

SLAC and SNAC Wrist



The stages of SLAC and SNAC wrist arthritis.

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What you're feeling

Your pain likely starts in the wrist after an old injury. This is called wear-and-tear arthritis. It happens when the bones in your wrist shift out of place. You may feel a deep ache on the top of your wrist. The pain often gets worse when you push against something or twist your hand. Simple tasks like opening a jar or turning a doorknob can become difficult.

You might notice stiffness when you first wake up. This usually fades after you move around for a bit. However, the pain can return after you have been using your hand all day. Many patients find that resting the hand helps. Some people feel pain at night, especially if they sleep on that side. This can disrupt your sleep and leave you feeling tired.

Daily activities may feel harder than before. Reaching behind your back to fasten a bra can be painful. Tucking in a shirt might require you to lift your arm in a way that hurts. Lifting objects, even light ones, can cause sharp discomfort. You may avoid using your hand for fear of triggering pain. This can make simple routines feel like a challenge.

The condition affects how the bones in your wrist move. The main bones may not align correctly anymore. This misalignment causes extra wear on the joints. You might feel a grinding sensation or hear a clicking sound when you move your wrist. This is not always painful, but it can be annoying.

It is important to know that not all wrist injuries lead to this problem. If you had a ligament tear in the past but your X-rays looked normal, you might not develop this arthritis. However, if you have had long-term instability, the risk is higher. Your surgeon will look at your specific history and symptoms. They will determine if your pain matches this pattern. Understanding what you are feeling helps your surgeon choose the right treatment to relieve your pain and improve your function.

What's actually happening

Your wrist is a complex cluster of eight small bones called carpals. In SLAC and SNAC wrists, the normal sliding motion between these bones breaks down. This usually starts with damage to the ligaments that hold the

bones together or with a bone that fails to heal after a fracture. When these supports weaken, the bones shift out of their proper alignment.

Think of your wrist like a well-oiled hinge. The cartilage is the smooth coating on the ends of the bones that allows them to glide without friction. As the bones misalign, this coating wears away unevenly. This wear-and-tear arthritis creates bone-on-bone contact. The result is pain, stiffness, and a grinding sensation when you move your hand. The joint capsule, which acts like a sleeve around the joint, may also become inflamed and tight.

This misalignment changes how force travels through your hand. Normally, the load is shared evenly. Now, certain spots take too much pressure. This accelerates the damage and leads to the specific symptoms you feel. Your surgeon can see these changes on imaging. They look for signs that the bones are no longer moving in a smooth, coordinated way.

The goal of treatment is to stop this abnormal motion. By stabilizing the bones or removing the damaged parts, we aim to restore a smoother path for movement. This reduces the grinding and takes pressure off the sensitive nerve endings in the joint. While we cannot fully reverse the arthritis, we can significantly improve how your wrist functions and reduce your pain.

What we can do about it

Your surgeon will likely start with self-management and physiotherapy. This approach aims to reduce pain and keep your wrist moving. You will learn gentle exercises to strengthen the muscles around your wrist. These movements help support the joint and improve daily function. You should give this conservative care a fair chance to work. Most patients try these non-surgical options first to see if symptoms improve without an operation.

If simple exercises are not enough, your surgeon may discuss medical management. This usually involves pain medication and anti-inflammatory drugs to help you feel more comfortable. Your surgeon might also suggest injections. Cortisone injections can reduce swelling and pain for a period of time. Hyaluronic acid or platelet-rich plasma (PRP) injections may also be options to lubricate the joint or promote healing. These treatments do not cure the arthritis, but they can provide relief while you continue with your daily activities. The duration of relief varies from person to person.

When conservative care no longer controls your pain, surgery may be considered. This is typically recommended when your quality of life is significantly affected. Surgical options depend on the stage of your arthritis and the condition of your wrist bones. For early-stage wear-and-tear, your surgeon might remove a row of small bones (proximal row carpectomy) or fuse four specific bones together after removing the scaphoid (four-corner fusion). These procedures aim to relieve pain while preserving as much wrist motion as possible. In some cases, a procedure called wrist denervation may be used to reduce pain signals while keeping the joint mobile. Your surgeon will choose the best option based on your specific injury pattern and goals.

What to expect

Your wrist pain and stiffness are likely to persist without treatment. These conditions are caused by wear-and-tear arthritis following an old injury. The damage usually progresses over time. Without intervention, you may experience ongoing discomfort and reduced ability to use your hand for daily tasks.

With appropriate treatment, you can expect significant relief. Surgical options like proximal row carpectomy or four-corner fusion are designed to improve your pain and overall wrist function. Most patients report better subjective outcomes and less pain after these procedures. Your surgeon will choose the best option based on the specific stage of your arthritis and the condition of your joint surfaces.

Recovery is a process, not an instant fix. You may need more than one operation to achieve long-term pain improvement and good function. A second or even third surgery can still result in lasting benefits, allowing you to return to work and daily activities. This is especially true if your arthritis is in the early stages.

Even if you require a salvage procedure later, such as wrist denervation, you can still preserve motion and decrease pain. These options have a low failure rate over the mid- to long term. While some patients may experience mild to moderate arthritis symptoms after certain corrective surgeries, most maintain acceptable long-term function.

It is important to have realistic expectations. You will not regain the exact same wrist mechanics as before your injury. However, you can expect a durable result that allows you to perform everyday tasks with less pain. Your surgeon will guide you through this journey, focusing on preserving as much motion and strength as possible for your specific situation.

When to see someone

Ask for a specialist review if you have persistent wrist pain that does not improve with rest. Seek care if you notice weakness, instability, or a feeling of locking or giving way. These symptoms may interfere with your sleep or work. Contact your doctor if you experience a sudden worsening of your condition. This is especially important if you are male and have a history of wrist trauma. Early evaluation helps determine if you have wear-and-tear arthritis linked to past injury. Your surgeon can assess whether simple rest is enough or if further treatment is needed to preserve your wrist motion and function.