

WHAT'S IN MY BAG?

CMC Mini TightRope® Implant



Mark Dehaan, MD

Q. How long have you been using the Mini TightRope for CMC arthritis?

A. I have been using the Mini TightRope for CMC arthritis since 2011. I have been practicing hand and upper extremity surgery for over 20 years. During that time I have treated numerous patients with basilar thumb joint pain. The procedure of choice over these many years has been ligament reconstruction and tendon interposition with complete trapeziectomy. Over these couple decades many techniques have come and gone as well as implants. The LRTI surgical management for thumb CMC joint pain has given good outcomes. Unfortunately, the concerns of patients have been the protracted recovery time of several months. They have been immobilized after surgery for six weeks, and they have noted residual weakness and some instability. I have searched for an alternative technique to improve their outcome and provide an earlier option for recovery. The Mini TightRope provides these answers for this particular problem from my surgical perspective.

Q. Why do you like using the Mini TightRope for CMC arthritis?

A. It has been my experience with this technique that the recovery time is significantly shorter. Patients are delighted to have the use of their thumb back within 7-10 days for activities of daily living which include writing, eating, using the computer, and light activities. It has also been my experience doing this technique that there is more predictable outcomes with regards to strength and stability of the repair.

Q. What type of patient is the TightRope indicated for?

A. I have used the Mini TightRope for CMC arthritis in all types of patients. This is regardless of age. Our series of patients include ages from 42 to 82 years of age. Both male and female as well as mechanics and factory workers have benefited using this method of surgical management.

Q. How has this changed your post-op protocol?

A. My protocol regarding postop care has not significantly changed over the years I have been doing this procedure. We allow the patients to remove their dressings at 7 to 10 days. We convert them to a thumb-spica forearm splint to be used for comfort. We suggest they use a neoprene thumb wrap for support and protection approximately 4 weeks following the surgical procedure. The thumb-spica forearm splint is only necessary for the first 4 weeks. It is my opinion that this gives time for the joint capsule scar tissue to mature. This also slows down patients because they are anxious to use their thumb and the technique provides significant stability that they tend to actually overuse it because they just do not have the pain they had preoperatively.

Q. How many patients have you performed this procedure on?

A. At this time we have performed approximately 300 CMC arthroplasties using the Mini TightRope procedure. This has been since 2011. There have been very few revisions, and I will continue to use this technique in the future.

Q. Any last comments?

A. The Mini TightRope CMC fixation has become my procedure of choice for symptomatic CMC joint arthritis. The evolution of this procedure over the past 4 years has included adjustments of the incision sites. The tightrope positioning is essential to provide a satisfactory suspension and the need for appropriate tightening and testing using fluoroscopy during the procedure.

It is our impression that the Mini TightRope CMC fixation offers a more predictable surgical outcome with earlier return to activities when compared to the traditional LRTI technique I used in the past.

