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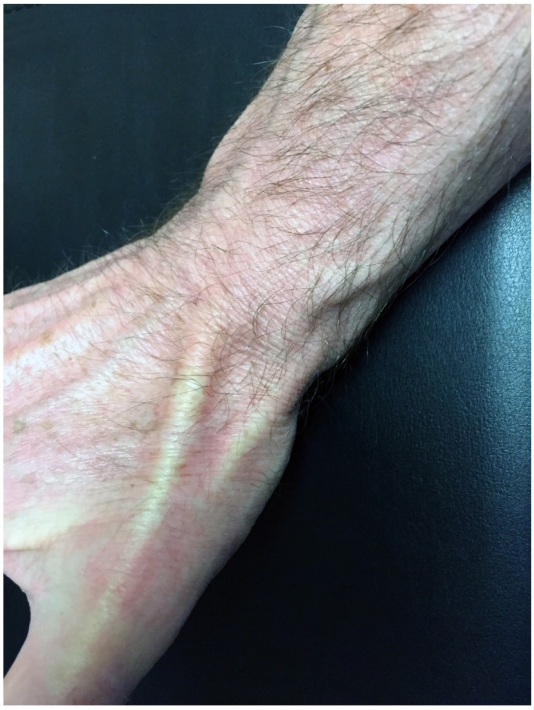
PD HAND SURGERY



De Quervain's

De Quervain's Stenosing Tenovaginitis

De Quervain's tenovaginitis is a painful inflammation of the sheaths surrounding two of the tendons on the side of the wrist just below the thumb. The tendons normally glide through their covering sheath smoothly. When people are affected by inflammation around the tendons in this area the tendons are unable to glide normally which results in pain, swelling and tenderness on the side of the wrist near the base of the thumb. This is usually made worse by repetitive activities such as grasping, pinching, lifting, twisting or side to side movements. Consequently people who use their wrists repetitively for work or hobbies are at risk of developing the condition. It can frequently be brought on by the repetitive nature of having to pick up a new born child. Rarely, De Quervain's can be brought on by direct injury to the area or it can be seen in patients who have generalised inflammatory conditions such as rheumatoid arthritis. The diagnosis of the condition is usually obtained from a history and clinical examination in clinic and special investigations are not often required.

Initially the best way of treating De Quervain's is by non-surgical methods. These might involve splinting the wrist and allowing the tendons to rest. Using anti-inflammatory medicines to reduce the acute swelling and pain may also be beneficial. Physiotherapy involving stretching and strengthening exercises may also help. If these conservative measures do not help then a steroid injection around the tunnel where the tendons are getting inflamed can be helpful. The injection can make the symptoms worse for up to 48 hours but within a week the symptoms are usually improving significantly. The site of the injection has thin overlying skin and therefore there is a risk of fat atrophy and paling of the skin at this site. This occurs in up to 15% of patients and can be permanent. It is best not to try repeated injections at this site. These non-surgical techniques can settle the symptoms in up to 80-90% of patients.

In the few cases where the problem persists a surgical solution may be appropriate. This can be performed as a day case procedure and is most comfortably performed with regional anaesthetic and light sedation. It involves releasing the tendons and the thickened sheath can be removed. After surgery the hand will have a light bandage on it for five days, leaving the thumb and fingers free. After five days this can be reduced to a self adhesive dressing and driving can be commenced as soon as you feel safe and in control of the car. Physiotherapy may be required in the initial period as the deeper tissues do take longer to heal than the skin. Many patients who have surgery for De Quervain's do not feel that they have a full recovery until about eight weeks after the surgical procedure.

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