De Quervain's Tenosynovitis Surgical Release

Tendons (tough cords of tissue) connect the muscles to the bones at the spot where the thumb meets the hand. If the covering *(the tendon sheath)* of these tendons becomes *inflamed* (the body's way of reacting to injury or infection), the swelling can make it hard for the tendons to move normally. The result is pain. This condition is called de Quervain's tenosynovitis. It got its name from the Swiss surgeon, Fritz de Quervain, who first described the condition in the late 1800s.

The condition causes pain in the wrist, on the thumb side. It can make it hard to hold, grip or grab objects. It can hurt just to turn the wrist. Often it is caused by using your wrist too much; doing the same movement over and over, day after day. Sometimes, it results from an injury. It can also be caused by health conditions that cause inflammation, like rheumatoid arthritis. Surgery is the definitive step to reduce the swelling and stop the pain.

It is common to first try other things. Your caregiver may suggest that you:

- Avoid doing anything that makes you move your wrist or hand a lot.
- Stop doing things that make your thumb hurt.
- Put ice on the sore wrist and thumb area.
- Take a non-steroidal anti-inflammatory drug (NSAID).
- Put your thumb in a removable splint or a brace that keeps it from moving. You might have to wear this all the time for 4 to 6 weeks.
- Have a steroid injection into the tendon sheath that is inflamed.

If these methods do not work, surgery may be needed to reduce the swelling. Surgery should relieve the pain.

BEFORE SURGERY

- Two weeks before your surgery, stop using aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) for pain relief. This includes prescription drugs and over-the-counter anti-inflammatory drugs. Also stop taking vitamin E.
- If you take blood thinners *(anticoagulants)*, ask your caregiver when you should stop taking them.
- Stop smoking.
- Do not eat or drink for about 8 hours before your surgery.
- Arrive at least an hour before the surgery, or whenever your surgeon recommends. This will give you time to check in and fill out any paperwork.
- Your surgery will probably be an outpatient procedure. That means you will go home the same day. Make arrangements in advance for someone to drive you home.

LET YOUR CAREGIVER KNOW ABOUT:

- Any allergies.
- Medicines taken including herbs, eye drops, prescription medicines (**especially medicines used to "thin the blood"**), aspirin and other over-the-counter medicines and steroids (by mouth or cream).
- Previous problems with anesthetics or medicines used to numb the skin.
- Possibility of pregnancy, if this applies.
- Any history of blood clots in your legs and/or lungs.
- Any history of bleeding or other blood problems.
- Previous surgery.
- Other important health problems.

THE PROCEDURE

- You will be given a *local anesthetic* or *regional anesthetic* so you do not feel pain. Your thumb and wrist area will be numbed, but you will still be awake.
- The surgeon will make a cut (*incision*) in the wrist. Then, the sheath that wraps around the tendons will be opened. This gives the tendons inside the sheath more room. There will be less pressure on them, and that helps relieve the pain.
- If there are small sacs filled with fluid (*cysts*) or other inflamed tissues, they can be removed during the surgery.
- The incision will be closed with small stitches. This will be covered with a *dressing* (a piece of gauze).
- A splint or brace will be put on your wrist and thumb area to keep it from moving.

AFTER SURGERY

- You will stay in a recovery area until the anesthesia has worn off. Your blood pressure and pulse will be checked often. Once your body functions are back to normal, you will be able to go home.
- The surgeon will give you a prescription for pain medication to help keep you comfortable.
- Before you go home, ask whether you will need physical or occupational therapy. If so, ask about referrals.
- Be patient. It will take a few weeks before you can use your wrist and thumb normally again.

RISKS & COMPLICATIONS

- Pain at the incision site.
- Blood that pools under the incision (*hematoma*).
- Infection at the incision site.
- Swelling.
- Allergic reaction to the anesthesia.
- A return of pain or stiffness in the thumb.
- Rarely, nerve injury.

HOME CARE INSTRUCTIONS

- Take any medication that your surgeon prescribed. Follow the directions carefully.
- Ask your surgeon whether you can take over-the-counter medicines for pain, discomfort or fever. Do not take aspirin unless your surgeon says that you should. Aspirin increases the chances of bleeding.
- Do not get the incision wet for several days (or as directed by your surgeon).
- Follow your surgeon's directions for changing the dressing on the incision.
- Wear the splint as directed by your surgeon.
- You may be given simple exercises to do once the splint can be removed during the day. These will keep the wrist from getting stiff and keep it from swelling. The exercises also will help bring back normal movement. When you can move the wrist and thumb normally, you will start doing exercises to make them stronger. You might do these on your own or you might work with a physical or occupational therapist.
- You might need more treatment to help the wrist heal. This could include:
  - Massage.
  - Stimulation of the muscles with electrical waves.
- Do not rush to use your hand before allowed by your surgeon. Using your wrist and thumb before they are healed can cause delayed healing.

SEEK MEDICAL CARE IF:

- The incision area becomes red, swollen or feels warm to the touch.
- Blood or pus oozes from the incision.
- The incision smells bad. This could mean it is infected.
- Pain in your wrist or hand increases or it does not get better with pain medicine.
- You have an oral temperature above 102° F (38.9° C).

SEEK IMMEDIATE MEDICAL CARE IF:

- You have an oral temperature above 102° F (38.9° C), not controlled by medicine.

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