

Thumb UCL Repair

At-a-glance recovery. Pooled from 16 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
2-6 weeks	3 months	6-12 months
A splint or cast protects the repair for the first 4-6 weeks; writing and light desk work are possible in the splint. In the pooled literature the joint is immobilised for 4-5 weeks on average, and desk-based patients are back at work at about 4 weeks.	Pinch and grip loading rebuild once the splint comes off. Conventional protocols clear manual work and sport at about 3 months; pooled return to work averages 7 weeks, with manual workers taking longest. Athletes with suture-tape-augmented repairs have returned to sport at 5-6 weeks under supervised hand therapy.	Pinch strength and comfort settle over 6-12 months. Pooled tip pinch, key pinch and grip strength reach 95-96% of the uninjured thumb, and patient-reported hand scores keep improving between 3 and 12 months after surgery.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, matches the treatment to your specific injury. The ligament involved is on the inner side of your thumb, at the joint where the thumb meets the hand. This operation repairs that ligament so the joint is stable again.

We usually start with non-operative care. For a partial tear, a cast or splint can hold the thumb still while it heals, and this often leaves a stable, painless thumb. But when the ligament is torn right through, it often will not heal on its own. About 75% of complete tears fail to heal with splinting alone. The torn end of the ligament can also slip out of place, which stops it from rejoining the bone. If a tear like this is left untreated, it can cause long-term pain and trouble using your thumb.

Surgery may be recommended straight away for a complete tear, or after splinting has not given enough improvement. The aim is a thumb that is stable, painless, and strong enough for gripping and pinching. Patient-reported pain and function improve at three and 12 months after repair compared with before surgery.

Before the operation

Your surgeon will plan the operation using scans of your thumb. This usually starts with an X-ray, which can show any small fracture where the ligament tore away. An MRI or ultrasound scan may also be used to show the ligament itself and confirm whether the torn end has slipped out of place.

Before surgery, you will be given clear instructions. You should not eat for seven hours before your operation. This allows your surgery to be brought forward if the theatre list runs early. You may need to stop some medications, and your surgeon will tell you which ones and when. Bring a list of everything you take. Arrange someone to drive you home afterwards, and wear loose, comfortable clothing.

If you have other medical conditions, you may need blood tests or a review with the anaesthetist.

On the day

You will arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist there. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day.

You are then taken into the operating theatre, where the operation is performed. Afterwards, you will wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you will either go to the ward or go home, depending on the procedure and your recovery.

What the operation involves

Your surgeon makes a small cut over the side of your thumb where the ligament tore away. Through this cut, they find the torn end of the ligament and prepare a small spot on the bone where it used to attach. The ligament is then stitched back down onto that spot using a small anchor set into the bone. This holds the ligament in place while it heals back onto the bone.

If the ligament has been torn for a long time, the ends may be too worn to stitch together. In that case, your surgeon can rebuild the ligament using a nearby tendon from your own thumb, folded to form a new strap that joins the bone on either side of the joint. If the ligament tore away with a small piece of bone, that fragment is held back in place with a small plate and screws.

Some repairs are strengthened with a ribbon-like tape stitched alongside the ligament. This tape acts like a temporary safety rope, sharing the load while the ligament heals. Because it takes some of the strain, your thumb may be able to start moving earlier than with a repair alone.

Your surgeon may also place a small metal pin through the thumb joint to hold it still and protect the repair from side-to-side strain. The pin is removed later, once healing is under way.

The cut is closed with stitches and covered with a dressing. You will go to the recovery area, and the nursing team will check on you as you come round.

After the operation

You will wake up in the recovery area, then move to the ward. Your hand will be in a splint or cast, with dressings over the wound. Nurses will keep you comfortable and give you pain medicine if you need it. You can get up and move around as soon as you feel able. Someone should stay with you for the first 24 hours at home. Your team will tell you whether you go home the same day or stay one night in hospital. 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.

Recovery

Your thumb will be sore and swollen for the first days and weeks. This settles gradually. Keeping your hand raised when you are resting helps, as does the pain medicine your team gives you. You will go home in a splint or cast that protects the repair while it heals.

Your day-to-day routine changes more than you might expect. You will need help with some tasks at first, especially anything that needs a firm grip, like opening jars or carrying heavy things. Most people find they can manage light daily tasks quite soon, and desk work within the ranges shown in the table on this page. Hand therapy is an important part of your recovery. Your hand therapist, Ruby Doolan at Extend Rehabilitation, will guide your exercises and make any splint you need as your thumb heals. The exercises start gently and build as the repair strengthens.

As the swelling settles and movement returns, everyday tasks get easier. Once your surgeon is happy the repair has healed, you will gradually build back to heavier work, sport and the gym. The final result keeps improving for some time, as pain settles and strength returns.

Recovery varies from person to person. Your timeline may differ from the typical ranges, and your surgeon and therapist will guide you at each stage.

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.

The wound can become infected. You might notice redness spreading out from the cut, fluid or pus leaking from it, or a deep, throbbing pain that does not ease with simple painkillers. Call the clinic the same day if you notice any of these signs.

Sometimes a small nerve near the thumb is irritated during surgery. This can cause numbness, tingling or a patch of odd feeling on the back of the thumb. Numbness and weakness in the first 24 hours after a nerve block are expected and settle as the block wears off. If numbness lasts beyond that, call the clinic.

The joint can stay a little loose or stiff. Some people notice mild aching at the base of the thumb when they pinch or grip, or that the thumb does not bend quite as far as before. A few find their grip is not quite as strong.

These changes are usually mild and often settle with time and hand therapy. Bring them up at your next review if they bother you.

The repair itself can fail. This is uncommon, but a fall or a knock on the thumb in the early weeks can strain or tear the healing ligament again. You would feel sudden pain, swelling and a sense of the thumb giving way. Call the clinic if this happens.

If a metal pin has been used to hold the joint still, the skin around it can become irritated or infected. Redness, tenderness or fluid around the pin site should be reported to the clinic the same day.

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

When to call us

Most people recover without problems, but some signs need quick attention.

Go to the emergency department if you have swelling or pain in your calf, or shortness of breath or chest pain. These can be signs of a blood clot. Go to the emergency department if your thumb, hand or fingers turn pale, cold, white, blue or dark.

Call the clinic the same day if you have a fever, spreading redness around the wound, or fluid or pus leaking from it. Call the clinic the same day if pain keeps getting worse despite your pain medicines.

Numbness and weakness in the first 24 hours after a nerve block are expected and settle as it wears off. If numbness lasts beyond that, or you cannot move your thumb, hand or fingers once the block has worn off, call the clinic.

If you cannot reach the clinic, out of hours or on a weekend, go to your nearest emergency department.

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Complication rates from published literature

Pooled from 16 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
any complication (mostly minor and temporary)	10-17%	12% pooled across 614 patients in the 2025 meta-analysis, with only 1% needing a further procedure; 17% in a 127-patient UK series, most of them temporary; 10% in a review of 311 athletes.
numbness or nerve irritation on the back of the thumb	4-7%	A sensory nerve branch runs through the incision, so temporary numbness is the commonest complication: 3.9% (24 of 614) pooled and 6.5% in the 127-patient series, rising to 26% in one small acute-repair series, with nearly all settling. Among patients repaired late, 31% still noticed some numbness 25 years on.
stiffness of the thumb joint	4%	5 of 127 patients (4%) reported stiffness after repair, and a third of patients repaired late reported some stiffness at 25 years. Holding the joint with a temporary wire is linked to more pain without any gain in stability, which is why early protected movement in a splint is preferred.
re-rupture or persistent looseness	1-3%	Stability is restored in 99-100% of acute repairs in pooled data. Re-rupture occurred in 0.8% (1 of 127) and 0.6% (2 of 311 athletes); one re-injury in 36 (3%) in a suture-anchor series happened playing football a year later. Persistent looseness is commoner when an old injury has to be rebuilt with a tendon graft: about 1 in 6 (16-19%).
complex regional pain syndrome	1.6%	2 of 127 in the UK series and 10 of 614 in the pooled meta-analysis, where it was the second commonest complication after nerve irritation.
wound infection or slow wound healing	1-2%	Superficial infection 0.8% and delayed wound healing 0.8% in the 127-patient series. Soft-tissue problems were 7% with a bone anchor versus 27% with the older pull-out button technique, one reason anchors are now standard.
sensitive or painful scar	0.8%	1 of 127 in the UK series; one painful scar in the 2023 Rotterdam cohort needed a small revision.

COMPLICATION	REPORTED RATE	NOTES
arthritis of the thumb joint later in life	0.8%	Only 1 of 127 in the years after surgery, but 88% of patients repaired late showed some X-ray wear at 25 years. The original injury and any delay before repair drive this more than the operation itself.

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