



DE QUERVAIN'S RELEASE

Patient Information, Consent and Recovery Guide



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*This leaflet is designed to support, not replace, your conversation with Miss Edwards.
There is a list of questions you may find it useful to ask later in this leaflet.*

Written by Miss Alison Edwards, Consultant Hand Surgeon. Published: September 2026. Next review due: September 2028.

About the condition

De Quervain's disease (also called De Quervain's tenosynovitis) is a painful condition affecting two tendons on the thumb side of the wrist — abductor pollicis longus and extensor pollicis brevis, which move the thumb away from the hand and straighten it. These tendons run through a sheath that normally lets them glide smoothly. In De Quervain's the sheath becomes inflamed and thickened, so the tendons can no longer move freely, and that causes pain when you move the thumb or wrist, grip, or make a fist.

The exact cause is not always clear, but it is often related to overuse or repetitive movement of the wrist and thumb, particularly gripping with the wrist bent — holding a baby's bottle to feed them, or lifting a small child up under the armpits, are classic examples. Other contributing factors include:

- Repetitive hand or wrist activities such as gardening, racquet sports or typing
- A direct blow to the wrist or thumb
- Inflammatory conditions such as rheumatoid arthritis
- Hormonal change — it is more common in women, particularly during pregnancy or after childbirth, when hand use also increases

Typical symptoms include:

- Pain and tenderness at the base of the thumb, often radiating up the forearm
- Swelling near the base of the thumb, which can feel like a bony lump
- Difficulty moving the thumb and wrist, especially when pinching or grasping
- A "sticking" or stop-and-go sensation when moving the thumb

Diagnosis is usually made from your symptoms and examination. The Finkelstein test is the common one: you make a fist with the thumb tucked inside your fingers and bend the wrist towards the little finger — pain on the thumb side of the wrist points to De Quervain's. X-rays and ultrasound are rarely needed, and are used mainly to rule out other conditions.

Your treatment options

You have a genuine choice here, and it is important you understand all of the options, including doing nothing, before deciding. **Most people with De Quervain's get better without surgery**, and non-surgical treatment is usually the right place to start.

Doing nothing (watchful waiting) is reasonable if symptoms are mild. Many cases settle over time, particularly when the activity that provoked them — a new baby, a spell of gardening — comes to a natural end. The trade-off is that pain may persist and limit what you can do with the hand in the meantime.

Rest and activity modification — avoiding the activities that bring the pain on — is important, and often the foundation of everything else.

Splinting in a thumb spica splint holds the thumb and wrist still so the tendons can settle. Splints are usually worn for 2–6 weeks.

Ice, applied for 15–20 minutes several times a day, reduces swelling and pain.

Anti-inflammatory medication such as ibuprofen can help with pain and inflammation.

Physiotherapy or hand therapy can teach you exercises to restore strength and flexibility, and show you how to modify activities so the tendons are not repeatedly irritated.

Corticosteroid injection into the tendon sheath reduces the inflammation, and many people get substantial relief from one or two injections. Two things are worth knowing: the injection can flare the symptoms up for a short time before it helps, and it can leave the skin over the injection site thinner or less pigmented, which can be very noticeable if you have a dark skin tone.

Surgery is considered if several months of non-surgical treatment have not given enough relief, or if symptoms are severe. It is described below.

The surgery — what it involves

The operation is called a **first dorsal compartment release**. A small incision is made over the affected tendons at the thumb side of the wrist, and the tight sheath is carefully opened so the tendons can glide freely again. The skin is then closed.

It is carried out as a **day case under local anaesthetic**, so you stay awake throughout and do not need to starve beforehand.

Benefits of surgery

- Most people get significant pain relief and improved use of the thumb and wrist
- Many people are back to normal activities within a few weeks
- Symptoms rarely return once the tendon sheath has been released

Risks and possible complications

As with any surgery, there are risks, although they are uncommon:

- **Infection at the incision site — around 1% within 90 days, with 0.3–0.5% needing a return to theatre (Borusiewicz et al., 2026)**
- **Injury to nearby nerves or blood vessels**, which may cause numbness or tingling — the superficial branch of the radial nerve runs across this area. This is reported in around 3–7% of operations and is usually temporary; permanent numbness is rare (Bosman et al., 2022; Kitridis et al., 2026)
- **Scar sensitivity or thickening — a thickened scar is reported in around 1 in 10 cases (Kitridis et al., 2026)**
- **Persistent pain — reported in around 5% of cases, although published estimates vary widely (Bosman et al., 2022). Persistent stiffness is uncommon**
- **Incomplete relief of symptoms — rare. Around 1 in 10 people have some complication after this operation, most of them minor (Bosman et al., 2022)**
- **Slipping of the tendons towards the palm — rare, but recognised, and occasionally needs further surgery**

Everyone's circumstances are different, and something that seems minor to one person may matter a great deal to another. Please tell Miss Edwards about anything on this list — or anything else — that particularly concerns you, so your discussion covers what matters most to you personally.

Your consent

Before you have surgery, Miss Edwards wants to be sure you have been able to make a properly informed decision, in line with GMC guidance on decision making and consent. This means:

- You have the right to be as involved as you want in decisions about your care, and to be given the time and support you need to understand your options.
- The alternatives to surgery — including splinting, injection, hand therapy and doing nothing — and their benefits and risks, should have been discussed with you.
- Miss Edwards will try to understand what matters to you personally, not just the clinical facts.
- You can ask questions at any point, and you are welcome to bring someone with you to appointments.
- **You can change your mind at any time** — including after signing a consent form — right up until the moment surgery begins, without needing to give a reason.
- Your discussion and decision will be recorded in your notes, and you will be asked to sign a consent form on the day of surgery.
- You have the right to seek a second opinion if you would like one.

Questions you may want to ask your surgeon

It's easy to forget questions in the moment, so you may find some of these useful:

- Should I try a splint or an injection first, and how likely are they to work for me?
- If I have already had an injection that helped and then wore off, does that change things?
- What would happen if I did nothing?
- What is the risk to the nerve in my case, and what would numbness feel like?

- How long will I be off work, given what my job involves?
- Is there anything I should change about how I use my hands to stop it coming back?

On the day of surgery

- The operation is a day case, done under local anaesthetic — no general anaesthetic and no need to fast beforehand.
- Take your usual medications as normal unless you've been told otherwise; do let Miss Edwards know in advance if you take blood-thinning medication.
- Remove rings and nail varnish (including false nails) from the operated hand before you arrive. You may be asked to change into a gown.
- Your hand will be cleaned with antiseptic and covered with a sterile drape before starting.
- You will have a padded bandage on your hand and wrist afterwards.
- Miss Edwards recommends that you arrange for somebody to drive you home on the day.

Recovery and rehabilitation

The first few days

Mild pain and swelling are normal for a few days. Keep the wound clean and dry, keep your hand elevated above heart level, and use a cold pack wrapped in a cloth for 10–15 minutes at a time. Start moving your fingers and thumb soon after surgery to prevent stiffness — gentle bending and straightening, and touching your thumb to each fingertip. Paracetamol and ibuprofen are usually enough for pain relief.

1–2 weeks

Stitches are usually removed at 10–14 days this can usually be done by a nurse at your GP surgery. Most people are back to light activities within a week or two. You can drive as soon as you feel comfortable and safe to control the vehicle. Once the wound has healed, begin scar management: massage the scar with an unscented moisturiser, vitamin E oil or silicone gel — small circles directly over the scar, then strokes along and across it — for a few minutes, 2–3 times a day, and keep it out of the sun.

2–6 weeks

Continue building up what you use the hand for. Some patients benefit from hand therapy to regain strength and flexibility, and Miss Edwards will arrange this if it would help you. Full recovery and a return to heavy use usually takes 4–6 weeks. Don't rush back to the activity that caused the problem in the first place — build up to it.

Beyond 6 weeks

Most people make a full recovery, particularly when treatment is started early. Once things have settled, a few habits reduce the chance of it returning: avoid sustained repetitive thumb and wrist movements where you can, take frequent breaks during activities that strain the hands, use good technique and ergonomic tools at work, and keep the hand and wrist muscles stretched and strong.

When to seek help

Contact the clinic promptly if you notice:

- Increasing redness, swelling, warmth, discharge or fever (signs of infection) — please contact us before anyone starts you on antibiotics
- Pain that is uncontrolled by the painkillers you've been given
- New numbness, weakness, or a change in your symptoms that concerns you
- A feeling that you are not recovering at the pace described here — we can arrange for you to see the hand therapist or Miss Edwards quickly

Summary Table: Recovery Milestones

Time after surgery	What to expect
First few days	Mild pain and swelling; hand elevated; finger and thumb movement started early
1–2 weeks	Stitches out at 10–14 days; light activities resumed; driving once comfortable and safe; scar massage begins once healed
2–6 weeks	Building up hand use; hand therapy if needed; return to heavy use by 4–6 weeks
Beyond 6 weeks	Full recovery for most people; activity habits reviewed to prevent recurrence

Contact details

Mendip Hand Clinic Practice Plus Group Hospital, Old Wells Road, Shepton Mallet, Somerset BA4 4LP

Bookings: 0330 818 8981

If you think anything in this leaflet is unclear or needs updating, please tell us using the contact details above. For further background on this condition, the British Society for Surgery of the Hand also publishes patient information at bssh.ac.uk/patients.

A final note

This leaflet is general information and does not replace individual advice. Your own risks, alternatives and expected recovery should be discussed personally with Miss Edwards, in line with GMC guidance on decision making and consent.

References

Bosman R, Duraku LS, van der Oest MJW, et al. Surgical treatment outcome of de Quervain's disease: a systematic review and meta-analysis. *Plastic and Reconstructive Surgery Global Open*, 2022;10(5):e4305.

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Borusiewicz MP, Zhuang T, Steinberg DR. Preoperative corticosteroid injection and postoperative infection following de Quervain's release: a national database analysis. *HAND*, 2026.