Professor Bijay Singh

Upper Limb, Trauma & Sports Medicine

FRCS (T&O), FRCS, MS, DNB, PG Dip

Visiting Professor, Canterbury Christchurch University

Visiting Professor, AIIMS Raipur

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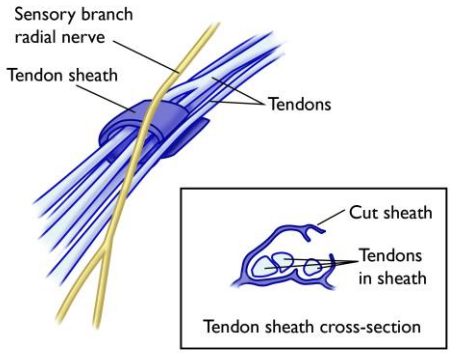
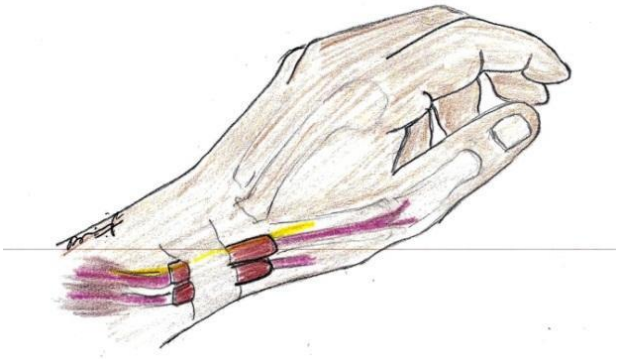
de QUERVAIN'S RELEASE

This leaflet provides general information to help you understand surgery to release the tight tendon tunnel on the thumb side of the wrist.

This day-case procedure frees the thumb tendons, usually under local anaesthetic.

At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.





This leaflet provides general information and does not replace individual medical advice.

Private Consulting Rooms

- **LIPS Healthcare London**
- **Spire Alexandra Chatham**
- **Practice Plus Gillingham**

Practice Manager

Kim White

☎ **07361 895875**

✉ secretary@kentorthopaedicpractice.co.uk

🌐 www.kentorthopaedicpractice.co.uk

More Info

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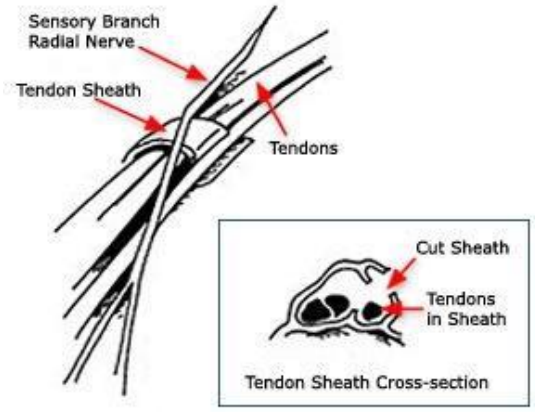
The Anatomy of the Thumb-Side Tendons

On the thumb side of the wrist, two tendons run together through a narrow tunnel, relying on several structures working together:

How the Tendons Work

A narrow tunnel guides the thumb tendons:

- Two tendons move the thumb away from the hand
- They pass through a tunnel (the first compartment)
- A sheath lets them glide smoothly



The Tendons

Abductor pollicis longus and extensor pollicis brevis run side by side to lift and straighten the thumb.

The Sheath (Tunnel)

A fibrous tunnel holds the tendons against the wrist:

- Keeps the tendons close to the bone
- Lined by a slippery membrane
- Normally lets the tendons slide freely
- Sits over the thumb-side wrist bone

What Goes Wrong

- The sheath lining thickens and swells
- The tunnel becomes tight
- The tendons can no longer glide freely
- Friction causes pain on thumb use

The Result

Moving the thumb and wrist becomes painful, and a catching or grating can be felt over the tunnel.

About the Operation

De Quervain's release opens the tight tunnel over the thumb tendons so they glide freely, relieving pain. It is a short day-case operation, usually under local anaesthetic, recommended when pain persists despite splints, activity change and a steroid injection.

Why It's Done

The operation aims to:

- Relieve pain on the thumb side of the wrist
- Restore smooth, catch-free tendon movement
- Give a lasting solution and prevent recurrence

The Procedure, Step by Step

The day-case operation, step by step:

- Anaesthetic: the area is numbed with local anaesthetic
- Incision: a small cut is made over the tunnel
- Release: the tight tendon sheath is divided so the tendons glide
- Closure: dissolvable stitches and a splash-proof dressing

Before, During & After Surgery

Before Surgery

- Fasting: not needed for local anaesthetic (6 hours if general)
- Smoking: avoid for at least 12 hours before, to aid healing
- Medications: continue as advised; blood thinners can usually continue

On the Day

- Admission: check in at main reception, then to your room
- Consultation: meet your surgeon and anaesthetist
- Preparation: timing and instructions are reviewed

Anaesthesia

- Local anaesthetic is injected after the hand is cleaned
- A tourniquet may be used briefly to reduce bleeding

Recovery & Results

Recovery is a partnership. The timeline below is a guide — I will adapt it to your healing and your goals — **this shared decision-making process ensures you are fully informed and involved in your care.**

Recovery Milestones

- Bandage: bulky dressing removed after 24–48 hours
- Hand use: gentle finger and hand use straight away
- Stitches: dissolvable; any ends trimmed at about 14 days
- Good recovery: light use by 2 weeks, fuller by 6–8 weeks

Results

Most patients get lasting relief of pain and free thumb movement once healed. Problems are uncommon, and recurrence after a full release is rare.

After Surgery

The first weeks

Wound Care: keep the wound clean and dry; the bulky bandage comes off at 24–48 hours

Pain Relief: the local block lasts 4–6 hours; start painkillers before it wears off and take regularly for 24–48 hours

Stitches: dissolvable, with any ends trimmed at about 14 days

Scar Care: gentle scar massage with cream 2–3 times daily for 2–3 months; physiotherapy is usually not needed

Risks & Complications

Uncommon, but possible

Infection: fewer than 1 in 200; treated with antibiotics if it occurs

Scar Sensitivity: the scar can be tender for a few weeks; massage with cream helps

Stiffness: mild stiffness is common early and improves with movement

Neuroma: rare nerve irritation at the scar; occasionally needs further treatment

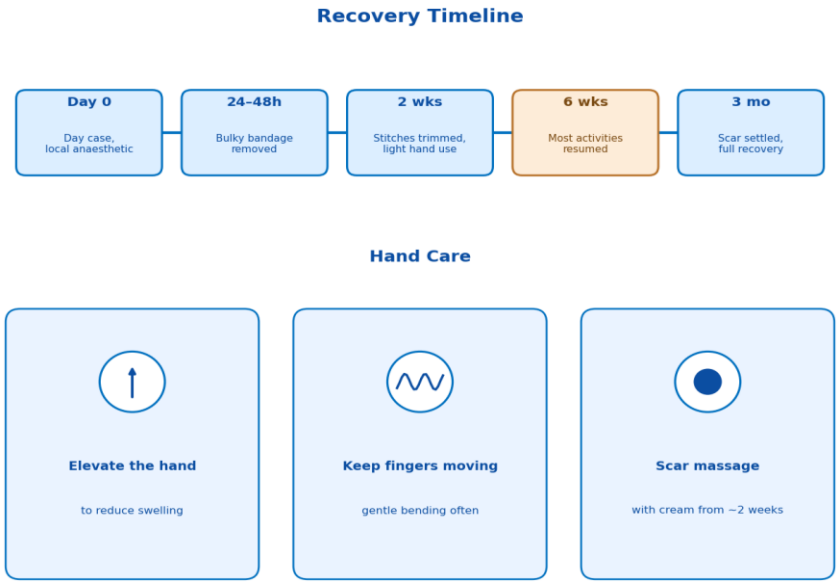
CRPS: rare (under 1 in 50); prolonged pain and stiffness needing therapy

Return to Activity:

This can be extremely variable and discuss with the surgeon. These are just guidelines.

Desk work **2–3 weeks**; driving when you can safely do an emergency stop, often **1–2 weeks**; light manual work 6–8 weeks; heavy manual work 12–16 weeks; avoid heavy lifting for 6–8 weeks.

Recovery Timeline & Hand Care



Red Flags — When to Seek Urgent Help

Spreading redness, discharge or increasing pain in the wound, or fever — seek urgent assessment, as this may indicate infection. If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Key Points to Remember

- Day-case surgery, usually under local anaesthetic
- Most people get lasting pain relief
- Physiotherapy is usually not needed
- Gentle scar massage helps the scar settle

Questions You May Wish to Ask

- When can I use my hand normally again?
- When can I drive and return to work?
- How much improvement can I expect?
- What are the signs of a problem?

Book or Enquire Directly at Each Site

LIPS Healthcare London	*02038709996*	*singh.admin@lips.org.uk*
Spire Alexandra Chatham	*01634 662866*	*alexandraselfpaypsc@spirehealthcare.com*
Practice Plus Gillingham	*01634 969045*	*Private.gillingham@practiceplusgroup.com*