



Proximal Row Carpectomy
Dr. Bakker's Post-operative Protocol

Important Instructions Following Surgery:

- After surgery, your forearm and hand will be in a large bandage and plaster splint. Please DO NOT remove this. Try to keep your bandage clean and dry.
- To minimize swelling, you must keep your hand lifted up to your shoulder level.
- When sitting or lying, you should use pillows to support your surgically affected extremity, especially when sleeping.
- Encouragement for finger movement to avoid stiffness and to help with swelling reduction. A pulling sensation may be noted, but this is normal.

Referral to Hand Therapy:

- You will be instructed to make an appointment with hand therapy (OT) 4 weeks out from your surgery. Depending on the clinic where hand therapy will be performed, please contact our Edina office at 952-456-7000 or our Plymouth office at 763-520-7870, to schedule.
- The goals for hand therapy following a proximal row carpectomy are to regain range of motion, decrease pain, regain strength and return to functional activities.
- You will be seen in hand therapy 1 time a week starting at six weeks post-operative.

-Weeks 0-2:

- Remain in the post-operative short arm splint.
- Perform gentle range of motion of the fingers.
- Ice 20-30 minutes three times daily. Monitor for increased swelling of the fingers.
- Transition to Tylenol.
- Take 1500 mg of Vitamin C daily.

-Weeks 2-4:

- Return to the clinic at week 2 post-operatively for re-evaluation, suture removal, and cast application.
- The type of cast that will be applied is called a short arm. This cast incorporates the forearm, but allows for movement of the fingers and elbow.
- Your cast will be worn for an additional 2 weeks (total of 4 weeks immobilization).
- Activities may be performed while wearing the cast as tolerated, with the exception of lifting no more than 1 pound with the surgically affected hand.
- Discontinuation of narcotics is expected, continue with Tylenol and ibuprofen as needed.

- Take 1500 mg of Vitamin C daily.

-Week 4:

- Return to the clinic 4 weeks from surgery for cast removal, repeat imaging and re-evaluation.
- Hand Therapy will initiate a therapeutic exercise program. It will be upgraded as you advance.
- The Hand Therapist will fabricate a custom wrist splint that will be worn at all times except for hygiene and range of motion exercises.

-Weeks 4-12:

- Continue with the goals of increasing ROM, scar tissue management and decreasing pain/inflammation. Therapy sessions will be conducted 1-2x weekly.
- The wrist brace will continue to be worn with vigorous hand activities. You may begin weaning from the brace at 8 weeks.
- Your therapist will alter and adjust your exercise program as you progress.

-Weeks 12 and beyond:

- Return to the clinic at 12 weeks post-operatively for re-evaluation or as needed if there are no concerns.
- Hand Therapy will likely be discontinued prior to this time.
- Return to activities as tolerated without further restrictions.