Heberden's node

(Osteoarthritis of the far knuckle joint (the distal interphalangeal joint - DIPJ)

What is it?

In a normal joint the articulating bone ends are covered with a smooth layer of cartilage which allows free and painless movement.

In osteoarthritis (degenerative arthritis) the cartilage thins and eventually the bone ends articulate against each other.

The joint capsule may also thicken and there may be additional bone formation. The result is pain, stiffness, loss of movement and deformity.

How is it diagnosed?

Heberden's node is diagnosed on the basis of the history described above, and by clinical examination.

Plain radiographs of the distal interphalangeal joint may be required to confirm the presence of osteoarthritis.

What is my approach to treatment?

Initially, simple analgesic and non-steroidal anti-inflammatory tablets or a steroid injection into the joint may help control symptoms.

If the condition progresses or the above measures fail then surgical fusion (arthrodesis) of the affected joint can provide permanent symptomatic relief.

What does an operation involve?

Surgery is normally carried out as a day case under general or local anaesthetic. A tourniquet is applied to the upper arm, similar to a blood pressure cuff. This provides a clear view of the operative field for surgery.

The joint is exposed via a small incision and all remaining cartilage and excess bone removed. Once fashioned, the bone ends are held together with a buried screw. Bleeding is controlled and the skin closed with non-absorbable sutures and surgical glue.

A long acting anaesthetic injection is then administered to provide pain relief. Finally, a dressing and bandaging are applied.

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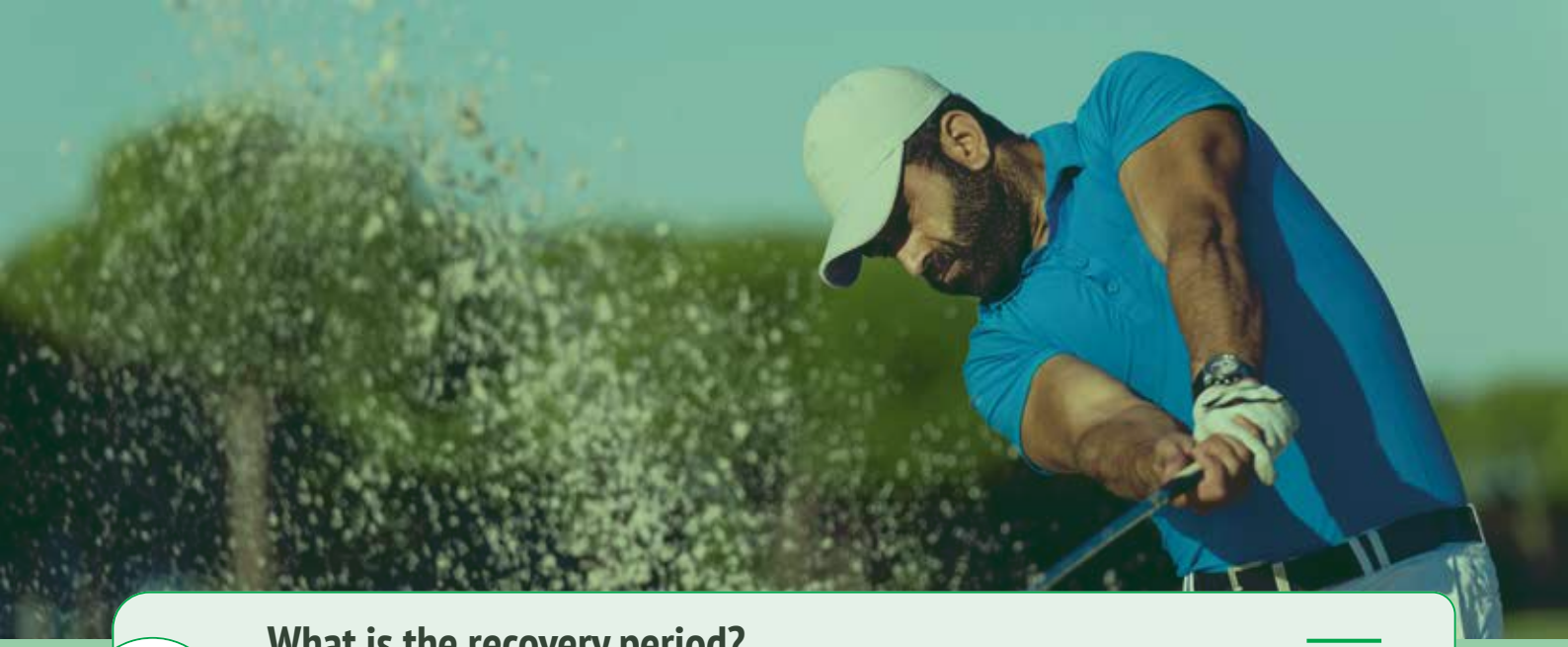

What is the recovery period?

Once the local anaesthetic has worn off, normally 6 to 8 hours, simple analgesics and anti-inflammatory tablets may be used for pain.

The hand should be kept elevated as much as possible during the first week after the operation, although finger movements are to be encouraged. A high arm sling may be useful for this purpose.

Bandaging is reduced after 5 to 7 days. Sutures are removed in the clinic after two weeks. It should then be possible to wet the hand. Prior to this it's possible to shower by keeping the extremity dry with a plastic bag secured over the limb using an elastic band or a purpose made shower cover.

The finger may need to be protected in a splint until bony union is confirmed on x-ray, usually 4-6 weeks. Most pain and swelling will have settled by this stage.

Driving may be possible after four weeks.

When a patient is ready to return to work depends on their specific job role and may also vary from individual to individual. It may be possible to return to light keyboard work towards the end of the third week. Heavy manual work should be avoided until bony union is confirmed on x-ray.

Are there any possible complications?

Over 95% of patients are satisfied with the result.

However, as with any treatment, there are always risks involved: infection: 2%, chronic regional pain syndrome: 2%, non-union: Less than 5%

Insurance fee assured:

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