



Postoperative Instructions for DeQuervain's Tendonitis

Operation: Patients with DeQuervain's tendonitis present with pain and tenderness over the wrist, just proximal to the thumb. Gripping the thumb in the palm and deviating the wrist away from the thumb exacerbates the pain. DeQuervain's syndrome results from inflammation and irritation of the tendons that extend the thumb and pass through the first dorsal (top of wrist) compartment. There is a band of tissue (extensor retinaculum) over the top of the wrist that holds all the extensor tendons in place. Additional bands of tissue pass from the extensor retinaculum down to bone and divide the area into a series of compartments. It is a tight first compartment that causes DeQuervain's. Normally, two different tendons pass through this first compartment. When these tendons are swollen, inflamed, and irritated they become stuck as they try to pass through the first compartment, causing pain and discomfort. Approximately 65% of patients with DeQuervain's improve with conservative care consisting of anti-inflammatory medications, thumb spica splints (splints that immobilize the thumb), hand therapy with a home stretching program, and corticosteroid injections. Corticosteroid injections decrease the swelling, inflammation, and water content of the tendons, allowing them to shrink and pass through the tight compartment without getting stuck and causing discomfort. Approximately 75% of people who fail conservative care have what Dr. Verheyden describes as the "McDonald Sign," a septation that divides the first dorsal compartment in two separate smaller tunnels, each with one tendon. These two compartments are much smaller than the single larger compartment and the tendons have a much greater chance of being stuck or irritated in them. At surgery, Dr. Verheyden carefully looks for the presence of both of these compartments and releases both of them if present.

Pain Control: Dr. Verheyden encourages strict ice, elevation, and finger range of motion exercises for the first 72 hours. Over the counter ibuprofen and/or Tylenol is often very effective and frequently all that is needed for pain control, especially if you adhere to a strict ice, elevation, and finger range of motion exercise program in the post-operative period. Take the ibuprofen and/or Tylenol with food and water. Dr. Verheyden typically gives a prescription for a few pain pills. Most patients take only a couple or no pain medications after this minor surgery. Wean from the narcotics as soon as possible and take the narcotic pain medications only as prescribed. As long as ice is not in direct contact with skin, place ice 24/7, or as much as you can, in the palm to decrease swelling and pain.

Wounds: The area around the skin incision may be tender. This is common. The discomfort should resolve and improve over the course of a couple of weeks. You may note bruising around the incision. This is common and will resolve.

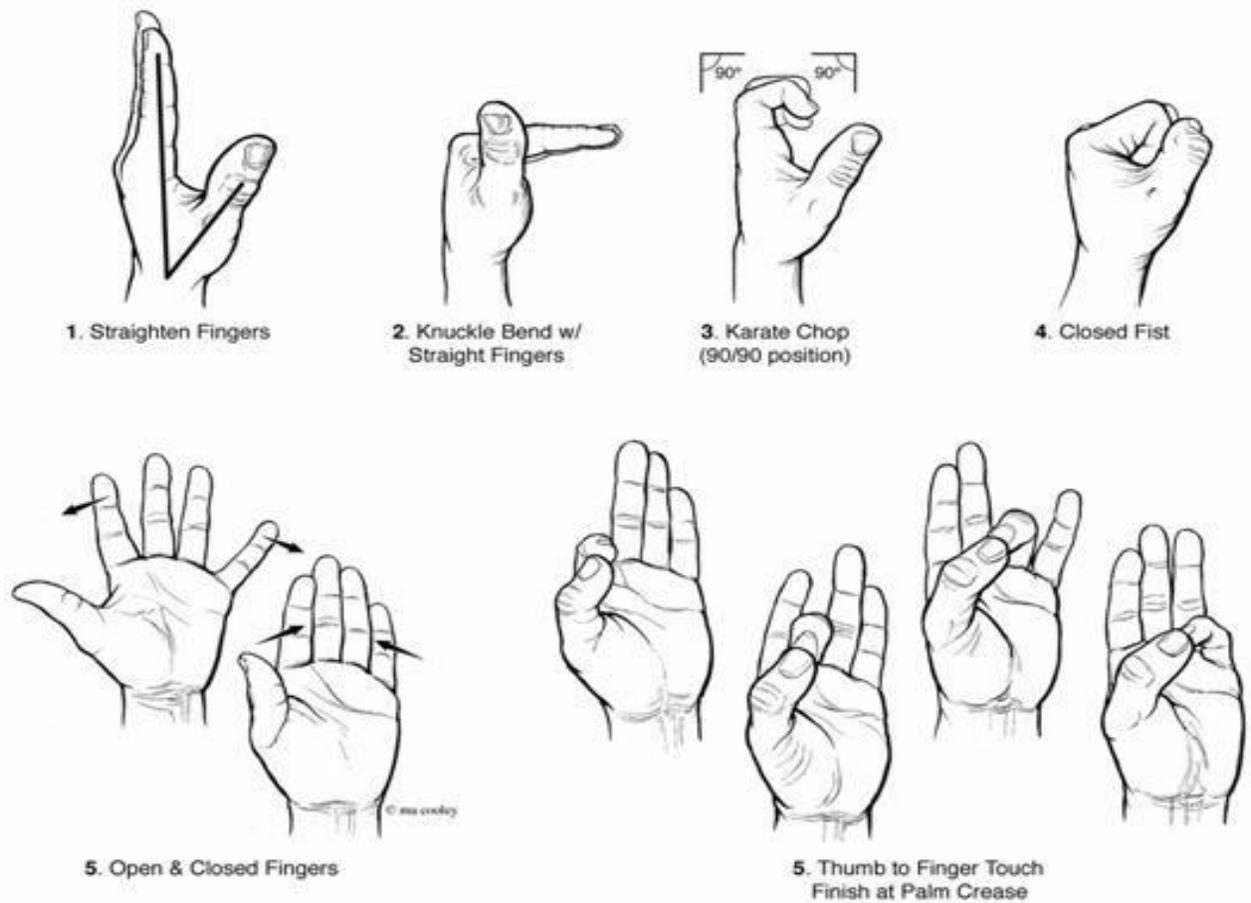
Dressing: Remove the large soft dressing in 72 hours and apply Band-Aids.

Bathing: It is fine to shower or wash your hands after surgery if you keep your dressing clean, dry, and intact. After dressing removal, you may shower and wash the wound gently with soap and water. Do not soak your hand in water, hot tubs or pools until at least 24 hours after suture removal.

Activity: Encourage finger range of motion exercises immediately. This will help decrease swelling and discomfort. For the first 72 hours, keep your hand above the height of your heart to decrease postoperative swelling. Patients should have full finger range of motion at their two-week postoperative visit. You may use your hands and fingers as you tolerate. I encourage you to gently massage the area around the incision and just distal. You will be tender at the incision and just distal. Discomfort in the area of the incision is common, and will improve over the course of a couple of weeks. It frequently takes five to six weeks for all swelling and inflammation to recede and the thumb/wrist to feel non-tender to palpation and range of motion exercises.

Follow-up: Approximately 7 days for suture removal and wound check.

Precautions: To minimize the risk of infection, Dr. Verheyden recommends absolutely no swimming, hot tubs, long hot showers or steam showers, doing dishes, wearing ski gloves or heavy plastic gloves until 24 hours after suture removal. Keep the wound clean and avoid heavy use. Contact the office immediately for severe pain, elevated temperature, or any sign of infection at 541-382-3344.



3 Sets of 10 repetitions, 6-8 times per day