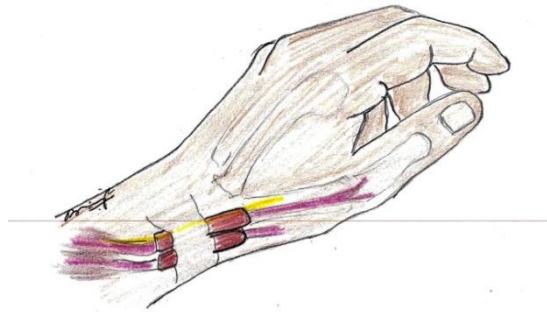


deQUERVAIN'S TENOSYNOVITIS / TENDINITIS

The tendons pass to the thumb via a tight sheath (tunnel) as it crosses the wrist joint. The sheath is formed of tough ligament and lined by tenosynovium that allows the tendons to glide. de Quervain's tenosynovitis is due to inflammation of the lining of the tendon sheath and results in thickening of a small segment of the sheath.



The main symptoms are pain and tenderness on the side of the wrist which are aggravated by use of thumb. Patients may have a catching or snapping sensation. There may be some swelling at the wrist and grating sensation when the thumb is moved. Sideward deviation of the wrist typically causes discomfort.

It is common in women in the age group of 20 – 50. Although overuse has been suggested as a cause the relationship of work related disease remains controversial. It is often seen in the third trimester of pregnancy due to water retention.

There are a number of methods of treatment.

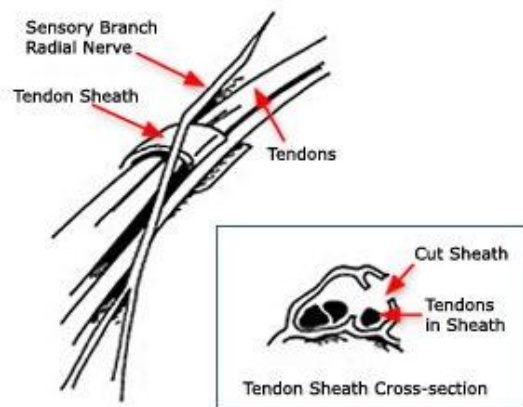
Steroid injection is effective in around 2/3rd of patients.

Rest: It forms an important part of treatment especially in early stages to avoid any aggravating activities.

NSAIDs – Anti-inflammatory tablets and gels may help relieve symptoms

Splint: may help in reducing symptoms and usually use as an adjunct to other treatment modalities.

Surgery: If pain persists despite non-surgical management, the problem can be resolved by surgical release of the sheath. The operation is usually performed under local anaesthetic. A tourniquet – like a blood pressure cuff is placed tight on the arm to control blood flow. Following the release stitches are placed to close the wound. The hand is dressed with a supportive bandage. The big bandage is taken down in 2 days and only a small adhesive dressing is left in place till stitches are removed, typically at 10 – 14 days. You will be able to undertake light tasks within a few days as long as you are comfortable. The time for your return to work will depend on your occupation.



Complication:

Infection – A small risk of infection, less than 1 in 200 and treated with antibiotics

Scar – The length of scar is approx. 2 cm and this will be somewhat tender for the first few weeks. This can be helped by rubbing moisturising cream around the scar.

Neuroma – Small nerves running in the region can be accidentally damaged during the surgery

and form a painful spot. This is unusual and may require further surgery to correct.

Stiffness: the wrist will be somewhat stiff for a short period of time. This usually settles with regular use. A small percentage of patients – usually less than 1 in 50 will develop swelling,

pain and stiffness after the surgery – CRPS. (Chronic Regional Pain Syndrome)

Tendons The operation can cause the thumb tendons to move from side to side when the wrist is bent. This usually does not cause any clinical problem, except for being a nuisance.

This information has been designed to help you gain the maximum benefit in the management of your condition. It is not intended to be a substitute for professional care and should be used in association with the recommendations given by your orthopaedic consultant. Individual variations needing specific instructions not mentioned here may be required.

Further Information

If you have any further questions then please ask at your clinic appointments.

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