

# Proximal Row Carpectomy

After proximal row carpectomy the first row of wrist bones is removed and the capitate articulates directly with the radius, preserving useful movement.

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At-a-glance recovery. Pooled from 8 published studies — your own pace will vary.

| <b>LIGHT DUTIES</b><br>desk work, driving, daily tasks                                                                                                                                                                | <b>MOST EVERYDAY<br/>ACTIVITIES</b><br>manual work, sport, gym                                                                                                   | <b>FINAL OUTCOME PLATEAU</b><br>pain and strength                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 to 6 weeks</b><br>A wrist splint is worn for roughly the first two weeks, then hand therapy begins with gentle movement. Most people manage desk work, driving and light daily tasks within the first few weeks. | <b>12 weeks</b><br>In a series of 304 patients, 82 percent had returned to work by a median of 12 weeks. Heavier manual work, sport and the gym can take longer. | <b>12 months</b><br>Grip and motion keep improving over the first year. Final wrist bend settles at roughly two thirds of the other side and grip around 80 to 90 percent, with pain relief usually lasting well beyond ten years in patients over 35. |

## 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 your history, examine your wrist and arrange imaging where needed to work out what is causing your pain. For a long-standing problem like wrist arthritis, we usually try non-operative care first: changing how you use your hand, hand therapy, and splinting. We consider surgery when that has not given you enough improvement.

This operation is called a proximal row carpectomy. It means removing two or three of the small bones on the thumb side of your wrist that have been worn down by arthritis. It is typically offered for wear-and-tear arthritis of the wrist, including a pattern called scapholunate advanced collapse, and for advanced Kienböck disease, where one of the small wrist bones loses its blood supply. We recommend it when the smooth cartilage on the

remaining wrist surfaces is still healthy, which we check on your scans. The aim is to relieve your pain while keeping your wrist moving. Most people keep useful wrist motion and grip strength, and many return to work.

## Before the operation

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Before your operation, we ask you to stop eating and drinking seven hours before your operation time. We ask for seven hours rather than six so your surgery can be brought forward if the theatre list runs early. Your surgeon will tell you which of your usual medications to stop and when, and it helps to bring a written list of everything you take. Arrange for someone to drive you home afterwards, and wear loose, comfortable clothing on the day. Most people need no other preparation. If you have other medical conditions, you may need blood tests or a review with the anaesthetist. We use X-rays and MRI scans of your wrist to plan the operation and check the health of the cartilage we rely on.

## On the day

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You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist, who looks after your anaesthetic and pain relief. 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. When it is finished, 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 a ward or go home, depending on the operation and how your recovery is going.

## What the operation involves

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Your surgeon makes a single cut over the back of your wrist, in line with your arm. Through this cut, your surgeon reaches the wrist joint and removes the two or three small bones that have been worn down by arthritis. This leaves a new, simpler joint between your wrist and forearm, where healthy cartilage on the remaining surfaces takes over the job of the removed bones.

One important part of the operation is protecting a strap of tissue that runs across the wrist and helps hold it steady. Your surgeon keeps this strap intact, because it supports the wrist as it heals and moves.

The cut is then closed with stitches. A dressing goes over the top, and this stays on for about 10 days.

## After the operation

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You wake up in the recovery area, then move to a ward. Most patients stay one night in hospital after this operation, though some are able to go home the same day. Nurses will keep you comfortable with pain relief, and you can tell them at any time if your pain is not controlled. Your wrist will be in a soft dressing. You may

also have a sling, or a half plaster along the front of your forearm; some people have one or both, some have neither. 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 walk around as soon as you feel steady. Please arrange for someone to stay with you for the first 24 hours.

## Recovery

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For the first few days your wrist will be sore and swollen, and the back of your hand may feel bruised and tight. Rest, keeping your hand raised on pillows, and the pain relief you have been given all help. The swelling usually settles gradually over the following weeks.

You may go home with a sling, a half plaster along the front of your forearm, both, or neither. Whichever you have, you can get up and move around as soon as you feel steady. You will use your non-operated hand for washing, dressing and meals, and you will need help with heavier household jobs at first. Keep the dressing dry and intact until we review it.

Hand therapy starts soon after surgery with Ruby Doolan at Extend Rehabilitation. Ruby is a hand therapist: she guides your exercises and makes any splint you need. Early on, the focus is gentle movement and settling the swelling. As pain eases, your exercises build towards gripping, lifting and using your hand for daily tasks. Many people notice the wrist moves more freely and daily activities feel easier as the weeks pass.

Once you can grip and use your hand without pain, you can take on more: desk work and light tasks first, then heavier work, sport and gym activity later in your recovery. If you want to drive, wait until you are out of any sling or plaster, can hold the wheel with both hands and make an emergency stop, and are off strong pain medication. See our guide on [driving after upper-limb surgery](#).

Recovery varies from person to person. Your timeline may differ, and we will guide you along the way.

## What can go wrong

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

This operation avoids some problems other wrist operations carry. Because no bones are joined together, the bones cannot fail to heal. You also will not need another operation to take out any metal, because none is put in. Overall, this operation carries fewer surgical problems than the main alternative, a partial wrist fusion.

The main thing to watch over the years is wear-and-tear arthritis in the part of the wrist that is left. You might notice aching or stiffness that slowly builds again, or a grinding feeling when you move the wrist. If this happens, bring it up at your next review. If arthritis in that joint becomes painful enough, further surgery can be considered, including stiffening the whole wrist.

Grip strength after this operation is usually somewhere between 60 and 80% of what a normal wrist has. Most people find this is enough for daily tasks, but it is worth knowing before you plan a return to heavy work.

Some problems need quick action. Go to the emergency department if your fingers or hand turn pale, cold, white, blue or dark, as this can be a sign of a circulation problem. Call the clinic the same day if you have a fever, if redness spreads out from the wound, or if fluid or pus leaks from it. Call the clinic the same day too if your pain keeps getting worse despite your pain medicines. If you cannot reach the clinic, out of hours or on a weekend, go to your nearest emergency department.

Numbness or weakness in the first 24 hours after a nerve block is expected and is not a problem. Once the block has worn off, call the clinic if your hand stays numb or you cannot move your fingers.

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

## When to call us

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Most problems after this operation are rare, but a few signs need quick action. Go to the emergency department if you have swelling or pain in your calf, or shortness of breath or chest pain, as these can be signs of a blood clot. Go to the emergency department too if your fingers or hand turn pale, cold, white, blue or dark. Call the clinic the same day if you have a fever, if redness spreads around your wound, or if fluid or pus leaks from it. Call the clinic the same day as well if your pain keeps getting worse despite your pain medicines. Once your nerve block has worn off, usually within about 24 hours, call the clinic if your hand stays numb or you cannot move your fingers. 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

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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 [SLAC and SNAC Wrist](#) page.

# Proximal Row Carpectomy

## Complication rates from published literature

Pooled from 8 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

| COMPLICATION                                      | REPORTED RATE    | NOTES                                                                                                                                                                                                                                        |
|---------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Wearing out, needing conversion to a wrist fusion | <b>15 to 18%</b> | Over the long term the wrist can wear out and need conversion to a wrist fusion. This is most likely in patients under 35 or in heavy manual work (about 15 to 18 percent at 8 to 14 years, and much lower in older, lower-demand patients). |
| Progressive arthritis at the new joint            | —                | X-ray changes at the new radiocapitate joint surface are common over the years. They usually cause no symptoms, but in some patients they become a source of pain.                                                                           |
| Persistent or returning wrist pain                | —                | Some patients have ongoing or returning pain. This can include ulnar-sided pain from the pisiform bone rubbing, or radial-sided pain where the wrist meets the radial styloid. It occasionally needs further treatment.                      |
| Reduced grip strength                             | —                | Some permanent loss of grip is expected, because a row of wrist bones is removed. Grip typically settles around 80 to 90 percent of the other hand.                                                                                          |
| Reduced wrist movement                            | —                | Some permanent loss of wrist movement is expected. Final bending is roughly two thirds of the other side, though this is often better than after a fusion.                                                                                   |
| Numbness near the scar                            | —                | Small skin nerves at the back of the wrist can be bruised or cut during the approach, leaving a patch of numbness or a tender spot near the scar. This is usually minor.                                                                     |
| Infection                                         | —                | A superficial wound infection can occur and usually settles with antibiotics. Rarely a deeper infection needs further surgery.                                                                                                               |
| Bleeding or bruising                              | —                | Some bruising around the wrist is normal. Rarely a larger collection of blood (haematoma) forms and needs to be drained.                                                                                                                     |

| COMPLICATION                            | REPORTED RATE | NOTES                                                                                                                                                |
|-----------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Wound-healing problems or a tender scar | —             | The wound can be slow to heal, or settle into a thickened or tender scar.                                                                            |
| Stiffness                               | —             | The wrist or fingers can stiffen beyond the expected loss of motion, needing more hand therapy to recover.                                           |
| Complex regional pain syndrome          | —             | An uncommon pain-sensitisation condition causing ongoing swelling, stiffness and heightened pain. It needs specific treatment and can slow recovery. |
| Not fully relieving symptoms            | <b>10%</b>    | The operation does not help everyone equally. About 1 in 10 patients rate their result as only moderate or poor.                                     |

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