

Hook of Hamate Excision

At-a-glance recovery. Pooled from 18 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
1-2 weeks	5-7 weeks	3 months
Stitches and any splint come out at about one week, and in one series patients were cleared for normal daily activity at two weeks once the wound had healed. Desk work and light use of the hand are usually possible within that time.	Most people return to gripping, manual work and sport at five to seven weeks. Across 823 patients in a 2024 meta-analysis, 94.5% returned at a mean of 45 days; individual series report five weeks (range three to seven) and six weeks (range three to eight). These figures come mainly from athletes, who are highly motivated and closely supervised.	Scar tenderness is the main thing that settles last, usually by about three months. In a small series of ununited fractures every patient was back to their pre-injury function at three months, and in high-level amateur athletes hand scores were back to normal with 80% reporting no pain at all.

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 hook of hamate is a small bone in your wrist, on the little-finger side of your palm. Removing the broken piece of this bone is called a hook of hamate excision. We usually try non-operative care first, such as a cast or splint, and consider surgery when that has not given enough improvement. For some acute fractures, surgery may be recommended straight away. 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. A clinic assessment, including your history, examination and imaging where needed, establishes the diagnosis.

This operation aims to relieve pain and restore normal hand function. It is often offered to athletes who grip tightly, such as baseball players. Return to play was documented for 94.5% of patients. Many are back to sport between 5 and 7 weeks after surgery. We will discuss whether this operation suits you, and decide together.

Before the operation

Before surgery, you will need some imaging so we can plan the operation. This may include an X-ray, an MRI scan (a scan that shows bone and soft tissue in detail) or an ultrasound. Most patients need nothing else. If you have other medical conditions, you may need blood tests or a review with the anaesthetist (the doctor who gives your anaesthetic). Please bring a list of all your current medications to your appointment. Your surgeon will tell you which medications to stop before surgery and when. Do not eat or drink for seven hours before your operation. We ask for seven hours rather than six so we can bring you forward if the theatre list runs early. Arrange for someone to drive you home afterwards. Wear loose, comfortable clothing on the day.

On the day

You will arrive at the hospital's surgical admissions unit. There, staff will check you in and prepare you for theatre. You will then meet the anaesthetist, the doctor who gives your anaesthetic. 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.

After that, you will be taken into the operating theatre, where the operation is performed. When it is finished, you will wake up in the recovery area. Nurses will monitor you there while the anaesthetic wears off. Once you are stable, you will either go to the ward or go home. Which of these happens depends on the procedure and on your recovery.

What the operation involves

Your surgeon makes a single cut in your palm, on the little-finger side near the base of your hand, directly over the hook of the hamate. The hook is a small curved piece of bone that sits deep in your palm. Through this cut, your surgeon carefully finds the ulnar nerve and artery, two important structures that run right beside the hook, and keeps them safe throughout the operation.

Next, your surgeon frees the broken piece of bone from the soft tissue attached to it and removes it. The remaining edge of the bone is then smoothed so your tendons can glide over it without catching. The tendons that bend your fingers run close to this bone, and a rough edge can irritate them, so smoothing it matters.

Your surgeon then closes the cut with stitches. A dressing goes over the wound, and we will tell you when it comes off.

The operation itself is straightforward from your point of view: you are asleep, the broken piece is taken out, and you wake up in recovery with a padded dressing on your palm.

After the operation

When you wake up, you will be moved to the recovery ward, where nurses will check on you and keep you comfortable. We will give you pain relief to keep things settled, and most people find the discomfort is mild and settles over the first few days. Your hand will have a padded dressing on it, and you can move your fingers gently soon after the operation. This is usually a day case, so you can expect to go home the same day, although occasionally patients stay overnight. 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. Please arrange for someone to stay with you for the first 24 hours after you get home.

Recovery

Most people find the pain in their palm settles steadily once the broken piece of bone has been removed. The discomfort is usually mild and eases over the first few days. Some swelling and tenderness around the wound is normal. Resting your hand, keeping it raised when you can, and taking the pain relief we give you will help.

You will go home with a padded dressing on your palm. Keep it clean and dry, and leave it on until we see you. You can move your fingers gently soon after the operation, and gentle movement helps as things settle. Hand therapy after surgery is with Ruby Doolan at Extend Rehabilitation. Ruby is a hand therapist: she will guide your exercises and make any splint you need. At home, you can do light daily tasks with the operated hand once you feel comfortable, but avoid heavy gripping, lifting and sport until your therapist and we clear you.

The milestones are simple ones. Once the wound is comfortable and you can grip and turn a steering wheel without protecting your hand, driving is usually fine again; see our page on [driving after upper-limb surgery](#). As the swelling settles and your grip strength returns, you can build back up to manual work, sport and the gym. The final result comes when your pain and strength stop improving.

Recovery varies from person to person. Your timeline may differ, and we 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.

The main thing we watch for is a problem with the wound itself. This might look like redness that spreads out from the cut, or the area feeling warmer than the skin around it. Some fluid or clear ooze on the dressing can also be a sign. If you notice any of these, call the clinic rather than waiting for your next visit.

Pain that does not follow the usual pattern is another thing to flag. The discomfort after this operation is usually mild and settles over the first few days. A deep, throbbing pain that does not ease with simple painkillers, or pain that gets worse instead of better, is worth a phone call. Tell us what you feel and when it started, and we will see you sooner if needed.

Because the nerves and blood vessels run close to the bone being removed, changes in feeling or colour in your little finger and ring finger matter too. Numbness, pins and needles, or fingers that look pale or bluish should be reported straight away. Call the clinic during working hours, or go to the emergency department if this happens at night or on a weekend.

Some tenderness and swelling around the wound is normal in the early days. But swelling that suddenly increases, or a hand that feels tight and firm rather than just puffy, should be checked. Bring it up with us as soon as you can.

If anything about your recovery feels wrong to you, trust that instinct and contact us. It is always easier to check a small worry early than to manage a bigger one later.

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

When to call us

Call us if you have a fever, or the wound becomes more red, warm or oozy. Call us if pain suddenly gets much worse. Go to emergency if you have calf swelling or pain, or shortness of breath. Go to emergency if your little finger or ring finger goes numb, changes colour, or you cannot move your fingers. If anything feels wrong, trust that feeling and contact us.

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Complication rates from published literature

Pooled from 18 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)	9-12%	9.4% (36 of 381) in the 2024 meta-analysis and 11.8% (43 of 363) in the 2026 systematic review, most settling without further treatment. One single-centre series of 79 reported 25%, and complications there were far commoner in non-athletes (6 of 10) than athletes (14 of 69).
temporary numbness, tingling or weakness from the ulnar nerve	5-6%	The ulnar nerve and its motor branch run right beside the hook. Transient nerve symptoms were the commonest complication: 21 of 363 (5.8%) in the 2026 review, and 14 with tingling plus 6 with weakness among 381 in the 2024 meta-analysis. Nearly all resolved; in one athlete series the tingling had gone by five weeks.
tender or painful scar	3-5%	13 of 363 (3.6%) and 11 of 381 (2.9%) in the two reviews, and 2 of 41 (4.9%) in one series. Scar massage and padding during gripping help while it settles.
pain at the base of the palm on returning to hard gripping	1.7%	6 of 363 in the 2026 review, reported as pain around the pisiform when players resumed batting. It was self-limiting.
further surgery	0.5%	3 of 623 athletes (0.5%) needed another operation, for a retained bone fragment or scar tissue pressing on the ulnar nerve.
wound infection or the wound opening	0.3-0.6%	One superficial infection and one wound dehiscence among 363 patients in the 2026 review, both minor.
regrowth of the hook with a new fracture	—	Reported only in case reports and very small series, so no reliable rate exists: two athletes whose hook regrew and broke again after excision, and one refracture of the remaining hook among five patients in one series.

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.

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PATIENT – PRINT NAME	SIGNATURE	DATE