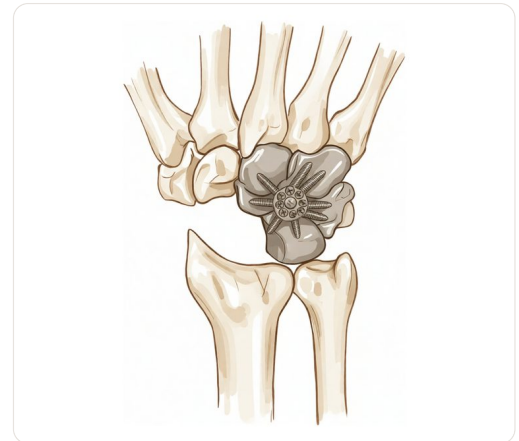


INFORMATION & CONSENT

Partial Wrist Fusion

In a partial wrist fusion, only the painful, arthritic joints are fused, leaving the healthy joints free so the wrist keeps some bend and rotation.

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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
6-12 weeks	6-12 months	12-24 months
Return to light activities and desk work typically occurs within 6 to 12 weeks, with K-wires often removed around this time.	Return to manual work and full strength activities is generally achieved by 6 to 12 months post-surgery.	Maximum functional improvement and pain relief typically plateau between 12 and 24 months, with long-term stability observed at 10 years.

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. A clinic assessment, including your history, an examination and imaging where needed, establishes what is causing your wrist pain.

A partial wrist fusion joins together only the damaged wrist bones, leaving the healthy joints moving. We usually suggest it when wear-and-tear arthritis is limited to part of the wrist, and often after other treatments such as hand therapy, splinting, anti-inflammatory medicine or injections have not given enough relief. The aim is to remove the worn joint surfaces that hurt, while keeping as much wrist movement, grip strength and stability as we can. Total wrist fusion is kept for exceptional circumstances. Whether this operation suits you depends on which joint surfaces are affected, and we will talk that through with you as a shared decision.

Before the operation

Before surgery, you will need some imaging so we can plan the operation. This usually includes X-rays, and sometimes an MRI scan, which uses a strong magnet to show the wrist bones, ligaments and joint surfaces in detail. On the day, stop eating and drinking 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. Bring a written list of your current medicines and wear comfortable clothing with a loose sleeve. Arrange for someone to drive you home afterwards. If you have other medical conditions, you may need blood tests or a review with the anaesthetist, the doctor who gives the anaesthetic.

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, the doctor who gives the 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.

You are then taken into the operating theatre, where the operation is performed. When it is finished, you wake up in the recovery area, where nurses monitor 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

A partial wrist fusion is done through one cut over the back of your wrist. Through this cut, your surgeon reaches the small wrist bones that form the worn-out joint. The damaged joint surfaces are cleared away so healthy bone can grow together.

The bones that are causing your pain are then joined to each other. Small metal screws hold them in the right position while they heal, and the surgeon packs bone around the joint to help it knit. Which bones are joined depends on where your arthritis is. If one damaged bone is beyond repair, it may be taken out and the remaining bones joined in its place. The healthy joints next to the fusion are left alone so your wrist keeps some movement.

Once the bones are held firmly, the wound is closed with stitches and covered with a dressing. The dressing stays on for about 10 days, and your surgeon will tell you when it comes off.

After the operation

You will wake up in the recovery area, where nurses watch you closely while the anaesthetic wears off. Most patients stay one night in hospital after this operation, though some are able to go home the same day. Your wrist will be supported in a splint or cast, and we will give you medicine to keep you comfortable. If you had a

nerve block, your hand may feel numb or heavy for the first 24 hours; this is expected. Once it wears off, call the clinic if you have numbness or cannot move your fingers. 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 have someone stay with you for the first 24 hours.

Recovery

For the first few days your wrist will be sore and swollen, and your hand may feel stiff. This settles gradually. Keeping your hand raised on pillows, even while you sleep, helps the swelling go down. The medicine we give you keeps you comfortable while the worst of the soreness passes.

Your wrist will be supported in a splint or cast while the bones knit together. Your 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. Early on, the focus is on gentle movement of your fingers, elbow and shoulder so they do not stiffen while the wrist rests. As the weeks pass, your therapist will add exercises to build grip strength and, once the fusion has healed, to regain whatever wrist movement is safe for you.

Everyday tasks take some planning at first. You will need help with shopping, cooking and anything that needs two hands or a firm grip. Most people find sleeping easiest with the arm propped on pillows rather than lying on it. You cannot drive until the cast is removed and your surgeon clears you; see our page on [driving after upper-limb surgery](#).

Recovery varies from person to person. Some wrists settle quickly, others take longer to feel strong and comfortable. Your surgeon and your hand therapist will guide you at each visit and let you know what to expect next.

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 bones do not knit together as planned. You might notice a deep, aching pain in the wrist that does not settle, or a grinding feeling when you move. If the pain keeps getting worse despite your pain medicines, call the clinic the same day. Otherwise, bring it up at your next review. If the bones still will not join, further surgery may be needed to help them heal.

The metal screws used to hold the bones can sometimes cause trouble. A screw may shift position, or press on nearby skin or tendons. You might feel a sharp edge under the skin, a clicking feeling, or pain over the metal. Most hardware never needs to come out, but if it keeps hurting, a small operation to remove it can help. Mention this at your review.

Rarely, the wrist can develop carpal tunnel syndrome after surgery. This feels like tingling, numbness or burning in the fingers, worse at night. Tell your surgeon if this happens, as a small release operation can treat it.

Infection is uncommon but needs quick attention. Call the clinic the same day if you have a fever, spreading redness around the wound, or fluid or pus leaking from it.

Some wrists stay painful even after the bones have joined well. A few people find the wrist still aches with activity, or that they need regular pain medicine. If this happens, your surgeon will talk through the options with you, which can include further surgery.

Very occasionally, a partial fusion does not relieve the pain and the whole wrist is later fused instead. This is a bigger operation that removes all wrist movement, but it usually takes away the pain.

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

When to call us

We would rather hear from you than have you worry at home. Call the clinic the same day if you have a fever, spreading redness around the wound, or fluid or pus leaking from it, or if pain keeps getting worse despite your pain medicines. Go to the emergency department if you have calf swelling or pain, shortness of breath or chest pain, as these can be signs of a blood clot. Go to the emergency department if your fingers or hand turn pale, cold, white, blue or dark. Once the nerve block has worn off, after about 24 hours, call the clinic if you have numbness or cannot move your arm, hand or fingers. If you cannot reach us 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 [Wrist Osteoarthritis](#) page.

Partial Wrist Fusion

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
progression of arthritis	13.6-41.0%	Progression of degenerative changes in adjacent joints (e.g., radiolunate) occurs in a significant portion of patients.
reoperation	12.0-22.2%	Unplanned reoperations for various reasons including pain, nonunion, or hardware issues range from 12% to 22.2%.
nonunion	8.9-21.4%	Rates vary by fixation method and study, with some series reporting up to 21.4% nonunion in four-corner fusion.
implant failure	5.1-20.0%	Includes hardware failure, implant dislocation, or loosening, particularly in arthroplasty or specific fixation methods.
conversion to total wrist arthrodesis	4.9-19.2%	Conversion rates are significantly higher for partial wrist arthrodesis (19.2%) compared to proximal row carpectomy (4.9%).
nerve injury	1.6-18.2%	Includes irritation of the small sensory nerve branches on the back of the wrist and, rarely, injury to the median nerve.
hardware removal	1.48-11.4%	Hardware irritation, pain, or impingement often necessitates removal, with rates ranging from 1.48% to 11.4%.
infection	0.63-11.1%	Includes superficial pin track infections and deep infections, with rates varying by fixation technique (e.g., K-wires).

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