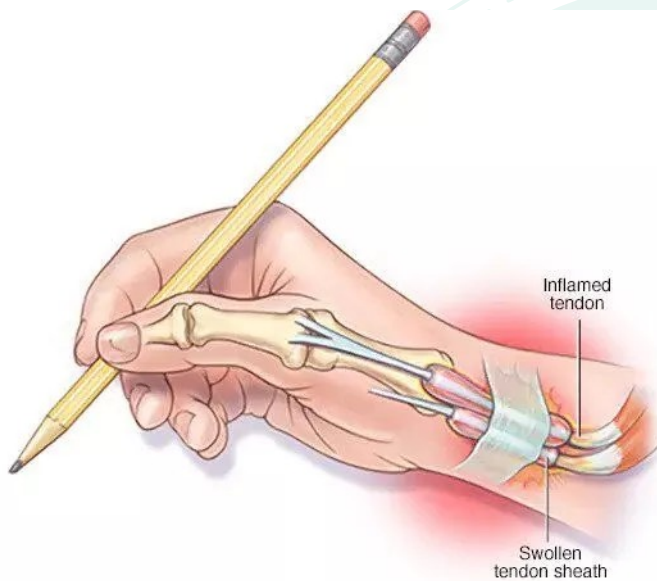


# De Quervain's Tenosynovitis Handout

Date: 8 Feb 2023

De Quervain's tenosynovitis is a painful condition of the wrist.

## Causes



There are a number of reasons why patients get tenosynovitis, it may relate to diabetes, arthritis of the base of the thumb or pregnancy. Activities associated with de Quervain's include lifting a 9 month old baby (that is not yet walking), repetitive space bar use at work. The problem is that the tendons are secured to the bone with a sheath (or pulley) and therefore if the tendons swell with use (or diabetes) they tend to rub against the sheath causing friction. The body responds by creating lubrication (swelling) and then inflammation (painful).

## Treatment choices

Treating the underlying condition is ideal - managing sugar control over the long term is very important. Pregnant patients can choose to wait to see if their pain settles after pregnancy.

Splints - these need to include the base of thumb - and can be purchased at your chemist or preferably fitted to you by a Physiotherapist or Occupational Therapist. They can be soft or firm, depending on your symptoms.



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Steroids - a steroid injection is useful for temporary exacerbation of symptoms such as a change in job duties or a 9 month old baby. I can perform this for you in my office, under ultrasound guidance.

## **Surgery - this is performed as Day Surgery.**

It can be performed under local anaesthetic (awake) or general anaesthetic (asleep).

The procedure itself takes 15 minutes but the process of attending the surgery can take up to 4 hours. A tourniquet (like a tight blood pressure cuff) is used to improve visibility during surgery, by cutting off the circulation to your arm temporarily. You have permission to drive afterwards, but it is wise to have a support person to drive you.

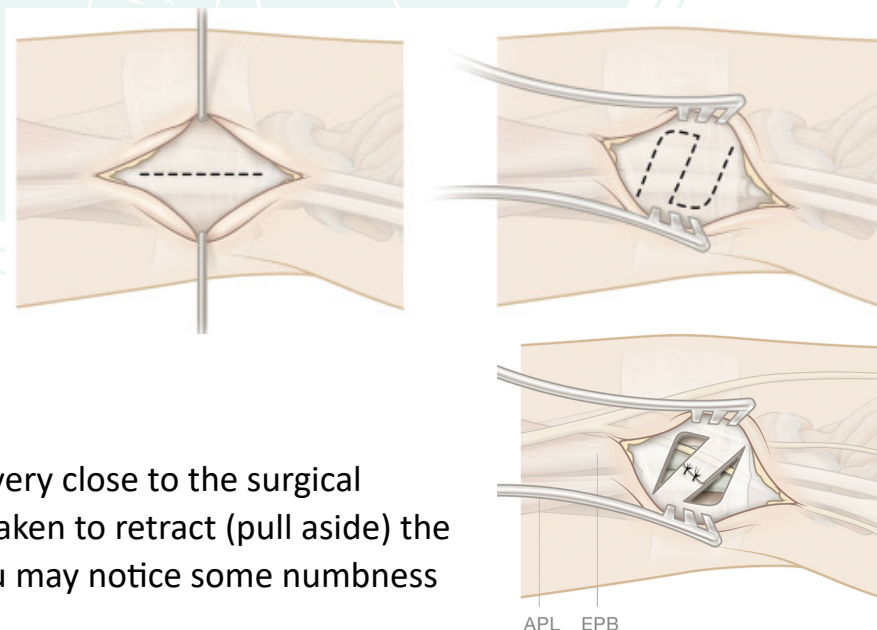
The principle is to divide (split) the sheath so that there is no more pressure over the tendon and it can glide freely.

The wound is closed with buried sutures and covered with a water proof dressing. You can remove your compressive bandages after a day or two. You are welcome to use your hand and wrist as your pain allows and you can wear a splint if you feel your wrist needs ongoing rest. Most patients are ready to return to work after a week or two, depending on the nature of their work. Your sutures are trimmed at the office at 7-10 days after surgery. Keep your wound clean and dry to prevent infection.

## **Complexities of Surgery**

Extra compartment - some patients are pre-disposed to de Quervain's tenosynovitis due to an anatomical variant which means that instead of 2 tendons, they can have up to 4. This results in some tendons traversing a very tiny sheath with means they are more likely to develop friction with activity and they are more likely to struggle to correct the problem without surgery.

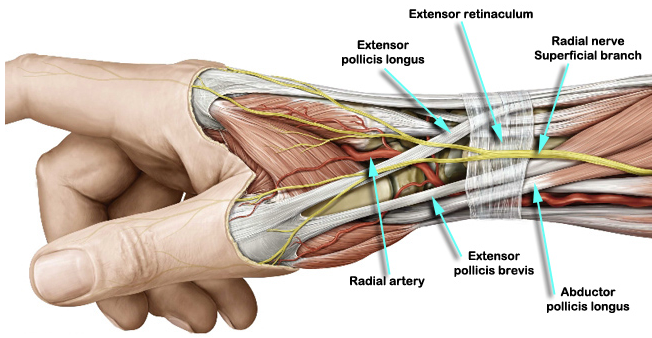
To prevent the tendons from slipping over the edge of the bone after the sheath is divided, a Z-plasty technique is used to divide the sheath - the flaps are rejoined to create a larger sheath.



The superficial radial nerve is very close to the surgical incision site and great care is taken to retract (pull aside) the nerve to prevent cutting it. You may notice some numbness

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over the back of your hand initially due to the stretching of the nerve to sweep it aside, but if the nerve is cut the numbness can last a very long time and the nerve ending can be sufficiently sensitive to require another surgery.

Infection - if your wound is red or painful, please contact the office to let Dr Coll know so she can decide if you need antibiotics.

Please have a careful think about your needs and surgery - you will fare best through your surgery if you feel good about the decision to proceed.

*Sarah Coll.*

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