CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

De Quervain's Release

The Finkelstein test reproduces de Quervain's pain: tucking the thumb into a fist and bending the wrist sideways pulls on the inflamed tendons. The arrow marks the typical site of pain on the thumb side of the wrist.

Kieran Hirpara CC BY SA 4.0

At-a-glance recovery. Pooled from 24 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**
Patients typically experience earlier symptom relief and return to light activities within 2 to 6 weeks, particularly with endoscopic techniques.	Full functional recovery and resolution of symptoms are generally achieved by 3 to 6 months, with long-term outcomes equivalent between techniques.	Maximum improvement and plateau of pain/strength are typically noted by 12 months post-surgery.

Why this operation has been suggested

Your surgeon has suggested this operation because you have de Quervain's tenosynovitis, a condition where the tendons on the thumb side of your wrist become swollen and painful. This surgery involves making a small cut to release the tight sheath covering these tendons, allowing them to glide freely again. It is typically offered when non-operative options, such as corticosteroid injections and rest, have not provided enough relief.

You may have been recommended this procedure because your pain is persistent, or because you have specific factors like testosterone replacement therapy that increase the risk of needing surgery. The main goal of this operation is to relieve your pain and restore your hand function so you can use your thumb without discomfort. While most patients find this treatment effective, your surgeon wants to ensure you understand that recovery takes time and that the procedure aims to solve the root cause of your wrist pain.

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Before the operation

Please fast for the time your surgeon specifies and arrange a ride home. Bring a list of all medicines you take, including testosterone or growth hormone, as these may affect your surgery. Wear comfortable clothing. You may need an X-ray to rule out other causes of wrist pain if your symptoms do not improve with rest. Your surgeon will review your health and may order blood tests or an anaesthetic assessment to ensure you are safe for the procedure. This operation uses a single small cut over the painful area to release the tight tissue.

On the day

You will arrive at the hospital and meet your surgeon and anaesthetist to confirm your plan. This operation can be done under local anaesthetic (an injection that numbs just the area of surgery, with you awake) or under general anaesthetic (fully asleep). Most people choose local: recovery is quicker and you can go home soon after. If you'd prefer to be asleep, that's also a reasonable choice; discuss it with your surgeon and anaesthetist.

You will then go to the operating theatre where your surgeon performs the release through a single small cut on the side of your wrist. After the surgery, you will wake up in the recovery room while staff check that you are comfortable and stable. You can usually go home the same day once you are ready.

What the operation involves

Your surgeon will make a single cut over the back of your wrist to reach the first dorsal compartment. This is the tunnel of tissue that is squeezing your tendons. Inside, your surgeon will release the tight band of tissue, known as the retinaculum, to free the tendons. In some cases, a Z-plasty may be used to lengthen this band if needed. If a separate compartment is found to be constricting only the thumb tendon, your surgeon will explore both areas to ensure complete relief.

Once the tight tissue is released, your surgeon will close the cut with stitches. These stitches may dissolve on their own or be removed later. The procedure focuses on removing the constriction that causes pain and triggering. Both simple release and Z-plasty are effective methods for this condition. Your surgeon will ensure the release is complete to avoid dissatisfaction caused by incomplete treatment or tendon movement.

This open approach allows your surgeon to directly see and treat the structures involved. While other techniques exist, this method is chosen for its reliability in addressing the root cause of your symptoms. The goal is to restore smooth movement to your thumb and wrist without further restriction.

After the operation

You will wake up in a recovery ward where your team manages your pain. Your surgeon uses a single conventional incision over the operative site. This is usually a day case, so you can expect to go home the same day, although occasionally patients stay overnight. You will have a dressing and a sling or brace to protect your

wrist. You must have someone stay with you for the first 24 hours to help you. Gentle movement of your fingers is encouraged right away to keep them moving. Most people feel ready to return to light daily activities within a few days. Your surgeon will review your wound care instructions before you leave the hospital.

Recovery

Right after your surgery, you will feel soreness and swelling around your thumb and wrist. This is normal. Your surgeon may place a light bandage or splint to protect the area while it heals. You should keep your hand elevated above your heart as much as possible to help reduce the swelling.

You will likely wear a splint or brace for a short time to keep your thumb still. Your surgeon and physiotherapist will guide you on when to start gentle movements. You can do simple finger exercises to keep your hand moving while the thumb rests. Avoid heavy gripping or lifting until your surgeon clears you to do so.

As the swelling goes down, you will notice your hand feels looser and less painful. You will slowly return to daily tasks like eating or writing once your surgeon says it is safe. Your timeline for full recovery varies, so your surgeon and physiotherapist 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 diabetes, you might notice that a single steroid shot does not work as well as it does for others. You may need to discuss other options if the pain does not ease after the first try.

If you have received several steroid injections before, you might find that the treatment is less likely to succeed now. The more times you have had the injection, the lower the chance it will fully fix the problem.

Sometimes, an injury to your wrist can cause this condition, but it is often missed at first because it is rare. If you had a recent injury and the pain persists, tell your surgeon so they can look for this specific cause.

While your surgeon uses a standard open cut, you should watch for signs of nerve irritation. You might feel a sudden tingling, numbness, or a burning sensation on the back of your hand or thumb. If this happens, let your surgeon know right away.

If you notice deep pain that does not get better with simple painkillers, or if the area becomes very red and swollen, call the clinic immediately. These signs could mean something needs attention sooner rather than later.

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, or discharge from your wound. Go to emergency if you feel sudden severe pain, have calf swelling, or struggle to breathe. Contact us immediately if you lose sensation in your hand or cannot move your limb. These signs need urgent assessment by your surgeon.

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COMPLICATIONS & CONSENT

De Quervain's Release

Complication rates from published literature

Pooled from 24 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Recurrence	**38.0-48.0%**	Recurrent De Quervain's tenosynovitis most commonly caused by incomplete release, particularly when a septum between APL and EPB tendons is present but not released.
Scar tenderness	**11.5-23.1%**	Painful or tender surgical scar that usually improves with time and scar massage, with severe cases potentially requiring scar revision.
Persistent pain or weakness	**7.9%**	Some patients experience ongoing symptoms or hand weakness, though this is uncommon with proper surgical technique.
Tendon subluxation or dislocation	**5.3%**	Volar subluxation of the released tendons can occur if too much of the first dorsal compartment is released, causing the tendons to snap over the radial styloid with wrist motion.
Radial sensory nerve injury	**4.3-36.0%**	Injury to the superficial branch of the radial nerve is the most common complication, with most injuries transient and only 0.3% resulting in permanent nerve damage; symptoms include numbness, burning sensation, or painful neuroma.
Wound complications	**0.0-4.2%**	Superficial wound infection occurs in approximately 1% of cases responding to oral antibiotics; deep infection is rare.
tendon rupture	**0.0-1.0%**	Rare complication, typically associated with blind injection techniques.
Incomplete release	**Rare**	Failure to release all subcompartments.
Stiffness	**Rare**	Thumb and wrist stiffness; responds to therapy.

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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