

2022 NEHS Annual Meeting Abstract Submission

COMPLETE

NEHS Vice President, Daniel Mastella, M.D., is currently accepting abstract submissions for presentation at our Annual Meeting on December 2, 2022.

This meeting will be held at the Sturbridge Host Hotel in Sturbridge, MA.

Therapists, NPs, and PAs are also encouraged to submit.

THE DEADLINE FOR SUBMISSION IS OCTOBER 15, 2022

RESIDENTS AND FELLOWS ONLY. Please indicate if you want your paper to be considered for the prestigious H.Kirk Watson, M.D. Founder's Award. The abstracts for award consideration will be presented in the morning and the award will be presented in the afternoon.

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* ABSTRACT TITLE

Current trends among NEHS members in the surgical treatment of thumb CMC arthritis

* Contact Person Name

W. Kelsey Snapp

* Contact Person Email

* Contact Person Phone Number

* Name of who will present abstract at NEHS meeting on December 2, 2022 Please note that the same person cannot present more than one abstract at the meeting.

W. Kelsey Snapp

* Please indicate if the presenter is:

Fellow

* List full names of abstract authors

W. Kelsey Snapp, MD
M. Mirza Mujadzic, MD
J. Grant Thomson

*** ABSTRACT - should include background information and a description of methods, programs, or practices.**

Basilar joint arthritis of the thumb has long been recognized as one of the most common ailments of upper extremity, and late stage disease causes patients significant pain and loss that loss of function interferes with their daily life. Numerous surgical techniques have been described to successfully treat patients that have failed non-operative management, including autologous or artificial arthroplasty, arthrodesis, arthroscopic treatment and denervation. Despite the prevalence of the disease and the wide body of literature regarding surgical treatment of CMC arthritis, clear superiority of one technique has never been demonstrated so there exists no consensus for the optimal surgical treatment. We anonymously surveyed active members of the New England Hand Society to determine their preferred surgical treatment of thumb CMC arthritis and if it has changed within the last 10 years. Our survey also specifically asks members their experience performing less-practiced, "novel" techniques such as implant arthroplasty, arthroscopic treatment, denervation or fat grafting. Lastly, we ask members which technique they would choose for their own thumb. As techniques continue to evolve, it is important to follow trends regarding the treatment of diseases such as thumb CMC arthritis for which there is no consensus best treatment.

Please attach files with diagrams and/or photos to support your abstract (10 MB limit)

cmc_survey.docx

*** Please attach the abstract presenter's CV**

cv_2022.pdf

1. How many years have you been in practice?
 - 0-5
 - 6-10
 - 10-20
 - 20+

2. On average, how many surgeries a year do you perform for basilar joint arthritis?
 - 0-10 (less than once a month)
 - 10-25 (1-2 monthly)
 - 25-50 (once weekly)
 - 50-150 (2-3 weekly)
 - >150 (>3 weekly)

3. In what type of setting do you practice?
 - Academic Hospital
 - Private Practice
 - Community Hospital practice

4. What is your preferred technique for a 50-60 year old high-demand patient with CMC arthritis that has failed non-operative management?
 - Trapeziectomy alone
 - Trapeziectomy, LRTI with partial/complete FCR
 - Trapeziectomy, LRTI with APL
 - Trapeziectomy, LRTI with other tendon
 - Trapeziectomy, suture-button suspension (Arthrex Tightrope)
 - Trapeziectomy, suture suspension (DeSignore technique)
 - Trapeziectomy with suture tape/biotenodesis screw stabilization (Arthrex Internal Brace)
 - Thumb CMC arthrodesis
 - Arthroscopic debridement
 - Implant arthroplasty
 - Thumb CMC denervation
 - Thumb CMC fat grafting
 - Other

5. Have you changed your preferred surgical treatment within the last 10 years?
 - Yes
 - No

6. If yes, what technique did you previously use
 - Trapeziectomy alone
 - Trapeziectomy, LRTI with partial/complete FCR
 - Trapeziectomy, LRTI with APL
 - Trapeziectomy, LRTI with other tendon

- Trapeziectomy, with suture-button suspension (Arthrex Tightrope)
- Trapeziectomy with suture suspension (DeSignore technique)
- Trapeziectomy with with suture tape/biotenodesis screw stabilization (Arthrex

Internal Brace)

- Thumb CMC arthrodesis
- Arthroscopic debridement
- Implant arthroplasty
- Thumb CMC denervation
- Thumb CMC fat grafting
- Other

7. What type of anesthesia do you prefer for your procedure of choice?

- General
- Regional block with sedation
- Bier Block
- Local with sedation
- WALANT

8. In your current practice, do you or have you ever performed any of the following procedures for thumb CMC arthritis?

- Implant arthroplasty
- Arthroscopic debridement
- Thumb CMC denervation
- Thumb CMC fat grafting
- Thumb CMC PRP injection

9. If it were your thumb and you had exhausted all non-operative options, how would you like to be treated?

- Trapeziectomy alone
- Trapeziectomy, LRTI with partial/complete FCR
- Trapeziectomy, LRTI with APL
- Trapeziectomy, LRTI with other tendon
- Trapeziectomy, suture-button suspension (Arthrex Tightrope)
- Trapeziectomy with suture suspension (DeSignore technique)
- Trapeziectomy with suture tape/biotenodesis screw stabilization (Arthrex

Internal Brace)

- Thumb CMC arthrodesis
- Arthroscopic debridement
- Implant arthroplasty
- Thumb CMC denervation
- Thumb CMC fat grafting
- Other
- I would avoid surgery at all costs

