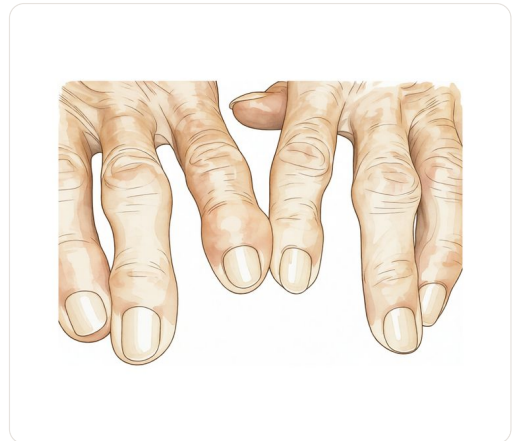


PATIENT INFORMATION

Osteoarthritis

Osteoarthritis often shows as firm, bony swellings of the finger joints — Heberden's nodes at the fingertips and Bouchard's nodes at the middle joints.

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What you're feeling

Osteoarthritis usually creeps up slowly. A joint starts to ache, most often with use and by the end of the day, and eases when you rest. Many people notice a short spell of stiffness first thing in the morning that loosens off within about half an hour, or stiffness after sitting still for a while.

In the upper limb it tends to settle in a few familiar places: the base of the thumb (where it meets the wrist), the end joints of the fingers near the nails, the middle finger joints, the wrist, the small joint at the top of the shoulder (the AC joint), and the shoulder or elbow themselves. You may feel a grating or clicking as the joint moves, see bony knobbly swellings building up around the finger joints, and find the joint doesn't bend or straighten quite as far as it used to. Grip can weaken, and fiddly tasks (turning a key, opening a jar, doing up buttons) become harder. From time to time a joint can **flare**, becoming more painful, swollen and warm for days or weeks before settling again.

What's actually happening

Inside a healthy joint, the ends of the bones are capped with **cartilage**, a smooth, slippery layer that lets them glide over each other almost without friction. In osteoarthritis that cartilage gradually thins and roughens, so the glide is lost and movement becomes stiff and sore.

The bone underneath then reacts to the extra load. It can thicken, and the body lays down small **bony spurs (osteophytes)** at the edges of the joint; these are the knobbly lumps you can feel around the finger joints (often called **Heberden's nodes** at the end joints and **Bouchard's nodes** at the middle ones). The joint lining can become inflamed in spells, which is what a flare feels like.

It helps to know that osteoarthritis is **not simply your joints "wearing out" from use**. It's better understood as the joint's own repair process not quite keeping up, and it's driven by a mix of things you can't change: getting older, your genes and family history, and old injuries (a fracture or dislocation years ago counts),

alongside how much load a joint carries. Staying active does not wear joints out; in fact, movement helps keep them healthy.

What we can do about it

Most people with osteoarthritis are managed well without an operation. The aim is to keep the joint moving, settle the pain, and protect your function, and there's a clear ladder of options.

Keep moving and stay strong. Gentle, regular movement and exercises that build the muscles around a joint are among the most effective treatments. A hand therapist or physiotherapist can give you a tailored programme and show you how to keep range of movement.

Protect and pace. Small changes make a real difference: spreading heavier tasks through the day, using both hands or larger grips, padded handles and jar openers, and splints (particularly a thumb-base splint) to rest and support a sore joint. Where weight is putting load through a joint, losing a little can ease the strain.

Simple pain relief. Paracetamol, and especially anti-inflammatory gels or creams rubbed over the joint, often help, with anti-inflammatory tablets used in shorter courses when needed. Your doctor will weigh these up against your other health.

Injections. A **corticosteroid injection** into a troublesome joint can calm a flare and buy months of relief, which is useful for getting on top of a bad patch.

Surgery is held in reserve for a severe joint that stays painful and limiting despite all of the above. Depending on the joint, that might mean replacing it or fusing it (stiffening it solid to take the pain away). These are good operations when the time is right, but they're the last rung, not the first.

What to expect

Osteoarthritis is a manageable condition, not a steady slide downhill. For most people it grumbles along with good spells and occasional flares, and the day-to-day picture stays stable for years. Plenty of people keep doing the things they enjoy with the help of exercise, the odd splint, and simple pain relief.

The bony lumps around the finger joints tend to be permanent once they form, but the pain from them often quietens down over time even though the knobbly shape remains. Where a single joint (commonly the thumb base or the AC joint at the shoulder) does become the sticking point, targeted treatment such as an injection or, eventually, surgery can sort that joint out specifically. The overall message is a reassuring one: this is something we can help you live well with.

When to see someone

- **Joint pain that's limiting what you can do** day to day, or that isn't settling with simple measures: it's worth getting it assessed and a plan put in place.

- A **single joint that becomes hot, red and very swollen quite quickly**: an osteoarthritis flare can look this way, but so can an infection or gout, so a rapidly inflamed joint should be checked promptly.
- **Weakness, numbness or pins and needles** in the hand or fingers, or pain that starts waking you at night.
- **Locking, giving way, or a sudden loss of movement** in a joint.
- When osteoarthritis in one joint (often the base of the thumb) is the main thing holding you back, so we can look at splinting, injection or surgical options for that joint specifically.