



Figure 1: The dotted line is where the irritated tendons run. The solid line is the location and size of the incision used for surgical candidates.



Figure 2: The Finkelstein's test is performed by placing the thumb inside the fist and deviating the wrist towards the small finger side of the wrist.



Figure 3: Intra-operative photo of the tunnel squeezing the tendons.



Figure 4: Intra-operative photo of the tunnel released (held with forceps) and the tendons (Yellow bands) freed after release.



Figure 5: A photo of the wound after closure with dissolvable suture with a knot at each end of the wound.



Figure 6: A short splint immobilizing the thumb and not the fingers is used for 3 days after surgery. The splint is removed at home after three days.



Figure 7: A photo of what the wound will look like once the splint is removed. These stickers will peel off after the get wet usually in 5-10 days after surgery.



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To learn more about De Quervain's
Tenosynovitis performed at Athens
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Locations

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Michael S. Shuler, MD

www.AthensOrthopedicClinic.com



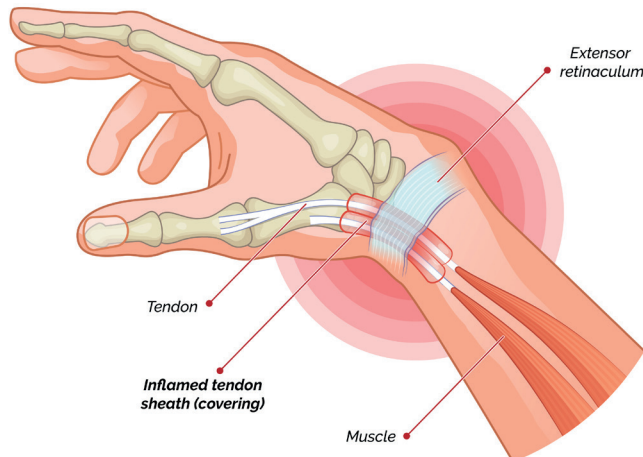
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De Quervain's Tenosynovitis

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Symptoms

De Quervain's tenosynovitis is a tendonitis that can occur due to repetitive thumb extension or pulling the thumb away from the palm. The syndrome can cause varying degrees of pain on the thumb side of the wrist and can be quite painful. (Figure 1) De Quervain's can cause swelling, limit thumb and wrist motion, and even cause pain extending up the forearm. It is also known as "new mother's disease" due to the repetitive thumb extension involved in picking up a new born or toddler.

What's Going On?

De Quervain's tenosynovitis is a result of repetitive strain of the Extensor Pollicis Brevis (EPB) and the Abductor Pollicis Longus (APL) as it runs through the first dorsal compartment of the wrist. The tunnel as a result of repetitive strain or trauma becomes thickened, stiff and tight. The tendons become inflamed and painful as they pass through the tunnel. Tendon

gliding becomes restricted and movement through the tunnel cause pain and swelling.

Diagnosis

The diagnosis of de Quervain's is typically a clinical diagnosis. A Finkelstein's test typically elicits pain due to stretching of the tendons through the first dorsal compartment. (Figure 2) Other conditions such as base of the thumb (CMC) arthritis and radial sensory nerve irritation can cause pain in a similar area and should be ruled out. An X-ray and even an MRI can be helpful in difficult to diagnose patients.

Conservative Treatment

Conservative treatment typically involves anti-inflammatories called NSAIDs, splinting, and stretching/exercise programs. Formal occupational therapy may also be helpful. If these measures do not resolve the pain, a steroid shot may be helpful. Steroid injections may take even a week or two to begin working. Conservative treatment can resolve pain in 50-75% of cases at least temporarily.

Surgical Treatment

If conservative options do not work or if the pain reoccurs, surgical release can resolve the condition. People that typically require surgery have an additional tunnel inside the main tunnel that that predisposes them to the need for surgical management. Surgery usually takes approximately 5-10 minutes.

General anesthesia similar to a colonoscopy (Not a tube down the throat) is used but other options such as a numbing the arm can be considered. A splint (Figure 5) for three days afterwards is used to prevent tendon subluxation out of the tunnel. There are limited restrictions after surgery and return to normal activities is permitted as soon as tolerated.

After Surgery

Usually dissolvable stitches are used and do not require removal except the knot at each end of the wound. (Figure 5) Once the splint is removed at 3 days, the wound which will be covered by stickers (Figure 7), can be washed and get wet. Soaking should be avoided for about 10 days. The stickers should peel off as they get wet at roughly 5-10 days. These can be removed as they become loose.

Post-operative therapy is typically not needed. Tingling on the back thumb side of the hand can occur after surgery for a couple days to weeks due to irritation of a nerve at the site of surgery. These symptoms and the pain associated with thumb use typically resolve after a couple days to weeks. Rubbing and massaging any sensitive area can assist in resolving any pain or funny feelings. The final scar should be quite small and should hide in the skin creases of the wrist.