



Total distal radioulnar joint replacement for symptomatic joint instability or arthritis

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There is not much good evidence about how well this procedure works or how safe it is. This procedure can be used but only when patients have regular checks to see how well it is working or if it has caused problems. This is because of uncertainties about its long-term effects and potential serious complications.

Instability of the distal radioulnar joint (a joint that is part of the wrist) can be caused by injury, arthritis or failure of previous surgery. The joint can become swollen and painful, which often limits hand movement, particularly turning the palm up and down, and grip strength. This procedure is done by removing the wrist end of the ulna (one of the forearm bones) and replacing it with a metal prosthesis that also attaches to the wrist end of the radius (the other forearm bone). The aim is to increase the stability of the joint and improve pain-free movement.

NHS Choices may be a good place to find out more. NICE's information on <u>interventional</u> procedures guidance has more about what a procedure is and how we assess them.

Is this procedure right for me?

If you've been offered this procedure, your healthcare professionals should discuss with you what is involved, and tell you about the risks and benefits. They should talk with you about your options, and listen carefully to your views and concerns. Your family can be involved too, if you wish. All of this should happen before you agree (consent) to have the procedure. You should also be told how to find more information about the procedure. Read more about making decisions about your care.

Some questions to think about

- · What does the procedure involve?
- What are the possible benefits? How likely am I to get them?
- What are the risks or side effects? How likely are they?
- What happens if the procedure doesn't work or something goes wrong?
- What happens if I don't want the procedure? Are there other treatments available?

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