

De Quervain's Tendinitis

De Quervain's tendinitis is caused by the irritation and/or constriction of two tendons near the base of the thumb. The word "tendinitis" refers to a swelling or inflammation of the tendons. As the two tendons travel toward the base of the thumb, they pass through a tunnel. Irritation of these tendons makes it difficult for them to glide easily in the tunnel and causes pain and tenderness along the thumb side of the wrist. This is particularly noticeable when forming a fist, grasping things, or lifting.

De Quervain's tendonitis may be caused by overuse. It can be seen during pregnancy. It may also be found in inflammatory arthritis, such as rheumatoid disease. De Quervain's tendinitis is usually most frequent in middle-aged women. Common signs and symptoms of De Quervain's tendonitis include pain along the thumb side of the wrist, swelling over the thumb side of the wrist, and sometimes numbness (caused by irritation of a nearby nerve) over the back of the thumb and index finger, and occasionally a "catching" sensation when moving the thumb.

De Quervain's tendonitis is usually diagnosed by physical exam. Treatment options include immobilizing the wrist and thumb in a brace, anti-inflammatory medications such as ibuprofen, steroid injections into the tunnel or surgery.

Explanation of Procedure

If non-operative treatment fails to alleviate the symptoms, surgery is an option for patients with continued pain. The procedure involves making a small incision (usually about an inch or less) over the area where the tendons are constricted. Usually, this is at the location of the tunnel. The tunnel is then released, and the tendons are inspected. Many times, there is fluid and inflammatory tissue around the tendons, and these are removed. Once the tendons are able to glide freely, the skin incision is sutured, and the wrist is splinted. The procedure can be performed under a local anesthetic, sedation, or general anesthesia.

Preparing for Surgery

Once the patient decides to have surgery, the physician and his staff will schedule the procedure at the local hospital or surgery center. Blood tests are usually obtained to make sure the patient is safe for surgery. If the patient has multiple or severe medical conditions, he/she may see her primary care doctor for a physical exam prior to surgery. Patients are instructed to have nothing to eat after midnight the day before their surgery. All blood thinning medications, including anti-inflammatories such as ibuprofen and aspirin, should be stopped 7 days prior to surgery. In addition, certain medications for rheumatoid arthritis may need to be stopped as well. Your surgeon will go over your medication list and let you know which medications will need to be stopped.

What to Expect at Surgery

Expect to arrive at the hospital or surgery center at least 1-2 hours prior to your actual surgery time. This gives the staff time to meet you, get your paperwork in order, and make sure you are safe and ready for surgery. You will meet many different people on the day of surgery. A preoperative nurse will get you dressed and ready for surgery. The anesthesiologist will discuss the different options available to help you sleep comfortably and pain-free during the actual surgery. The circulating nurse and scrub tech assist the surgeon during the procedure. Finally, the postoperative nurse will help you recover from the anesthesia after the surgery. Depending on the type of anesthesia you receive you may be in the postoperative care area from anywhere from a half hour to three hours after your procedure. A friend or relative will need to drive you home after you are released from the postoperative care unit.

Care After Surgery

The surgical dressing will remain in place until you see your surgeon back in the office, generally within 10-14 days after surgery. You will be instructed to keep the dressing clean and dry. You may shower by placing a plastic bag over the dressing. At your first postoperative visit, the dressing will be taken off, sutures removed, and a removable wrist brace may be given. Instructions for home therapy exercises or a prescription for hand therapy will be given. Usually, after about 4 weeks of therapy, most patients are able to return their normal activities with minimal discomfort in their wrist.

Possible Complications and Instructions

The most frequent complications for De Quervain's tendonitis are:

- **Numbness over the back of the thumb and hand**

In many patients, the superficial radial nerve lies right over the tendons. Your surgeon will look for it during surgery and move it out of the way, but sometimes just moving it out of the way is enough for the nerve to become irritated and “fall asleep.” Generally, normal sensation over the thumb and index finger will return, but it may take a few months. Occasionally, the nerve may be injured or trapped in scar after the surgery in which case additional procedures may be necessary. Let your surgeon know if you experience numbness after surgery.

- **Subluxation of the tendons**

As you move your wrist, you may experience a snapping sensation over the thumb side of your wrist. This is often painful and leads to a feeling of wrist instability. Your tendons might be shifting out of position as you move your wrist. Let your surgeon know if you experience these symptoms.

- **Infection**

Common signs of infection include increasing pain after surgery, increased redness around the incision, swelling, and drainage. Patients may have fever or chills as well. If you experience any of these symptoms, contact your surgeon immediately. If you are unable to see your doctor, go to the emergency room.

Questions

The CORE Institute is dedicated to your outcome. If any questions or concerns arise, please call The CORE Institute at 1.866.974.2673.