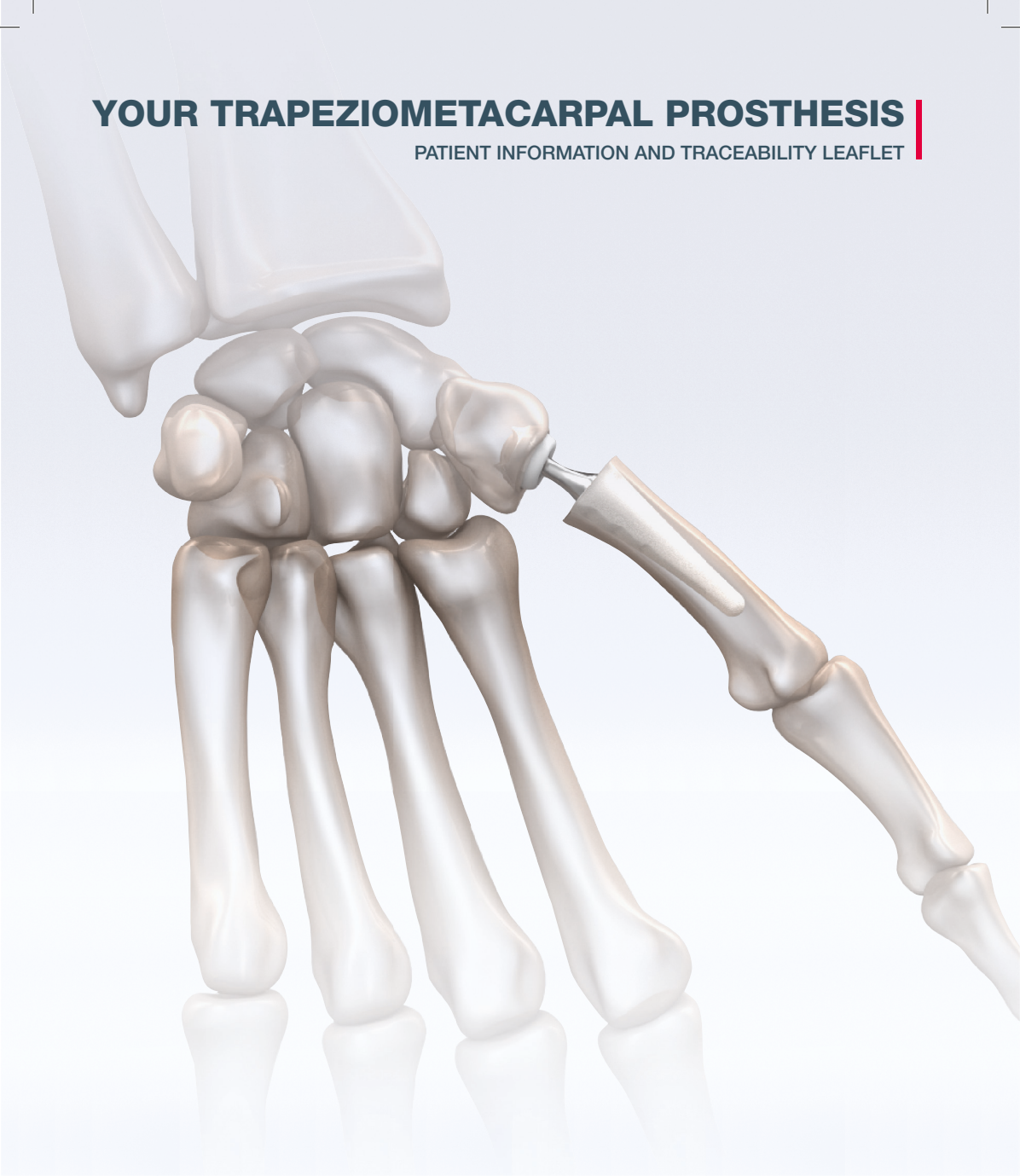


YOUR TRAPEZIOMETACARPAL PROSTHESIS

PATIENT INFORMATION AND TRACEABILITY LEAFLET



PATIENT INFORMATION BOOKLET

lépine
Depuis 1714

Institution

Surgeon

Your implant

Component

Traceability label (to keep)



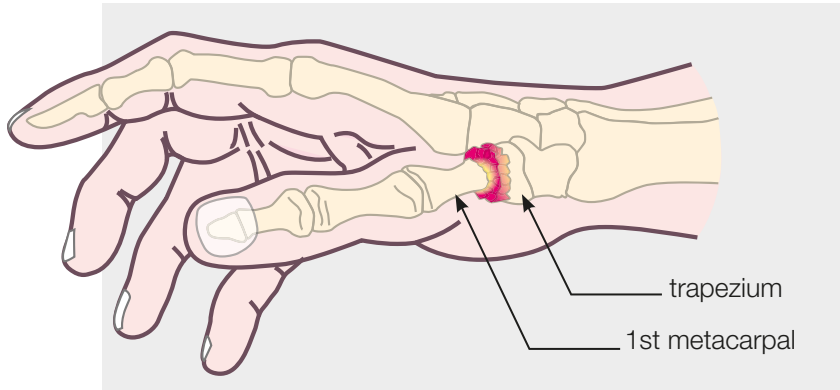
Cup

Neck

Dual mobility cup

Dual mobility liner
+ neck

Stem



Dear Sir/Madam,

You suffer from rhizarthrosis, wear of the joint located at the base of your thumb with progressive destruction of the cartilage which covers the trapezium and the first metacarpal.

Among the various alternatives for possible treatments, your surgeon has recommended the replacement of this joint with a trapeziometacarpal prosthesis.

Your active collaboration with the healthcare team is essential for your recovery.

This information is not a substitute to the advice provided by your surgeon. He/ she will be able to adapt it to your situation and make adjustments according to the functional recovery of your joint.



Why and how should you undergo surgery?

Rhizarthrosis affects up to 20% of women and less than 5% of men, with various levels of severity.

- Pain in the joint at rest and especially when active.
- Oedema and swelling
- Deformation of the thumb (swan neck or Z deformation)

After basic medical treatment proving to be ineffective:

- anti-inflammatory drugs
- injections
- resting hand orthoses
- and sometimes physiotherapy,

your surgeon aims to ensure the indolence of your joint while retaining the mobility and gripping strength of the thumb, all of this being compatible with adapted leisure or work activities.

The surgeon has chosen to implant a **total prosthesis for this painful joint (trapeziometacarpal prosthesis)**, which will consequently retain all its mechanical qualities.

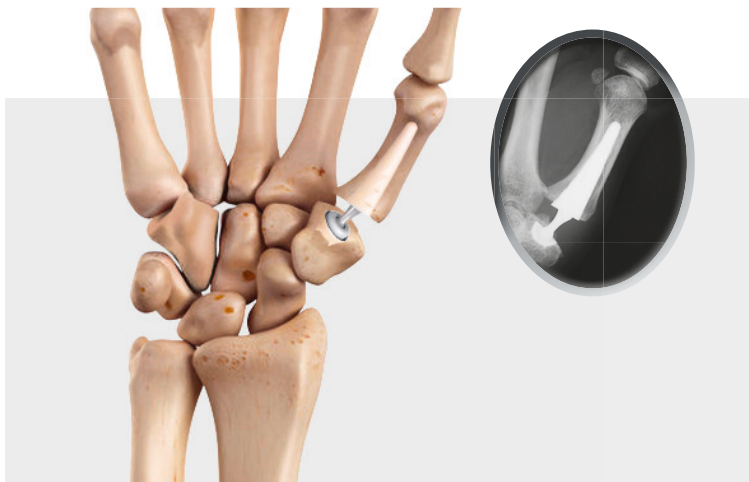
Today, this surgical procedure, developed over 40 years ago, benefits from a new generation of effective implants due to the quality materials and manufacturing technologies used.

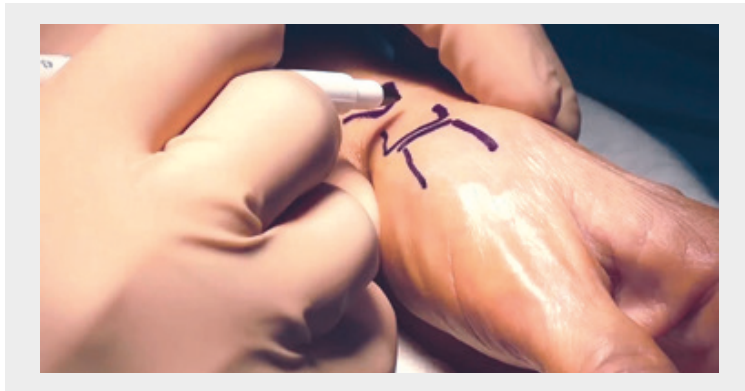


MAIA™ trapeziometacarpal prosthesis composition

The MAIA™ trapeziometacarpal prosthesis consists of:

1. One small **stem** inserted in the first metacarpal at the base of your thumb, extended by
2. One **modular neck** which will articulate over a ball-socket joint with
3. One **cup** positioned in the trapezium.





Hospitalisation and surgery

As with any surgery, a preoperative evaluation will be carried out according to the instructions. The anaesthesiologist will see you in consultation no later than 48 hours before the surgery.

In general, it is strongly recommended to stop the use of tobacco before surgery (tobacco decreases oxygenation and therefore the healing process). Depending on the type of anaesthesia chosen, you may be asked to fast (do not eat or drink anything) up to 6 hours before surgery.

In most cases, the surgery will be performed under locoregional anaesthesia, which sometimes involves a tranquillizer being given along with the anaesthesia.

The procedure will be performed through a two to three centimetre incision, external to the base of the thumb.

After surgery, your thumb will have to be protected by a large cotton bandage and then most often by an orthosis, in order to leave your joint in the natural open position.

You will be seen again in consultation to do a clinical check-up with radiography on the 10th or 20th day according to your surgeon's habits.

Key "STEP" markers of your rehabilitation

Important: Self-rehabilitation plays a major role after your surgery. Your surgeon will inform you about your various options and expected immobilisation time.

1ST STEP: During the 1st month after surgery, the extent of immobilisation will depend on the recommendations of the surgical team in charge of your surgery.

2ND STEP: During the 2nd and 3rd months, self-rehabilitation and gradual recovery of manual activities which do not require the joint.

3RD STEP: 3 months after the surgery:

- back to professional and sporting activities which require the joint
- use of vibrating machines
- allowed to carry loads



Other pieces of advice given by your doctor during your stay in the healthcare facility.

Proposal for a self-rehabilitation protocol

based on the recommendations of your surgeon who may decide when to initiate it or not

Daily exercises to be performed 5 to 6 times per day (5 to 10 minutes) for mobilisation of the thumb

1. Touch the pulp of each finger; when you have reached the 5th finger, fold your thumb to reach the base of it.
2. Hold your thumb in front of the palm of your hand and then fold it to reach also the base of the 5th finger.
3. Put the palm of your hand flat on the table, and then:
 - Pull away / pull back the thumb
 - Lift your thumb from the surface of the table

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