

SESAMOID FUSION

Pathology	MCPJ hyper-extension Volar plate rupture/attenuation	
Causes	Congenital Spasticity Trauma Arthropathy	
Surgical options	Tenodesis Capsulodesis Sesamoid fusion Arthrodesis	
Requirements	Wire driver 16G drip cannula Fine rongeurs Fine cerclage wire ±K-Wire	
Objective	Stabilise MCPJ in slight flexion	
Technique	RA/GA & upper arm/forearm tourniquet Mid-lateral approach to thumb MCPJ Divide accessory collateral ligament Identify under-surface of sesamoid Position joint in slight flexion Note point of abutment between sesamoid and metacarpal head Remove articular surfaces from sesamoid and MC head section Pass suture/wire trans-osseously to appose sesamoid to MC head (Trans-articular K-wire optional) Layered closure	
Rehabilitation	Dressing with Scotchcast® splint Wrist & thumb mobile Wound inspection & ROS at 2 weeks (K-wire removal at 4 weeks if used) Thermoplastic splint & AROM exercises	
Complications	Infection Stiffness Recurrence Painful wire loop Digital nerve damage	
Reference	Tonkin MA et al. Sesamoid arthrodesis for hyperextension of the thumb metacarpophalangeal joint. Journal of Hand Surgery 1995, 20A, 334-8.	