

From Surgery Back to Strength

Patient information from Mendip Hand Clinic

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This leaflet is about the part of hand surgery that happens after the operation: managing swelling and stiffness, rebuilding strength, and getting back to work and the things you enjoy. It is designed to support, not replace, your conversation with Miss Edwards or your hand therapist.

Written by Miss Alison Edwards, Consultant Hand Surgeon. Published: September 2026.
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The operation is the beginning, not the end

Hand surgery is often thought of as the solution to pain, stiffness or injury. In truth the operation creates the conditions for recovery, and most of the gains come afterwards.

A technically perfect operation can still end in stiffness, weakness or loss of movement if the rehabilitation does not happen. That is not a threat, it is the reason this leaflet exists: the part of the outcome you control is larger than most people expect.

Where to find your own timings. This leaflet covers the principles, which are much the same after any hand operation. The specific timings for your operation — when the dressing comes off, when you can drive, when you can go back to work — are in the Patient Information and Consent leaflet for your procedure. Where the two differ, yours applies.

The first days: dressings, swelling and movement

Dressings. Keep the dressing clean and dry. If it gets wet or dirty, contact us for advice rather than taking it off yourself. Do not remove or adjust it unless you have been told to. It is there to protect and support the hand, and sometimes to hold things in a particular position while they heal.

Swelling. Swelling is normal and can last several weeks. Keep the hand elevated above heart level as much as possible, especially in the first three days. Pillows when sitting, and a pillow or sling at night, make this easier than trying to hold it up.

Movement. Follow the instructions for your operation about what you may move. As a general rule, move everything that is not in the dressing — shoulder, elbow, wrist and any uninvolved fingers. Joints that are not moved stiffen, and undoing that stiffness takes longer than preventing it.

Pain. Paracetamol and ibuprofen are usually enough. Take them regularly for the first few days rather than waiting for pain to build. Check with us or your pharmacist that anything you add does not interact with medicines you already take.

Warning signs. Increasing redness, pain, warmth, discharge or fever; swelling that is worsening rather than settling; or new numbness. Contact us promptly — and please speak to us before anyone starts you on antibiotics.

Practical things that help. Set reminders to elevate the hand. Prepare easy meals in advance and arrange help for the first few days. Use a plastic bag or a waterproof cover to keep the dressing dry in the shower.

Hand therapy: what most people actually need

After most hand operations, formal hand therapy is not necessary. Self-directed exercises and scar management get the great majority of people back to full function.

Where recovery is more complex — a stiff hand, a tendon transfer, a poor response to the usual programme — a hand therapist or physiotherapist will design a programme for your particular situation, and Miss Edwards will arrange this if you would benefit from it.

Exercises. Early exercises are gentle: finger bends, tendon glides, and sometimes nerve gliding movements. Strengthening and dexterity work come later. Little and often is the rule. Some swelling after exercising is normal. There is a separate leaflet, *Hand Exercises After Surgery*, with drawings of each exercise, and a video on the clinic website.

Splints. Where a splint is used, wear it exactly as instructed and bring it to every appointment so it can be adjusted.

Scar management. Once the wound has healed, massage and silicone soften the scar and stop it sticking down. There is a separate leaflet on this.

Desensitising a sensitive scar. Gentle tapping, rubbing with different textures, or plunging the hand into a bowl of dry rice or beans. Vibration from the back of an electric toothbrush works well.

Practical things that help. Set aside a place at home for exercises. Use an alarm rather than intending to remember. Keep a simple log — it makes slow progress visible, which matters on the days it does not feel like progress.

Swelling and stiffness: staying on top of them

These are the two obstacles that derail recovery, and both respond to routine.

Elevation above heart level, particularly after exercise or activity.

Cold. An ice pack wrapped in a towel for 10 to 15 minutes, several times a day. A small, inexpensive gel pack kept in the fridge works well because it moulds to the hand.

Compression, using a compression glove or wrap, if your therapist recommends one.

Keep the rest of the arm moving. Shoulder and elbow movement maintains circulation and stops secondary stiffness — a stiff shoulder after hand surgery is common and entirely avoidable.

Massage. Gentle massage of the hand and forearm helps move fluid and stimulates circulation.

Eat and drink properly. Healing needs protein, vitamins and fluid. This is not a detail.

Practical things that help. Exercise after a warm shower, when the tissues are more supple. Take rings and tight jewellery off until the swelling has fully settled.

Rebuilding grip strength

Grip strength is what you need for holding cutlery, opening jars, carrying bags and writing, and it is normal for it to be weak, stiff or clumsy after surgery. It comes back with consistent work.

Only start when you have been cleared to. Movement comes first, strength later. Starting resistance work too early sets recovery back.

1. **Warm the hand first.** A warm compress, or five to ten minutes in warm water, makes everything easier.
2. **Start with movement, not resistance.** Opening and closing the hand, spreading the fingers, making a gentle fist.
3. **Progress gradually.** Increase resistance and repetitions slowly. Short, frequent sessions beat long, hard ones.
4. **Use everyday objects.** Gripping a towel, a sponge, a soft ball or a clothes peg builds strength without any equipment.
5. **Stretch afterwards.** Gently stretch the fingers and wrist to keep flexibility and reduce soreness.

Equipment, if you want it

None of this is essential — everyday objects work — but some people find equipment helps them stick to a routine.

Therapy putty. Soft, mouldable putty sold in graded resistances, from very soft upwards. Good for fingers, dexterity and overall grip. Start with the softest and move up.

A hand grip strengthener. Usually sold in soft, medium and hard grades. Choose the grade by what your hand can currently manage rather than by what you could once do: if the soft one is comfortable for ten repetitions, it is the right one to start with. You should be able to complete a set without straining.

A textured grip ball. The same idea, with a textured surface that gives useful sensory input and a mild massaging effect on scar tissue as you squeeze.

Clothes pegs. Genuinely effective for pinch strength, and most people already own some. Wrapping an elastic band around the open end increases the resistance.

These are all widely available from pharmacies, medical suppliers and online retailers. The clinic has no commercial relationship with any manufacturer or supplier of these products and receives nothing from their sale.

Staying safe

Stop if you get sharp pain, swelling or unusual discomfort. Sit down and support your arm while you exercise, so you are not straining. And remember that regularity beats intensity — a little every day achieves more than an occasional hard session.

Getting back to work and to what you enjoy

Light activities such as typing, writing or using a phone usually come back first.

Driving should wait until you can grip the wheel firmly and react quickly, including making an emergency stop without hesitating. Your leaflet gives the usual timing for your operation, but it is your judgement on the day that counts, and you should check your own insurance position.

Manual work, heavy lifting, gripping and impact activities wait until you have been cleared.

Hobbies — knitting, gardening, playing an instrument — are best reintroduced gradually, starting with short sessions.

Practical things that help. Adaptive tools such as jar openers and ergonomic pens reduce strain. Take frequent breaks during repetitive tasks. Wear protective gloves for gardening or manual work. Talk to your employer about modified duties or a phased return — and remember that we can issue a fit note setting out time off, modified duties or a phased return.

Recovery is not a straight line

There will be plateaus, and days that feel worse than the week before. That is normal and does not mean something has gone wrong.

What makes the difference is doing a little every day, keeping realistic expectations, and telling us early if something does not feel right — rather than waiting for a routine appointment. We can arrange for you to see the hand therapist or Miss Edwards quickly.

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.

A final note

This leaflet is general information and does not replace individual advice. The timings and restrictions that apply to you are in the Patient Information and Consent leaflet for your operation, and should be confirmed with Miss Edwards or your hand therapist, in line with GMC guidance on decision making and consent.