation.



5. Resting your palm on a flat surface, slide your thumb away from your palm. Walk your fingers one at a time **towards** your thumb. **DO NOT walk your fingers towards your little finger at any time.**



6. Gently bend your wrist backwards and forwards.

How often should I do my exercises?

Please complete each exercise _____ times and hold for _____ seconds each time. Repeat _____ times per day.

General Instructions:

After your surgery please ensure that you:

- Try to keep your arm elevated where possible to minimise your swelling.
- Wear your splints at night and when resting your hand during the day between exercises.
- Alternate your splints every 12-24 hours as instructed by your therapist.
- Move your elbow and shoulder regularly to minimise stiffness.
- Complete any scar massage as directed by your therapist.

Please ensure that you **do not**:

- Try to use your hand for any activities until you are advised to do so by your therapist.
- Walk your fingers towards your little finger at any time during your exercise OR exercise with your fingers drifting towards your little finger.
- Drive – until instructed to do so by your therapist.

Contact us

If you have any questions about your recovery, please feel free to discuss them with your therapist at your next appointment. For more urgent queries the team can be contacted on contact **treatment enquiries** phone number listed below.

Your therapist's name is _____

Treatment enquiries: 020 8725 1038

Appointments: 020 8725 0007

Or scan here



For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

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 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer). **Tel:** 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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