CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Excision of Giant Cell Tumour of Tendon Sheath

At-a-glance recovery. Pooled from 10 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
2-6 weeks	**3-6 months**	**12 months**
Desk work and light use of the hand within 2 to 6 weeks, once the wound is dry and the dressing is down to a simple plaster. Driving once you can grip the wheel firmly and are off strong painkillers.	Return to manual work, gripping tools and sport by 3 to 6 months, as the scar softens and the finger regains its full arc of movement.	Final scar quality, the last of the stiffness and full pinch strength settle by about 12 months. Because recurrence is the main risk, follow-up runs longer than recovery does.

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. 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. At your appointment we take a history, examine your hand and arrange imaging where needed to confirm the diagnosis.

A giant cell tumour of tendon sheath is a non-cancerous lump that grows slowly on or near a tendon, the cord that joins muscle to bone. It does not spread to other parts of the body. These lumps are common in the hand and fingers, and they are usually painless, though some people notice swelling, pain or stiffness as the lump grows. We usually try non-operative care first, such as activity change, hand therapy or splinting. Surgery is considered when that has not given enough improvement.

The operation we suggest is surgical excision, which means removing the lump completely. This is the most commonly accepted treatment for this condition. The main aim is to remove the lump fully and ease the swelling, pain or stiffness it has been causing. Because these lumps can grow back, we arrange regular follow-up visits after surgery to check the area.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

Before the operation

In the weeks before surgery we confirm the plan with imaging. This may include an X-ray, an ultrasound or an MRI scan, which uses magnets to take detailed pictures of the lump and the tissue around it. These pictures help us see exactly where the lump sits and plan how to remove it.

On the day itself, stop eating and drinking seven hours before your operation time. We ask for seven hours rather than six so your surgery can be brought forward if the theatre list runs early. Your surgeon will tell you which of your usual medicines to take and which to pause. Bring a written list of everything you take, wear loose comfortable clothing, and arrange for someone to drive you home afterwards. If you have other medical conditions, you may need blood tests or a review with the anaesthetist, the doctor who gives the anaesthetic.

On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will then meet the anaesthetist, the doctor who gives the anaesthetic. 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

The aim of the operation is to remove the lump completely, along with any small pieces of it that may have spread nearby. Your surgeon makes a cut over the lump, sized to suit where it sits and how far it reaches. The lump is often stuck firmly to the tendon or to the nerves and blood vessels running alongside it, so the removal is done carefully, sometimes with magnification to help protect those structures.

Once the lump is out, your surgeon checks the area for any small satellite nodules, tiny separate pieces of the lump that can be left behind. Removing these matters, because leftover pieces are what can grow back later. The cut is then closed with stitches and covered with a dressing.

Before surgery, a small sample of the lump may be taken with a fine needle to confirm what it is. This helps with planning, so the surgeon knows exactly what to expect when operating.

After the operation

You wake up in the recovery ward, where nurses keep an eye on you while the anaesthetic wears off. Your hand will have a dressing on it, and we will give you pain relief to keep you comfortable. You can move around soon after waking, though someone should stay with you for the first 24 hours. Your team will tell you whether you

go home the same day or stay one night in hospital. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

Recovery

Your hand will be sore and swollen for the first few days. This settles gradually. Keeping your hand raised on a pillow, even while you sit or sleep, helps ease the swelling and discomfort. Simple pain relief as directed by your team will keep you comfortable.

You will go home with a dressing on your hand, which we leave in place for about 10 days. Please keep it clean and dry, and do not take it off yourself. When we see you, we check the wound, remove the dressing and take out the stitches if needed.

Once the wound has healed, you will start hand therapy with Ruby Doolan at Extend Rehabilitation. Ruby is a hand therapist who directs your exercises and makes any splint you need. The exercises help your fingers and hand regain movement and strength as the swelling settles. You can use your hand for light daily tasks at home, but avoid heavy lifting, gripping firmly or anything that strains the area until your therapist clears you.

Most people find the stiffness improves steadily as movement returns. Once you can grip and use your hand without pain, you will find everyday tasks much easier. Your surgeon will let you know when you are ready to return to work, sport or driving, and there is a separate guide on our site about driving after upper-limb surgery.

Everyone heals at their own pace, so your timeline may differ. Your surgeon and your hand therapist will guide you along the way.

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.

The main thing we watch for is the lump growing back. This can happen months or even a few years after surgery, so we arrange regular follow-up visits to check the area. If you notice a new lump or swelling near your scar, bring it up at your next review or call the clinic. Sometimes a small piece of the lump left in the wound can grow there, so a lump sitting within the scar itself is worth showing us.

Rarely, these lumps can behave in a more serious way. If you have swelling that keeps growing or seems unusual, especially after an old injury, we want to see you promptly so we can investigate it.

The lump can sometimes press on or sit close to nerves. If you notice numbness, tingling or weakness in part of your hand or arm that does not settle, tell us at your review.

Removing these lumps can be technically difficult because they grip tightly onto the tendon and the nerves and blood vessels beside it. Your surgeon works carefully to take out the whole lump while protecting those structures. If some of the lump is left behind because removing it would damage something important, we will explain this and keep a close watch on the area afterwards.

For lumps that spread more widely through the tissue, surgery alone may not control them fully. In those situations, radiation therapy, which uses targeted X-rays to slow the lump's growth, may be suggested to help protect the way your hand works. Your surgeon will discuss this with you if it ever applies to your case.

Because these lumps can grow back quietly, we ask you to keep your follow-up appointments even when your hand feels fine.

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

When to call us

Call us if you have a fever, increasing redness around the wound, or discharge from it. Call us if your pain suddenly gets worse, or if numbness or tingling in your hand does not settle. Call us if you cannot move your fingers or hand as you could before. Go to emergency if you have calf swelling or pain, or shortness of breath. These can be signs of a blood clot, and they need checking straight away.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

COMPLICATIONS & CONSENT

Excision of Giant Cell Tumour of Tendon Sheath

Complication rates from published literature

Pooled from 10 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
recurrence	**4-56%**	The dominant risk, and largely a property of the tumour rather than the surgery. Literature spans 4-56%; recent cohorts report ~15% at a mean 7 years (bone involvement the strongest predictor), 17.8% overall with 26.5% in high-risk vs 8.6% in low-risk tumours, and 6% in a modern series where joint-capsule adjacency was the only significant risk factor. Higher for diffuse than localised disease.
numbness along one side of the finger	—	The tumour wraps around the digital nerves, so a complete excision dissects directly against them. Usually temporary, occasionally permanent.
stiffness	—	From adhesions where the tumour involved the tendon sheath. The dissection is wider than the visible lump implies, which is why the recovery is longer than patients expect.
wound problems or infection	—	Uncommon in a clean elective hand case.

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

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au