**Arthrodesis (Joint Fusion)**

**What to expect…**

**The Day of Surgery:**
- You will meet with nursing, anesthesia, and members of your surgical team in the preoperative holding area. If you have any last minute questions before your surgery, the team will be available to answer them.
- You will meet with anesthesia who will place an IV, give you some sedating medication, and administer the peripheral nerve block (please see peripheral block information sheet). This block will make your arm feel numb from the shoulder down for up to 24-48 hours, and you will have temporary loss of control of this limb.
- A family member or support person may stay with you while you are in the pre-op holding area (although they will likely be asked to step out during the placement of the nerve block.)
- Prescriptions for pain medication will be written by a member of the surgical team at this time. It is important to tell someone if there is a certain medication that works well for you, does not work well, or you have had a bad reaction to in the past.
- You will be asked multiple times by the nurses and the surgical team what procedure you are having and on which side this procedure will be taking place. This is standard safety protocol, but by no means indicates that the surgical team does not know what side and surgery they are doing! At this point, the side and site of your surgery will be marked on your body by a member of the team with a marker.

**After Your Surgery:**
- You will be taken to the recovery room to wake up from your anesthesia. When you are awake enough to sit up in a chair, your family member, friend or support person will be brought back.
- A nurse will go over your discharge instructions, and will give you any prescriptions that have been written (if they have not already been given to your support person prior to the procedure).
- You or your family can expect to speak with Dr. Day or a member of his surgical team after the surgery. Please request this with the recovery room nurse if it has not happened by discharge.
- You will be given a sling to wear that you should keep on until the block has worn off and feeling has returned to your hand as well as motor control.
- We strongly recommend taking pain medication at the first signs that the block is wearing off. This can help you to get ahead of your pain, and can greatly improve pain management.
- You will have a splint on your hand or wrist (depending on which joint(s) are being fused). This will feel like a half cast with a bandage around it that will immobilize your joint (your other fingers will be free). *If it is too tight, you may loosen the outer layers and rewrap them looser, but do not completely remove it.* This should remain in place until your first post-op visit.
- You will also have dissolvable sutures or nylon sutures that will have to be removed in the office.
- **ELEVATE YOUR HAND ABOVE YOUR HEAD.** This is an extremely important part of pain management. This can also help to reduce swelling in the hand.
- It is ok to use ice over your dressing as long as the dressing does not get wet.
- Keep your incision clean and dry until your sutures are removed which will be done in the office at around 2 ½- 3 wks. During this time, you will have to cover your incision while bathing.
- You will have your first post-op visit within the first 10 days after surgery. At this visit you will have x-rays with your splint off, and we will transition you to a cast (or possibly a splint if it is a finger that is being fused). You can expect to have this cast or splint on until the joint has fused (typically about 8-12 wks after surgery). We will do x-rays at each of your post-op visits, which will occur approximately every 3-4 weeks, until the joint has fused.
- Your fusion may be done with pins called K-wires. If this is the case, these wires will have to be removed in the operating room when the joint has fused.
- You should avoid lifting anything “heavier than a cup of coffee” with your hand until the joint has fused.
- You should keep your other fingers moving aggressively after surgery. We do not want them to get stiff. Activities such as light typing, holding a fork, knife, toothbrush, hairbrush, steering wheel, and light writing etc, are ok after surgery.
- You will not be able to drive while you are taking narcotic pain medication.
- Your ability to return to work will depend on 1) they type of work you do 2) your pain after surgery and whether or not you are requiring prescription pain medication 3) your ability to avoid the restricted activities while doing your job. We will provide out-of-work and return-to-work notes at your post-op visits.
- You will likely require occupational therapy for your hand. This will be to work on scar management, range of motion, and strengthening of your hand when you come out of the cast or splint. Your need for therapy will be determined at post-op visits, but is often recommended. You will be able to do this at BIDMC or at a facility closer to your home if you desire.
- If you have any questions you can call the office at (617) 667-7673 to speak with one of the nurse practitioners. The receptionists are available Monday, Tuesday, Wednesday and Friday from 8:30 am - 4:30 pm, and on Thursday from 9:00 am – 4:30 pm. After hours, you can leave a detailed message, and your call will be returned on the next business day, or you may call the switchboard at (617) 667-7000 to speak with the resident that is on call for hand surgery. If it is a medical emergency call 911.

**Expectations of Surgery:**
- 90% successful in resolving pain and improving appearance of arthritic joint.
- You may develop scar tissue that has sensitivity that may require aggressive occupational therapy for scar management and desensitization.
- Most patients have recovered from surgery with total fusion within 4 months.

If you have any further questions about what to expect with your arthrodesis, please call (617) 667-7673.