

INFORMATION & CONSENT

Touch thumb arthroplasty

A Touch thumb replacement resurfaces the joint at the base of the thumb, the joint that wears out in basal thumb arthritis, to restore comfortable pinch.

Kieran Hirpara © ⓘ ⓘ 4.0



At-a-glance recovery. Pooled from 19 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
4-6 weeks Most people go back to desk work and light daily tasks at four to six weeks. You cannot drive until the thumb splint is off, which is usually at four to six weeks.	8-12 weeks Heavier work, sport and strong pinch usually return at eight to twelve weeks. In one study, 90% of people with this implant were back at work within 90 days. Strength can keep improving for up to a year.	12 months Maximum improvement in pain, range of motion, and function is typically observed within the first post-operative year.

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 to confirm the diagnosis.

Wear-and-tear arthritis at the base of the thumb is a common cause of pain and weakness. It can make pinching, gripping and turning a key hard to do. We usually try non-operative care first, such as changing how you use your hand, hand therapy and splinting. Surgery is considered when those measures have not given you enough improvement.

This operation, a thumb joint replacement, replaces the worn joint at the base of your thumb with an artificial implant. It is typically offered to people with arthritis confined to that joint whose pain has not settled with non-operative care. We may have suggested it for you because it aims to relieve pain and restore movement,

strength and stability so you can use your thumb with confidence. Most Touch implants are still in place at 2 years, with 96% implant survival reported. Whether this operation suits you is a decision we make together.

Before the operation

In the weeks before surgery we confirm the plan with imaging of your thumb, such as an X-ray, MRI or ultrasound. These pictures show the worn joint and help us plan the replacement. You will get clear instructions from our team about preparing. You will need to stop eating and drinking seven hours before your operation. We ask for seven rather than six so we can bring you forward if the theatre list runs early. Some medicines need to be paused, and we will tell you which ones and when. Bring a list of your current medications. Arrange for someone to drive you home afterwards. Wear loose, comfortable clothing. If you have other medical conditions, you may need blood tests or a review with the anaesthetist.

On the day

On the day of your operation you come to the hospital's surgical admissions unit. There you are checked in and prepared for theatre. You will meet the anaesthetist, the doctor who looks after your sleep and comfort during surgery. 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.

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

What the operation involves

Your surgeon makes a single cut over the base of your thumb to reach the worn joint. The damaged joint surfaces are removed and replaced with artificial parts: a small stem placed in the thumb bone and a cup fitted into the small bone next to it. The new parts are designed to move against each other like a healthy joint, so you can pinch and grip again.

The aim is to keep your thumb at its natural length and line-up, which helps the thumb look and work as close to normal as possible. Because the joint is replaced rather than removed, the muscles and tendons that move your thumb do not have to work as hard to produce a pinch.

When the replacement is in place, your surgeon closes the cut with stitches and applies a dressing. You will wake up with your thumb wrapped up, and the dressing stays on for about 10 days.

Afterwards, a hand therapist guides your recovery. They show you how to move and use your thumb as it heals, and they guide when and how much to lift. Keeping heavy loads off the new joint helps it last.

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 your pain and give you medicine to keep it comfortable. Your thumb will be wrapped in dressings and supported in a splint. Keep your hand raised on pillows when resting; this helps settle swelling. You can get up and walk around the ward, and you will use your other hand for most tasks. Please arrange for someone to stay with you for the first 24 hours at home. 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

For the first few days your thumb will be sore and swollen. Keeping your hand raised on pillows helps the swelling settle. Simple pain medicine, taken as directed, keeps you comfortable while the worst passes.

You will go home with your thumb in a splint, and the dressing stays on for about 10 days. Hand therapy after surgery is with Ruby Doolan at Extend Rehabilitation. Ruby is a hand therapist: she shows you gentle exercises that keep your fingers moving while the new joint heals, and she makes any splint you need as your thumb recovers. She also guides when and how much to lift, because keeping heavy loads off the new joint helps it last.

Day to day, you will use your other hand for most tasks at first. You cannot drive while the splint is on, because it stops you gripping the wheel safely. Once the splint is removed and your surgeon clears you, driving can begin; see our page on [Driving after upper-limb surgery](#). As the swelling settles and movement returns, you will start using your thumb for light daily tasks, then build up to gripping and pinching without pain.

Recovery varies from person to person. Your timeline may differ, and your surgeon and hand therapist will guide you at each step.

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 new joint parts can sometimes loosen. This usually feels like a deep, aching pain at the base of your thumb that returns or worsens after a period of relief. If your thumb becomes painful again weeks or months after surgery, call the clinic so we can arrange imaging and see what is happening.

The joint can also dislocate, meaning the new parts slip out of place. You would feel a sudden clunk, followed by pain and a thumb that will not move normally. Call the clinic straight away if this happens.

A fracture of one of the small bones around the new joint can happen during or after surgery. This feels like sharp pain and swelling that is much worse than expected. Call the clinic so we can check it.

Nerves near the thumb can be irritated or bruised. You might notice tingling, pins and needles, or numbness on the back of your thumb. Numbness and weakness in the first 24 hours after a nerve block are expected. Once the block has worn off, call the clinic if numbness stays or you cannot move your thumb or fingers.

Infection is uncommon but serious. Call the clinic the same day if you have a fever, redness spreading out from the wound, or fluid or pus leaking from it. Go to the emergency department if your thumb turns pale, cold, white, blue or dark, as this can be a circulation problem.

Some patients develop ongoing pain and sensitivity in the hand after surgery, sometimes with swelling and changes in skin colour or temperature. If pain keeps getting worse despite your pain medicines, call the clinic the same day.

If the new joint does not work out, further surgery is sometimes needed. This can mean fixing or replacing the implant, or converting to a different operation that removes the worn joint and cushions the space with your own tissue. We will talk through the options with you if this ever arises.

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

When to call us

Most problems show up early, and we would rather hear about them soon. Call the clinic the same day if you have a fever, redness spreading out from the wound, or fluid or pus leaking from it, or if pain keeps getting worse despite your pain medicines. Call us if numbness stays or you cannot move your thumb or fingers once the nerve block has worn off, about 24 hours after surgery. Go to the emergency department if you have swelling or pain in your calf, shortness of breath or chest pain, as these can be signs of a blood clot. The same applies if your thumb turns pale, cold, white, blue or dark. If you cannot reach the clinic out of hours or on a weekend, go to your nearest emergency department.

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 [Basal Thumb Arthritis](#) page.

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Complication rates from published literature

Pooled from 19 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Persistent symptoms	5-10%	Some residual thumb base pain or weakness.
Trigger thumb	4.9-7.7%	Volar plate irritation or tendonitis can cause triggering, requiring splinting or release.
Revision surgery	2-4.5%	Revision of the Touch implant: 96% of implants still in place at 2 years (Herren 2023, 130 patients; Frey 2025, 88 implants), and 1 of 61 revised at 5 to 8 years (Falaise 2025).
Nerve injury and numbness	2.0-21.1%	Small nerves supplying sensation to the thumb skin (superficial radial nerve) are commonly irritated; approximately 14% experience temporary numbness; rarely (less than 1%) painful neuromas develop.
Tendon irritation	2.0-10.3%	De Quervain's tendinopathy occurs in 14-21% of cases particularly with ball-and-socket implants; most cases resolve with conservative treatment.
Implant loosening or subsidence	1.89-6.5%	Loosening or sinking of the implant may occur over time requiring revision surgery; the implant components may wear or rarely fracture.
Heterotopic ossification	1.5-4.3%	Bone formation around the implant, sometimes requiring revision if symptomatic.
Bone fracture	1.0-10.3%	Fracture of the trapezium (1.2%) or first metacarpal may occur during or after surgery, potentially requiring additional treatment.
Dislocation	0-2.5%	Dislocation of the Touch implant is uncommon: none in 92 implants, 1 in 40, and 2 in 88 (both after the cup was placed out of position); about 0.6% across dual-mobility thumb-base implants. It may need a further operation.
Infection	0.5-2.6%	Wound infection may require washout with antibiotics; if infection persists, implant components may need removal and conversion to trapeziectomy.

COMPLICATION	REPORTED RATE	NOTES
Polyethylene wear	0.5-4.6%	Wear can lead to instability or revision; rates are generally low but present in long-term follow-ups.
MCP joint hyperlaxity	Rare	Hyperextension of the MCP joint may develop over time.
Polyethylene liner fracture	Rare	Rare but difficult to diagnose on standard radiographs; requires dynamic imaging.

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