

INFORMATION & CONSENT

PIP Joint Replacement

The PIP joint is the middle of the three finger joints. A replacement resurfaces the joint with an implant rather than fusing it solid.

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At-a-glance recovery. Pooled from 80 published studies — your own pace will vary.

LIGHT DUTIES	MOST EVERYDAY ACTIVITIES	FINAL OUTCOME PLATEAU
desk work, driving, daily tasks	manual work, sport, gym	pain and strength
8 weeks	12 months	12 months
Patients typically return to work after a median of 8 weeks following PIP arthroplasty.	A controlled motion rehabilitation program guides occupational therapy over a twelve-week postoperative timeline to achieve optimal motion.	Patient-reported outcomes and pain reduction are evaluated at 12 months, with some patients experiencing residual minor pain for up to 3 months.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a history, examine your hand, and arrange imaging if it is needed. That tells us what is wrong with the joint.

This operation replaces the middle joint of a finger with an artificial implant. It is usually offered to people with wear-and-tear arthritis or arthritis after an injury, most often in older, less active patients. The aim is to keep the joint moving and to avoid fusing it, which means joining the bones together permanently.

We usually try non-operative care first for long-standing arthritis. That can mean changing how you use your hand, hand therapy, or splinting. If those have not given enough improvement, we then discuss surgery with you. The main goals are pain relief and a joint you can use.

Before the operation

To plan your operation we take X-rays of your finger, and sometimes an MRI or ultrasound scan as well. These pictures show the worn joint and help us choose the right implant.

In the weeks before surgery, prepare a few practical things. Stop eating and drinking for seven hours before your operation. We ask for seven hours rather than six so your time can be brought forward if the theatre list runs early. Your surgeon will tell you which of your regular medicines to stop and when. Bring a written list of everything you take. Arrange for someone to drive you home afterwards, as you will not be able to drive yourself. Wear loose, comfortable clothing with sleeves that slide easily over your hand.

If you have other medical conditions, you may need blood tests or a review with the anaesthetist (the doctor who gives the anaesthetic). Most people do not need either.

On the day

You arrive at the hospital's surgical admissions unit. Staff check you in and prepare you for theatre. You then meet the anaesthetist. This operation is done under general anaesthetic. You will be fully asleep for the operation. Some patients may also have a regional nerve block for post-operative pain relief; the anaesthetist decides on the day based on your individual circumstances.

Next you are taken into the operating theatre, where the operation is performed. When it is finished, you wake up in the recovery area. Nurses watch over you there while the anaesthetic wears off. Once you are stable, you either move to a ward or go home the same day. Which of these happens depends on the procedure and on how your recovery is going.

What the operation involves

Dr Hirpara performs this operation through a single cut on the palm side of your finger, over the sore joint itself. Opening the joint from this side keeps the tendon that straightens your finger undisturbed, which helps you start moving soon after surgery.

Once the joint is open, your surgeon takes out the worn and damaged joint surfaces. These are replaced with an artificial implant that forms a new, smooth surface between the two finger bones. The implant is designed to let the joint bend and straighten while easing the pain that the rough, worn surfaces were causing.

The wound is then closed with stitches, and a dressing is placed over the top. You will go home with that dressing in place, and we will review the wound with you when it comes off after about 10 days.

After the operation

Most patients stay one night in hospital after this operation, though some are able to go home the same day. You wake up in the recovery area, then move to the ward. Nurses check on you regularly and give you pain relief as needed. Your finger will be in a dressing, and we leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you. You can get up and move around as soon as you feel able, and the nurses will help you. Please have someone stay with you for the first 24 hours after you get home.

Recovery

For the first few days your finger will be sore and swollen. This settles gradually. Keeping your hand raised on a pillow, even while you sit or sleep, helps bring the swelling down. Simple pain relief as directed by your team will ease the discomfort.

Your dressing stays on for about 10 days, and we will check the wound when we see you. After that, your recovery is guided by hand therapy with Ruby Doolan at Extend Rehabilitation. Ruby is a hand therapist: she directs your exercises and makes any splint your finger needs. You will do gentle bending and straightening movements at home, little and often. The aim is to protect the healing tendon while the joint slowly regains its motion, so follow the plan she gives you rather than pushing through pain.

Day to day, you will use your other hand for most tasks at first. You can get dressed, prepare simple meals and move around the house as soon as you feel able. You will not drive while your finger is in a splint if it stops you gripping the wheel safely. Once the splint comes off and your surgeon clears you, driving can resume; see our page on [driving after upper-limb surgery](#).

As the swelling settles and movement returns, you will notice the joint bending further and doing more for you. Milestones are anchored on events like these, not on dates.

Everyone heals at their own pace, so your timeline may differ. Your surgeon and your hand therapist will guide you along the way.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Sometimes the implant itself causes trouble. It can loosen, or a small crack can appear in the bone around it. You might notice new pain in the joint, a feeling that the finger is less steady than before, or a clicking or grinding sensation when you move it. The lining of the joint can also become irritated and swollen. If the joint starts to drift out of line again, or the finger will not bend or straighten as far as it used to, bring it up at your next review. These changes are worth checking even when they are painless.

The implant can break. With a silicone implant (a soft, flexible spacer), a broken implant often causes pain that returns after a period of improvement. If your finger becomes painful again, or movement stays restricted with or without pain, tell us. Sometimes the finger develops a sideways lean that was not there before. Any of these changes means the implant should be assessed.

The joint can become unstable. The finger may feel wobbly from side to side, or it may slip partly out of place. A joint that sits visibly out of line needs prompt attention, so call the clinic rather than waiting for your next appointment.

Stiffness can develop. The finger may not bend or straighten fully, and the joint can feel tight. Persistent stiffness with pain should be reviewed.

Infection is uncommon but serious. Watch for a deep, throbbing pain that does not ease with simple painkillers, redness that spreads out from the wound, warmth, or discharge. If you notice these signs, contact the clinic straight away, or go to the emergency department if it is after hours.

Fractures around the implant can happen during or after surgery. Sudden pain, swelling or a change in the shape of the finger afterwards should be reported.

If a problem does develop, further surgery is sometimes needed. This can mean fixing or replacing the implant, or in some cases joining the bones together permanently instead. If that becomes necessary, we will talk you through it.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Most problems show up in the ways we described above, but a few need urgent attention. Call us straight away if you have a fever, if the redness around your wound is spreading, or if there is new discharge from it. Call us if you have sudden severe pain, or if your finger becomes numb or you cannot move it. Go to the emergency department if you have calf swelling or pain, or shortness of breath, as these can signal a blood clot. If it is after hours and you are worried, go to emergency rather than waiting until morning.

Where to read more about the condition

This page is about the operation itself. The condition it treats, including what the evidence shows about when surgery helps and when it does not, is covered in more detail on the [PIP Joint Arthritis](#) page.

PIP Joint Replacement

Complication rates from published literature

Pooled from 80 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Extensor lag	67.1%	Inability to fully extend the finger occurs in 20% of patients; severe cases may require tendon reconstruction.
Bone erosion	60%	Radiographic bone loss around the implant occurs in approximately 60% of cases; most is asymptomatic but progressive erosion may lead to implant loosening or fracture.
Finger deformity	28%	Recurrent angular deformity occurs in 28% of patients; pre-existing deformity is difficult to correct completely.
Joint incongruency	20%	Radiographic malalignment occurs in 20% of cases; most are asymptomatic but significant incongruency may cause pain or instability.
Persistent or recurrent pain	11-81%	Ongoing pain occurs in 13-20% despite surgery due to implant loosening, bone resorption, instability, or unrealistic expectations.
Revision surgery	11-25%	Implant revision or removal is required in 3.3-20% of cases; options include repeat arthroplasty, fusion, or implant removal.
Reoperation rate	10-18%	Unplanned reoperation occurs in 14-20% of patients for stiffness, pain, instability, and symptomatic implant fracture.
Joint stiffness	9-35%	Postoperative stiffness requiring intervention occurs in 29% of patients; average postoperative arc of motion is 40-60 degrees.
Implant subsidence	8%	Progressive sinking of the implant occurs in 8% of patients, potentially leading to pain or instability requiring revision.
Tendon imbalance or swan-neck deformity	4.8-10%	Improper soft tissue balancing may lead to extensor lag, flexion contracture, or swan-neck deformity requiring revision or tendon reconstruction.

COMPLICATION	REPORTED RATE	NOTES
Digital nerve injury	4-38%	Nerve injury may cause numbness or altered sensation, with most injuries being temporary and recovering over 3-6 months.
Heterotopic ossification	4-12%	Abnormal bone formation around the implant occurs in 4-45% of cases; usually asymptomatic but may contribute to stiffness.
Dislocation or instability	2-12%	Dislocation occurs in 5.7-9.3% of cases, with risk higher with inadequate soft tissue balancing or improper sizing.
Lateral instability	2-12%	Coronal plane instability occurs in 2-3% of cases, with significant instability requiring ligament reconstruction or revision.
Implant loosening	2-22%	Component loosening is a significant cause of failure, particularly in older implant designs.
Implant fracture	1-9%	Silicone fracture increases with time from 9% at short-term to 30% at long-term follow-up; most fractures are asymptomatic due to fibrous encapsulation.
Infection	1-4%	Deep infection occurs in 0-5.3% of cases; deep infections may require implant removal, washouts, and prolonged antibiotics.
Periprosthetic fracture	1-9%	Bone fracture around the implant can occur during or after surgery, requiring fixation or revision.
Silicone synovitis	Rare	Inflammatory reaction to silicone wear particles; may require implant removal.
Wound healing problems	Rare	Delayed healing with poor skin quality, vascular disease, or smoking.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT – PRINT NAME

SIGNATURE

DATE

CQ HAND + UPPER LIMB

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