



**University Hospitals
Bristol and Weston**
NHS Foundation Trust

Patient information service
Physiotherapy

De Quervain's tenosynovitis



What is De Quervain's tenosynovitis?

De Quervain's tenosynovitis is a painful condition affecting some of the tendons of the thumb as they pass together through a tunnel at the thumb side of the wrist (see figure 2). A sheath, or covering, surrounds these tendons. The sheath can become irritated and swollen. This is called tenosynovitis.



Figure 1

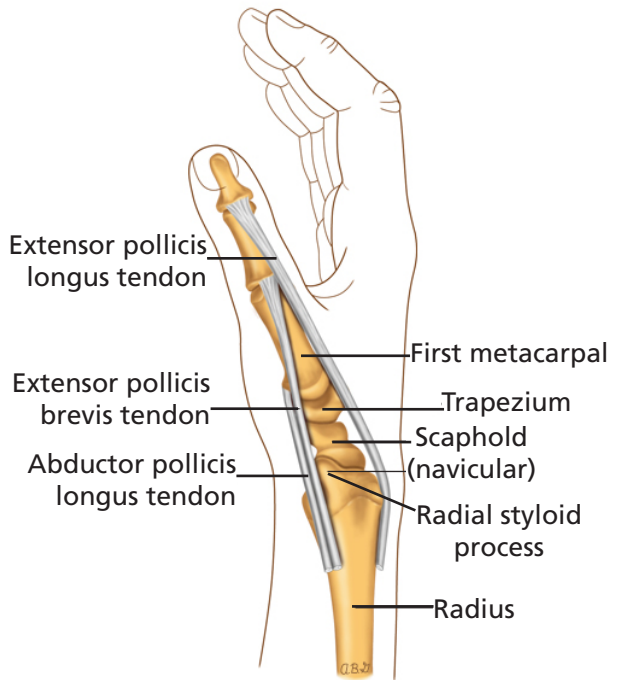


Figure 2

What causes it?

The causes are not fully understood, and it can occur without a specific trigger. It often occurs as a result of unaccustomed use or overuse of the tendons that move the thumb, for example repetitive hammering, use of scissors, secateurs or knitting.

Mothers of young babies are often prone to developing this condition, though it is not known if this is the result of hormonal change, or sudden, unaccustomed lifting and nursing of the baby.

De Quervain's tenosynovitis may also be caused by a direct blow to the area.

What are the symptoms?

Symptoms may include:

- pain on the thumb side of the wrist where the tendons pass through the tunnel – as indicated in figure 1. Pain may be aggravated by moving the thumb, gripping, and some wrist movements
- tenderness and possible swelling at the site of pain
- clicking or creaking when moving the affected tendons.

How Is De Quervain's diagnosed?

Your hand surgeon or a hand therapist will take a detailed history and perform a clinical examination. This may include a Finkelstein's test, this is where the thumb is gripped in the palm and the wrist is tilted towards the little finger.

What is the treatment?

Rest

Initially you should rest the tendons by avoiding the movements that worsen the pain. Your therapist is likely to make you a splint (a device used for support or immobilisation) to wear at all times over the first two weeks, this may allow the condition to settle. For those looking after young children you may need to consider getting additional help in this period.

Tackling the inflammation

Taking a regular non-steroidal anti-inflammatory medication can help reduce the swelling and pain. You can discuss this with your GP or pharmacist. If this is not effective you may require a steroid injection (see below).

Using Ice over the affected area for 10 to 15 minutes at a time can also be helpful. Always wrap ice in a damp cloth and check your skin regularly to reduce the risk of ice burns. Ice massage can also be useful.

Steroid injections

A corticosteroid injection may be recommended at the same time as splinting, or after a trial of splinting. This can be arranged via the GP or for some people an US guided injection may be requested by your hand surgeon/GP. Once you have had an injection it is advised to remove your splint and use the hand for light activities to allow the steroid to circulate, but continue to avoid aggravating activities.

It will take between three and 10 days to see the maximum benefit of the steroid injection. Side effects can include a short term increase in pain (a steroid flare) within the first 48 hours. In some cases a change of colour to the skin (depigmentation) at the site of the injection and/or some thinning of the skin may occur.

Activity modification

Changing the way you carry out the activities that cause you pain can help to settle the condition and prevent it recurring. Your therapist will discuss how to achieve this.

Examples:

- use your other hand to carry out tasks such as lifting a kettle
- keep your thumb next to your fingers when picking up or holding objects
- try to keep your wrist straight when picking up objects
- for parents with young babies, adjusting your feeding position, alternating between pram and sling use, and asking for help with bath times/nappy changing can help.

Adaptive aids – for example changing to easier scissors, or using a 'Y-shape' peeler for vegetables. If you are having difficulty using a computer, you may need to adapt your workstation or change your mouse.

AbilityNet offer further information on this, visit **www.abilitynet.org.uk**.

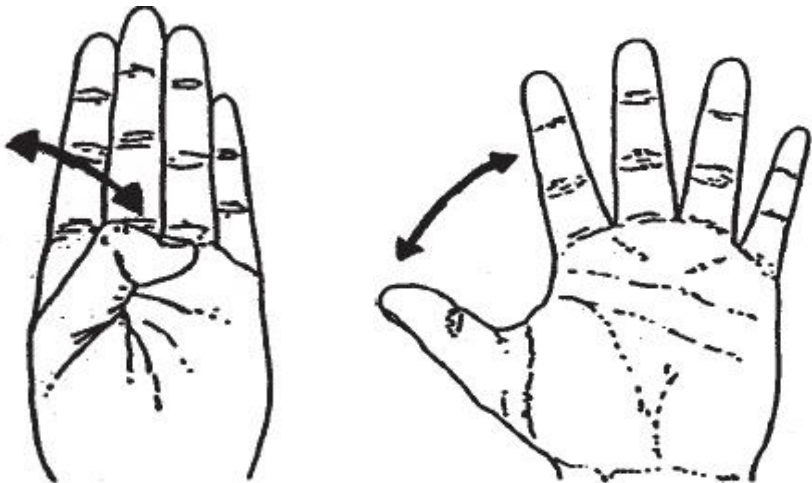
Exercises

Your therapist will advise you on which exercises are appropriate for you and when to start them.

It is important in the early stages that you do not worsen your pain by doing the exercises.

Range of movement exercises

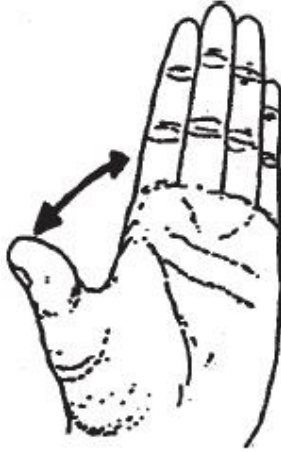
1.



Bring your thumb across your palm and then out, flattening your palm.

Repetitions: _____

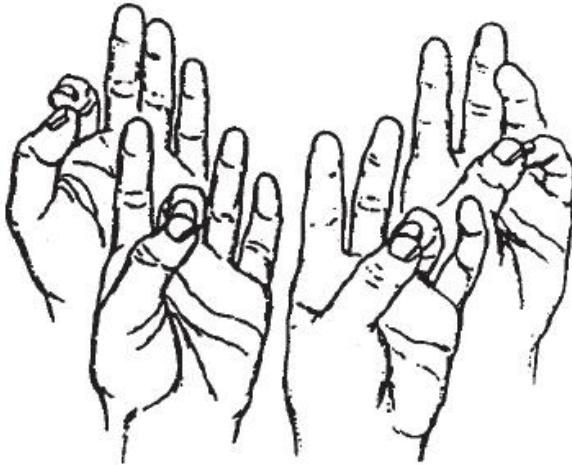
2.



Move your thumb away from your hand as if to hold around a glass.

Repetitions: _____

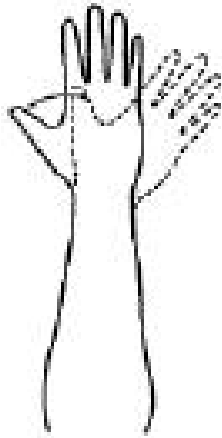
3.



Touch the tip of your thumb to the tip of each finger.

Repetitions: _____

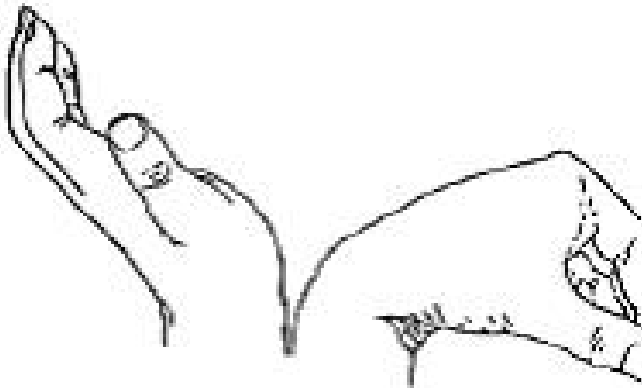
4.



Move your hand side to side.

Repetitions: _____

5.



Move your wrist forward and back.

Repetitions: _____

Stretching exercises

Only do these once your therapist advises your symptoms have settled enough to do so.

1. Tuck your thumb under your fingers. Move the hand towards the little finger side of the wrist. Hold 30 seconds.
2. Massage the affected tendons.

What should I do if my symptoms return?

If your symptoms occur again, it is useful to revisit the advice for managing early symptoms, such as reviewing the way that you carry out tasks. If you have a splint, it can be helpful to use this for a few days and then **gradually** return to your usual activities and exercises. If this doesn't help, speak to your GP or therapist.

Additional advice/exercises

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While under our care, you may be invited to take part in research. To find out more please visit: www.uhbw.nhs.uk

Help us prevent the spread of infection in hospital. Please make sure your hands are clean. Wash and dry them thoroughly/use the gel provided. If you have been unwell in the last 48 hours please consider whether your visit is essential.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **NHS Smokefree on 0300 123 1044.**

Drinkline is the national alcohol helpline. If you're worried about your own or someone else's drinking, you can call this free helpline in complete confidence. **Drinkline on 0300 123 1110.**

For access all patient leaflets and information please go to the following address:
<http://foi.avon.nhs.uk/>

Bristol switchboard: 0117 923 0000
Weston switchboard: 01934 636 363
www.uhbw.nhs.uk

AA

For an interpreter or signer please contact the telephone number on your appointment letter.



For this leaflet in large print or PDF format, please email patientleaflets@uhbw.nhs.uk.

