CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Extensor Tendon Repair

At-a-glance recovery. Pooled from 15 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
4-6 weeks	**3 months**	**6-12 months**
Splint-protected early; light use of the hand builds from about weeks 4-6 as guided motion starts, depending on the zone injured.	Grip and manual work by about 3 months once the repair tolerates load and any lag has been addressed.	Final motion and comfort settle over 6-12 months; small extension lags of 10-15° are common and usually functionally minor.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Extensor tendon repair restores the cords that straighten your fingers and thumb. We offer this when non-operative care has not given enough improvement.

Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. A clinic assessment establishes the diagnosis. For degenerative or long-standing problems we usually try non-operative care – activity change, physiotherapy or hand therapy, splinting, and injections – and consider surgery when that has not given enough improvement. For structural or acute problems, surgery may be recommended straight away, without a preceding non-operative trial. The main benefit is to restore your ability to straighten your hand and improve daily function.

Before the operation

Please fast for seven hours before your surgery. This allows us to bring you forward if the list runs early. Arrange for someone to drive you home. Wear comfortable clothing and bring a list of your current medications. Your surgeon may order imaging, such as an X-ray, MRI, or ultrasound, to plan the repair. If you have other medical

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conditions, you may need blood tests or a review with the anaesthetist. Most patients do not require these unless specifically advised.

On the day

You present to the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You meet the anaesthetist, who reviews your health and discusses pain management options. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief — the anaesthetist will discuss this with you on the day.

You are then taken into the operating theatre, where the operation is performed. You wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you either go to the ward or go home, depending on the procedure and your recovery.

What the operation involves

Your surgeon begins by making a cut to access the injured tendon. The exact location depends on which part of your finger or hand is affected. In some cases, your surgeon may need to remove damaged tissue and use a graft —a piece of healthy tendon taken from another part of your body or a donor—to bridge a gap where the tendon is missing.

Inside the hand, your surgeon repairs the torn tendon. For some injuries, this involves using a specific stitching technique that creates a strong, secure bond. In other cases, your surgeon may transfer a working tendon from a nearby finger to restore movement to the affected area. This allows you to extend your finger independently again. If the injury involves the bone, your surgeon will address that as well, ensuring the structures are stable.

Once the repair is complete, your surgeon closes the cut with stitches. You will then be placed in a splint or orthosis to protect the healing tendon. For certain injuries, this splint allows for early, controlled movement to help maintain flexibility and strength. In other cases, the tendon may need to remain still for a set period, such as eight weeks, before therapy begins. Your surgeon will choose the method that best supports your specific injury and healing process.

After the operation

You will wake up in the recovery ward while your team monitors you. We provide pain control to keep you comfortable. Your hand will be dressed and supported in a sling or splint to protect the repair. Your team will tell you whether you go home the same day or stay one night in hospital. Please arrange for someone to stay with you for the first 24 hours to help with care. We advise gentle movement of your fingers as soon as it is safe to do so. This helps reduce swelling and stiffness. Follow our specific instructions for wound care and dressing changes. Keep your hand elevated when resting to minimise swelling.

Recovery

Your hand will feel stiff and swollen at first. This is normal as your body heals the repair. We keep your hand elevated to ease the swelling. You will wear a protective splint to keep the tendon in place while it mends. Do not remove this splint unless we or your hand therapist tell you to.

You will see Ruby Doolan, our hand therapist at Extend Rehabilitation, for your rehabilitation. She directs your exercises and makes any splint you need. You will not see a physiotherapist for this care. Your therapy focuses on gentle movement to prevent stiffness. We start these movements early to help you regain function. You will learn specific exercises to strengthen your grip and improve finger motion.

Daily tasks become simpler as pain settles and movement returns. You can begin using your hand for light activities once your surgeon clears you. Driving is only safe when you are off strong pain medication and can hold the wheel with both hands. See our guide on driving after upper-limb surgery for full details. Your timeline may differ; your surgeon and hand therapist will guide you through each step.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

If you have a chronic injury or previous treatments have not worked, you might need surgery to explore the area. This is a standard step when earlier options fail.

You may notice limited movement in your fingers. This is common after these repairs. If your fingers feel stiff or do not bend as expected, tell us at your next review. We can discuss exercises to help.

In some cases, your finger might develop a shape change known as swan neck or boutonniere deformity. This means the joint bends in an unusual way. You might see the finger curl or straighten oddly. If you notice this shape change, bring it up with us. We may need to plan another procedure to correct it.

If you had a central slip fracture, which involves the bone near the middle joint of your finger, recovery can be difficult. You might find that the joint remains painful or unstable. Outcomes here are often less predictable. Keep us informed about any persistent pain or instability so we can manage your care.

Complete failure of the tendon repair is rare. However, if you experience a sudden snap or loss of function, contact the clinic immediately. This could indicate a problem with the repair site.

Be aware that certain antibiotics, such as ciprofloxacin, can rarely cause tendon rupture in the hand. If you are prescribed this medication and feel sudden pain or weakness in your fingers, stop the drug and seek medical advice right away.

The complications table on this page lists typical rates if you want the specifics.

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When to call us

Call us if you have fever, increasing redness or discharge from the wound, or sudden severe pain. Go to emergency immediately if you notice calf swelling or shortness of breath, or if you lose sensation or cannot move your limb. We need to check these signs quickly to keep your hand safe and support your healing.

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COMPLICATIONS & CONSENT

Extensor Tendon Repair

Complication rates from published literature

Pooled from 15 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
extension lag	**common (10-15°)**	Minor lags are the signature imperfection of extensor repairs; larger lags may need further splinting or surgery. Across early-active-motion programmes, combined lag results were good/excellent in 72-96% by Miller criteria.
stiffness / limited flexion	—	Adhesions over the back of the hand and fingers; the reason therapy starts early.
re-rupture	—	Uncommon with staged loading - no ruptures occurred across the zone IV early-active-motion cohorts in the systematic review; the splint regime exists to keep it that way.
recurrent deformity	—	Boutonnière and swan-neck corrections can relapse through secondary fibrosis and may need repeat procedures.
poorer outcomes in central slip fracture cases	—	Bony central slip injuries carry guarded expectations.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME | SIGNATURE | DATE

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