



SPOTLIGHT

Hand surgeries and treatment: What's new and what's in the patients' best interests



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Dr. Robert Lane, Orthopedic Hand Surgeon

As a relatively new member of the Goshen Physicians Orthopedics team, I am excited to work with our area primary care providers to address the needs of patients with hand and upper extremity disorders. These can range from arthritis to fractures, dislocations, ligament injuries, sprains and strains. For the purposes of this discussion, I would like to focus on some of the new capabilities we now offer in terms of hand surgeries and treatments as well as non-surgical options.

Hand implants are high on the list of relatively recent surgical advances. There are many types of implants and they vary depending on the particular patient situation. What the new implants all have in common is the opportunity to make recovery and rehab from surgery much faster. In many cases, these are minimally invasive procedures involving smaller incisions which typically mean less pain and faster recovery for the patient. These outcomes are always our goal and guide our treatment protocols.

Implants can alleviate arthritis and diminished function

Chronic pain and diminished function in the hands and wrists typically result from arthritis. Implants can be used to alleviate these conditions and involve replacing a joint that is surgically removed, and new parts inserted in its place. Finger, knuckle and wrist joints can all be replaced. These new parts allow the joints to move again with little or no pain and improve the patient's range of motion and overall hand function.

Other disorders that may require surgery are fractures or dislocations of the hands or wrists. Sometimes this involves implanting wires, screws or plates to stabilize and hold pieces of bone in place so they can heal properly.

Another surgical treatment is microvascular surgery, which can be used to repair digital nerves and vessels too small to see without microscopic lenses.

Carpal tunnel syndrome and CMC osteoarthritis

Carpal tunnel syndrome results from pressure on the median nerve in the wrist causing pain and tingling in the fingers and hand. Although carpal metacarpal arthritis (CMC) can impact any finger, it frequently involves the base of the thumb. Many times, surgery is the go-to treatment for both of these conditions, but I believe more conservative approaches should be considered first. Non-surgical options vary by case but include anti-inflammatory medications, injections and splints for immobilization of the effected limb. Surgery should only be considered if more conservative treatments prove ineffective and patients continue to have pain and no indications of improvement.

Preserving native joint bones and tissue

In addition, recent studies have addressed new techniques designed to preserve joint surfaces and small joints, maintaining as much of the patient's normal anatomy as possible during surgery. Specifically, the goal is to minimize the extent of the surgery to keep native tissue and native bones intact. Not every orthopedic surgeon subscribes to this concept, but it is something I believe in strongly and will be looking to implement with our patients as appropriate to their situation.

Still, full consideration of non-surgical treatments is preferred before surgery is advised. Injections, medication and other non-surgical treatments can effectively alleviate many issues, whether performed in the primary care office or by our orthopedic team.

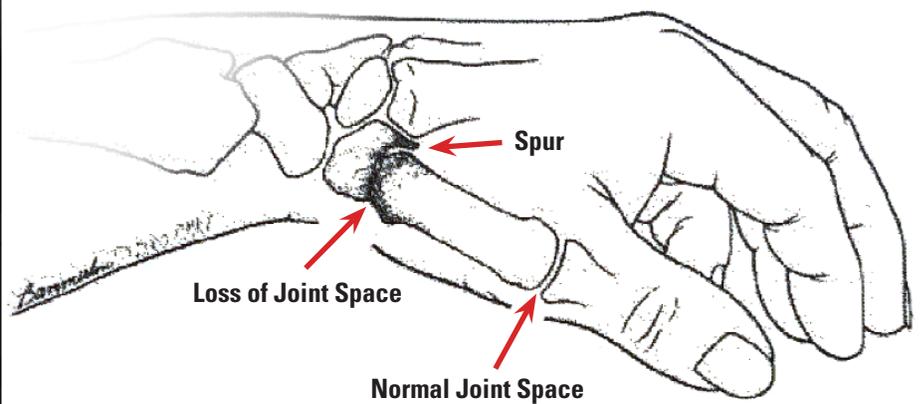
Dr. Robert Lane is a hand and upper extremity specialist and orthopedic surgeon with Goshen Physicians Orthopedics & Sports Medicine. He cares for patients with a wide range of orthopedic disorders including fractures, arthritis, dislocations, ligament injuries, sprains and strains. His surgical activities are performed at the Goshen Ambulatory Surgery Center, an outpatient center for many patients.





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What healthcare providers need to know



Basilar Thumb (CMC) Osteoarthritis

What is carpal metacarpal arthritis? Carpal metacarpal arthritis is arthritis at the base of the thumb joint. In a normal joint, cartilage covers the ends of each bone providing smooth and easy movement between the two surfaces. The cartilage can wear out due to daily use and occurs throughout life. It can also be injured by traumatic events. When the cartilage is worn out and both ends of the bones rub against each other, it is called osteoarthritis. A common place for osteoarthritis to develop in the hand is the joint at the base of the thumb. This joint is formed by two bones called the trapezium and the first metacarpal. The joint provides a wide range of movement for the thumb.

What are the signs and symptoms of carpal metacarpal arthritis? Symptoms of carpal metacarpal arthritis include pain at the base of the thumb while performing grasping or pinching motions. Generally, pain can be elicited while opening jars, turning a doorknob, or turning a key. Grip and pinch strength diminishes as the condition worsens and in severe cases, the base of the thumb can be deformed due to partial dislocation of the joint (joint out of place). Osteoarthritis involving the thumb is more frequent in women than in men. It is generally seen after the age of 40. Either hand can be affected.

How is it diagnosed? The diagnosis of carpal metacarpal arthritis is made by the clinical examination of pain and swelling. Grinding can be felt as a result of the arthritic surfaces rubbing against each other as thumb motion is evaluated. X-rays show classic signs of arthritis, which include a narrow joint space, bone spur formation around the joint, and dislocation if the condition is longstanding.

What is the treatment for carpal metacarpal arthritis? Treatment for this condition consists of thumb immobilization with a splint and oral anti-inflammatory medications to diminish swelling and pain. Also, injections with local anesthetic and a steroid may be used. Patients with constant pain and no improvement with these conservative measures may require surgery. Several techniques have been developed for this condition. After meeting and examining the patient, a plan is made that best suits each individual. Patients can expect about 3 months of recovery.

TO REFER A PATIENT

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Call for an appointment at (574) 534-2548.

If you would like more information or to meet any of our doctors, please contact **Jenny Rupp, Physician Liaison**, at jrupp2@goshenhealth.com or (574) 364-2978.

Goshen Physicians Orthopedics & Sports Medicine | 1824 Dorchester Ct. | Goshen, IN 46526 | (574) 534-2548