



Operation Information

Release of De Quervain's Disease

Introduction

De Quervain's Disease is an inflammatory condition involving the sheath of the two tendons of the thumb. A ligament tightly secures the two tendons in place. With repetitive motion of the thumb moving away from the palm, and grasping action of the hand, abnormally formed scarring tissue deposits along the ligament which limits the room for the tendons, restricts gliding of the tendons and causes pain.

It usually occurs after repetitive use (especially wringing) of the wrist, although it occasionally occurs in association with rheumatoid arthritis. The symptoms commonly manifest in parents of newborns because of repetitive pressure on their wrists from lifting and holding their babies.

Surgical release is used to treat De Quervain's Disease when non-surgical treatments (e.g. splinting or steroid injection) fail to relieve the pain. The goal of the surgery is to relieve pressure on the two tendons by cutting the extensor retinaculum which the tendons pass through, and thus allowing more room for the tendons to glide more easily.



Source:
<https://www.bracoo.com/pages/hands-de-quervains-disease>

Outcomes

It is expected that the pain caused by De Quervain's Disease is eliminated and the range of motion of the thumb and wrist is restored.

Procedures

1. The operation is performed under local or regional anaesthesia.
2. An incision is made along the thumb side of the wrist.
3. Branches of the radial sensory nerve are identified and protected with blunt retractors.
4. A tiny cut is made in the extensor retinaculum.
5. Fibrous tissue around the tendons may be removed.
6. Smooth movement of the wrist and the thumb is ensured.
7. The wound is closed with stitches and covered with a sterile waterproof dressing.
8. The hand is wrapped by a compressive bandage.

Possible Risks and Complications

Release of De Quervain's Disease is a safe operation, but risk and complication may arise.

1. General Risk and Complications
 - Pain, bleeding, scarring, infection
2. Specific Risks and Complications
 - Damage to the radial nerve, it is usually temporary
 - Displacement of the tendons, causing a snapping or catching sensation in the wrist (very rare)

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform your doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
4. Please empty your bladder before the operation.

Post-operative Instructions

General

1. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
2. Your hand will remain in a bandage for a couple of days.
3. Keep your affected hand elevated for 48 hours to help reduce any swelling and pain. You may need to wear a sling.
4. To help prevent stiffness, gently exercise your fingers, shoulder and elbow. You may be able to start these gentle exercises on the day of your operation as doctor's instruction.
5. You can be discharged on the same day of the operation.

Wound Care

1. The wound is covered with a sterile dressing. Keep the wound dry and clean. Follow the doctor's and nurse's advice on wound care.
2. Stitches or staples will be removed or dissolved in 2 weeks.

Advice on Discharge

1. Please comply with the medication regime as prescribed by your doctor.
2. The wound stitches will be removed or dissolved in 2 weeks. Do not remove the waterproof dressing unless you are told to do so. Keep the wound clean and dry.
3. Keep the affected hand raised above your heart and bandaged for the first couple of days. It helps to reduce swelling and pain.
4. Gentle fingers, elbow and shoulder exercises are strongly advised to prevent stiffness. Your doctor may advise you to start these exercises just after the operation.
5. Heavy lifting and vigorous exercises should be avoided until the hand has completely healed.
6. When wound stitches are removed, start strengthening exercise to the hand and thumb as instructed by the doctor or physiotherapist.
7. To prevent recurrence, avoid repetitive thumb and wrist movements, by taking frequent breaks to rest your wrists. Wear a brace or splint on your thumb and wrist, if necessary.
8. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain, redness, swelling, discharge of pus, massive bleeding, numbness or tingling of hand, thumb or fingers, shivering or high fever over 38°C or 100.4°F.
9. Any follow-up consultations should be attended as scheduled.

Non-surgical Treatments

1. Oral medication such as anti-inflammatory drugs
2. Corticosteroid injections
3. Physiotherapy
4. Wrist splint
5. Appropriate rest and activities

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification