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UNDERSTANDING YOUR SURGERY

Proximal Row Carpectomy

Overview
This operation removes three small bones from your wrist, letting the wrist move on a new joint surface formed by the remaining bones. It preserves more movement than a fusion, with some reduction in grip strength — a good option when the remaining surfaces are healthy.

About Your Procedure

Why this surgery is recommended

- A specific pattern of wrist arthritis, or Kienböck's disease
- When preserving wrist movement matters
- A motion-preserving alternative to wrist fusion

What happens during surgery

- An incision on the back of the wrist
- Three small wrist bones carefully removed
- Remaining bones form a new, lower-demand joint
- General or regional anaesthetic; day procedure or overnight stay

After Your Surgery

- Wrist in a cast for **4–6 weeks**
- Finger, shoulder and elbow exercises from Day 1
- After the cast: a removable splint and hand therapy
- Grip is weak for some months, then gradually improves
- No driving for **6 weeks** after surgery

Important precautions:

- Expect roughly 60% of normal wrist motion — this is by design, not a complication
- Grip strength is usually around 75–85% of the other hand by 12 months
- Heavy manual work needs surgeon clearance at 6 months
- If pain returns later, conversion to a fusion remains an option

Your Recovery at a Glance

WEEKS 0–6
Cast. Finger and shoulder exercises

WEEKS 6–10
Wrist movement begins. Removable splint

WEEKS 10–18
Progressive wrist and grip strengthening

MONTHS 4–6
Return to work; heavy work cleared at 6 months

QUESTIONS YOU MAY WISH TO ASK

- ? What does my recovery look like for my job or sport?
- ? What are the main risks, and how likely are they for me?
- ? What pain relief will I need, and for how long?
- ? When can I return to work, and is travel safe early on?

MY NOTES

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