

# DE QUERVAIN'S DISEASE

Patient Information



## De Quervain's : Patient Information Guide

### Introduction

De Quervain's (also called De Quervain's tenosynovitis or De Quervain's disease) is a painful condition affecting the tendons on the thumb side of your wrist. It is a common cause of wrist pain, especially in people who perform repetitive hand or wrist movements. This guide will help you understand what De Quervain's is, why it happens, how it is treated, and what to expect if you need surgery or rehabilitation.

### What is De Quervain's Disease?

De Quervain's disease is an inflammation or thickening of the sheath (the synovium) that surrounds two tendons in your wrist: the abductor pollicis longus (APL) and the extensor pollicis brevis (EPB). These tendons help move your thumb away from your hand and straighten it. The sheath allows the tendons to glide smoothly as you move your thumb.

When the sheath becomes inflamed, it swells and thickens, making it difficult for the tendons to move. This causes pain, especially when you move your thumb or wrist, grip objects, or make a fist.

### Pathology: What Causes De Quervain's Disease?

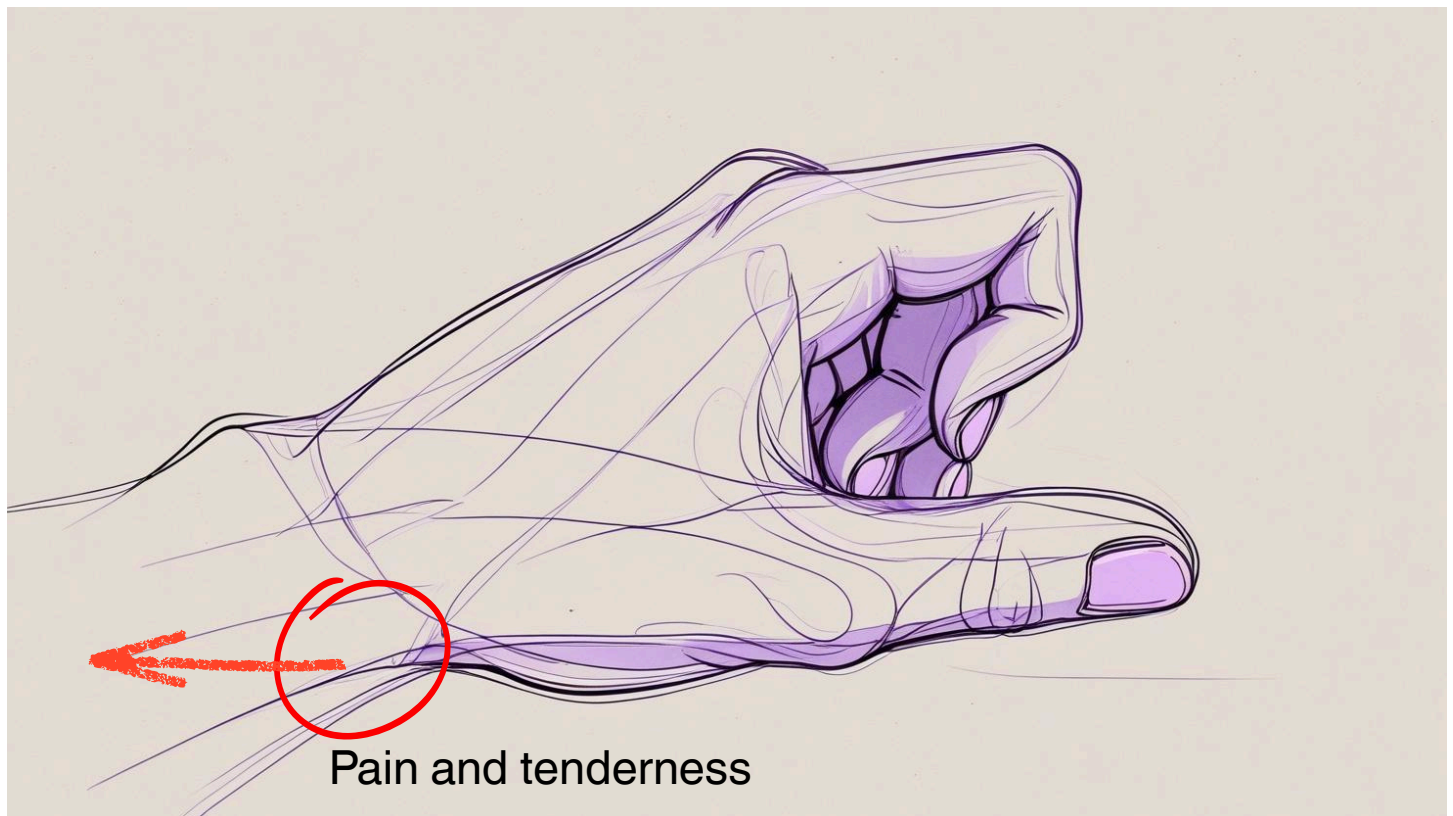
The exact cause of De Quervain's is not always clear, but it is often related to overuse or repetitive movements of the wrist and thumb with the or gripping wrist in a flexed position such as holding a baby's bottle to feed them, and lifting small children up under their armpits. Some common contributing factors include:

- **Repetitive hand or wrist movements:** Activities such as lifting a baby, gardening, playing racquet sports, or typing can strain the tendons.
- **Direct injury:** A blow to the wrist or thumb can trigger inflammation.
- **Inflammatory conditions:** Diseases like rheumatoid arthritis can increase the risk.

- **Hormonal changes:** It is more common in women, especially during pregnancy or after childbirth, possibly due to hormonal changes and increased hand use.

## Symptoms

- Pain and tenderness at the base of the thumb, often radiating up the forearm
- Swelling near the base of the thumb which feels 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
- Sometimes a small bump or thickening can be felt over the affected area



## Diagnosis

Your doctor or physio will usually diagnose De Quervain's Disease based on your symptoms and a physical examination. A common test is the Finkelstein test: you make a fist with your thumb inside your fingers, then bend your wrist toward your little finger. If this causes pain on the thumb side of your wrist, it suggests De Quervain's .

Imaging tests like X-rays or ultrasound are rarely needed but may be used to rule out other conditions.

## Treatment Options

Most people with De Quervain's improve with non-surgical treatments. The main goals are to reduce inflammation, relieve pain, and restore normal function.

### 1. Non-Surgical Treatments

- **Rest and Activity Modification:** Avoid activities that worsen your symptoms. Resting the thumb and wrist is important.
- **Splinting:** Wearing a thumb spica splint keeps your thumb and wrist still, allowing the tendons to heal. Splints are usually worn for 2-6 weeks.
- **Ice:** Applying ice packs to the affected area for 15-20 minutes several times a day can reduce swelling and pain.
- **Medications:** Non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen can help relieve pain and inflammation.
- **Physical or Occupational Therapy:** A therapist can teach you exercises to improve strength and flexibility, and show you how to modify activities to avoid further irritation.
- **Corticosteroid Injections:** Injecting a steroid medication into the tendon sheath can reduce inflammation and pain. Many people experience significant relief after one or two injections. The injection can flare the symptoms up for a short time and can make the skin over the injection area become thinner or less pigmented which can be very noticeable for individuals with a dark skin tone.

## 2. Surgical Treatment

If non-surgical treatments do not provide relief after several months, or if symptoms are severe, surgery may be recommended.

### Surgical Procedure

The surgery for De Quervain's disease is called a "first dorsal compartment release." It is usually performed as an day case procedure under local anaesthesia. The surgeon makes a small incision over the affected tendons and carefully opens the tight sheath, allowing the tendons to move freely.

### Benefits of Surgery

- High success rate: Most patients experience significant pain relief and improved function.
- Quick recovery: Many people return to normal activities within a few weeks.
- Low risk of recurrence: Once the sheath is released, symptoms rarely return.

### Risks of Surgery

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

- Infection at the incision site
- Injury to nearby nerves or blood vessels, which may cause numbness or tingling
- Scar sensitivity or thickening
- Persistent pain or stiffness (rare)
- Incomplete relief of symptoms (rare)

Your surgeon will discuss these risks with you and answer any questions you may have.

### Rehabilitation and Recovery

#### After Non-Surgical Treatment

If you are treated without surgery, your recovery will depend on how well you follow your treatment plan. Most people improve within 4-6 weeks, but it may take longer if symptoms have been present for a long time.

- Continue to avoid activities that cause pain.
- Wear your splint as directed.
- Gradually resume normal activities as pain allows.
- Perform any exercises recommended by your therapist to restore strength and flexibility.

## After Surgery

Recovery after surgery is usually straightforward:

- **Wound Care:** Keep the incision clean and dry. Stitches are usually removed after 10-14 days.
- **Pain Management:** Mild pain and swelling are common for a few days. Use ice and take pain medication as prescribed.
- **Movement:** You may be encouraged to move your fingers and thumb soon after surgery to prevent stiffness.
- **Therapy:** Some patients benefit from hand therapy to regain strength and flexibility.
- **Return to Activities:** Most people can return to light activities within a week or two. Full recovery and return to heavy use may take 4-6 weeks.

## Tips for a Successful Recovery

- Follow your doctor's instructions carefully.
- Attend all follow-up appointments.
- Do not rush back to activities that caused your symptoms.
- If you notice increased pain, swelling, redness, or signs of infection, contact your healthcare provider promptly.

## Prevention and Long-Term Outlook

Most people recover fully from De Quervain's disease, especially if they seek treatment early and follow recommendations. To prevent recurrence:

- Avoid repetitive thumb and wrist movements when possible.
- Take frequent breaks during activities that strain your hands.
- Use proper techniques and ergonomic tools for work and hobbies.
- Strengthen and stretch your hand and wrist muscles regularly.

## Summary

De Quervain's disease is a common and treatable condition that causes pain and swelling on the thumb side of the wrist. Most people improve with rest, splinting, and other non-surgical treatments. Surgery is safe and effective for those who do not respond to conservative care. With proper treatment and rehabilitation, you can expect to return to your normal activities without pain.

