

DeQuervain's Tenosynovitis 1st Dorsal Compartment Release Kavi Sachar, MD

Copies of this protocol and background may be found on kavisacharmd.com under Resources

Surgical Procedure: DeQuervain's tenosynovitis is swelling and inflammation of the two thumb tendons (extensor pollicis brevis, extensor pollicis longus) as they pass through a single tendon sheath at the wrist. The first dorsal compartment release procedure begins with an incision being made along the dorsal, radial side of the wrist. The tendon sheath is released, relieving pressure and friction. This surgery allows the tendons to glide freely when moving the thumb and wrist. Typically, dissolvable sutures are used to close the skin which will not need to be removed postoperatively.

When you go home from surgery, you will have light dressings placed to cover your incision. A splint is not typically necessary following this procedure. You will have immediate mobility of all fingers. Dressings may be removed and changed approximately 3 days after surgery. The incision should remain covered and kept dry until your first post-op appointment or 7-10 days after surgery.

NOTES: Post-op therapy will likely be brief and will emphasize the home exercise program/scar management techniques.

Initial Post-op Visit:

- Dressing:
 - Bulky dressing is removed, and a light compressive dressing is applied.
- Exercise:
 - Full Active/Passive Range of Motion, tendon gliding exercises for digits and thumb.
 - Full Active/Passive Range of Motion of the wrist, forearm, and elbow.
- Education:
 - Full use of the involved extremity for activities of daily living (ADLs).
 - Avoid heavy gripping, lifting, and repetitive wrist motion.

10-14 Days Post-op:

- Therapist authorized to remove sutures if still in place/if applicable
- Once the incision is completely healed, scar management techniques may be initiated.
 - Scar massage
 - Use of silicone gel sheeting
 - Scar desensitization
- Manual desensitization techniques are initiated due to hypersensitivity along a superficial branch of the radial nerve.
- Dynamic splinting and/or taping may be initiated to the thumb if the Passive Range of Motion is limited

3-4 Weeks Post-op:

- Progressive strengthening may be initiated at this time.
- Encourage normal functional use of the hand.

Considerations: Patient education becomes important to return to work and normal daily activities. The patient is advised to avoid activities requiring sustained pinch in combination with wrist ulnar deviation and/or wrist flexion. Typically, patients will have restored ROM and function within 3-4 weeks following surgery.

FAQ's

- **How quickly am I able to do basic activities like typing?**
 - You will have full use of your fingers immediately following surgery and may feel up to typing and performing basic activities of daily living within a few days. Special attention should be taken to avoid any activities that may increase the possibility of reopening the surgical incision.
- **Can I get my incision wet?**
 - No, the incision should be kept clean and dry for about 7-10 days following surgery. Once the incision is healed, you may get it wet after that time. Typically you will see the physician within this timeframe to view the incision and clear it to get wet.
- **Will I need to be in a splint after surgery?**
 - Typically, no. You will likely be placed in a soft dressing immediately following surgery and will not need a splint during recovery.
- **How soon can I ski/snowboard/etc.?**
 - As soon as your incision is fully healed, you may return to all the activities that you enjoy (Approximately 7-10 days after surgery)
- **Will I need pain medication?**
 - Pain from a first dorsal compartment release surgery is typically minimal, however, everyone experiences pain differently and we address your pain on an individual basis. Pain is always worse at night and elevating the surgical extremity is the most important factor when working to improve pain. If tolerated, we use extra-strength Tylenol and Ibuprofen/Naproxen as first-line medication. Most patients do well with this regimen alone, however, a prescription of Tramadol (if tolerated) is provided to help with breakthrough pain and to help you sleep through the first few nights. Most patients only utilize narcotic pain medication for the first 2-to 3 days.
- **What kind of anesthesia will I have?**
 - We prefer to do this procedure under local anesthesia, if you cannot tolerate being awake for surgery, we will provide you with light sedation. If you have questions regarding Anesthesia, you may call Anesthesia Partners of Colorado at 970-315-3858.