CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

THÔNG TIN & ĐỒNG Ý

Drainage of an Infected Flexor Sheath

Trang này được dị ch bằng máy và chưa được bác sĩ kiểm tra. **Bản tiếng Anh** là bản chính thức.

Khôi phục nhanh chóng. Tổng hợp từ 10 nghiên cứu đã công bố — tốc độ phục hồi của bạn có thể khác biệt.

NHIỆM VỤ NHẸ làm việc tại bàn, lái xe, các công việc hàng ngày	HẦU HẾT CÁC HOẠT ĐỘNG HÀNG NGÀY công việc thủ công, thể thao, phòng gym	ĐỈNH ĐIỂM CỦA KẾT QUẢ CUỐI CÙNG đau và sức mạnh
2-6 weeks	**3-6 months**	**12 months**
Light use of the hand within 2 to 6 weeks. Hand therapy starts early and deliberately: movement is what keeps the tendon gliding, so this is not a period of resting the finger.	Return to manual work and full grip by 3 to 6 months, depending on how much stiffness developed and how promptly the infection was treated.	The final range of movement is reached by about 12 months. Some loss of full fist is common after a sheath infection, and how much depends more on the delay before drainage than on anything in the operation.

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. 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.

This operation drains infection from the sheath surrounding your finger's flexor tendons. It is typically offered when you have signs of a deep hand infection, such as severe pain, swelling, and a finger held in a bent position. Your surgeon may have recommended it to remove pus and prevent permanent stiffness or tendon damage. The procedure aims to clear the infection and restore movement. Early treatment generally leads to successful resolution and return of digital motion.

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Before the operation

Please fast for seven hours before your surgery. This allows us to move your procedure forward if the list runs early. Arrange a lift home and wear comfortable clothing. Bring a list of all current medications. Your surgeon may order imaging like X-rays, ultrasound, or MRI to plan the operation. If you have other medical 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 answers any final questions. 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 will remove the infection from the sheath that covers your finger tendons. This is the main treatment for this condition. The goal is to wash out the infected fluid and relieve pressure on the tissues.

If the infection is caught early, your surgeon may perform a small procedure at the bedside. A local numbing injection is given to the finger. Your surgeon makes a small cut along the side of your finger. This cut is placed carefully to avoid nerves and blood vessels. The sheath is opened, and the infected fluid is drained. The area is washed with sterile saline. A soft dressing is applied to protect the site.

If there is thick, white, or odorous pus, or if the infection is more advanced, you will go to the operating room. Your surgeon makes a small cut over the affected area. The sheath is opened to access the tendon. The infected fluid is removed and sent for testing. The area is thoroughly washed out with sterile saline. In some cases, a small tube is left in place to continue washing the area after the surgery. This helps keep the sheath clean as it heals.

After the cleaning is complete, your surgeon closes the cut with stitches. A bulky soft dressing is applied to your hand. You will then receive antibiotics to help clear any remaining bacteria. The procedure is designed to remove the infection and protect the tendon so you can regain movement in your finger.

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After the operation

You will wake up in the recovery ward with your hand elevated and protected in a soft dressing. We provide pain relief to keep you comfortable during these first 24 hours. Please ensure someone stays with you for support. Your team will tell you whether you go home the same day or stay one night in hospital. We apply a bulky soft dressing to protect the incision sites. You should keep your hand still and elevated to reduce swelling. Avoid moving the fingers unless our team advises gentle movement to prevent stiffness. We monitor your wound closely for signs of infection. Follow our specific instructions for keeping the area clean and dry. Rest is essential for healing. Contact us if you experience severe pain or unusual discharge.

Recovery

You can expect some swelling and stiffness in the days following your procedure. This is a normal part of healing. We apply a bulky soft dressing to protect the area and manage discomfort. While some residual stiffness is common after a flexor tendon sheath infection, your surgeon will guide you on what is safe to do.

We use hand therapy, not physiotherapy, to help you regain movement. Your hand therapist, Ruby Doolan at Extend Rehabilitation, directs your exercises and makes any splint you need. You will perform gentle movements to keep the tendon sliding smoothly. Avoid heavy gripping or lifting until your surgeon clears you. Sleep with your hand elevated on pillows to reduce swelling.

As the swelling settles and movement returns, you will gradually resume daily tasks. Once you can grip without pain and your surgeon confirms it is safe, you may consider driving. Remember, you must not drive while wearing a sling or splint, and you must be able to react quickly in an emergency. 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.

An infection in the tendon sheath is a serious condition. It is an aggressive infection in a closed space around your finger tendons. If not treated effectively, it can cause significant harm. You might notice deep, throbbing pain that does not ease with simple painkillers. The finger may become red, hot, and swollen. You might find it difficult or painful to straighten your finger. This type of infection can spread quickly and become life-threatening if ignored. If you notice these signs, seek urgent medical care immediately. Prompt diagnosis and early cleaning of the wound are vital to improve outcomes.

Even with prompt and aggressive treatment, some patients experience lasting stiffness in the affected finger. You might find it hard to bend or straighten the finger fully after the infection has cleared. This stiffness can persist despite antibiotics and surgery. It is a common residual effect, even in otherwise healthy individuals. If you notice persistent stiffness during your recovery, discuss it with your surgeon at your next review. They can guide you on exercises to help regain movement.

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

When to call us

Call us if you develop fever, increasing wound redness or discharge, or sudden severe pain. Go to emergency if you notice calf swelling, shortness of breath, loss of sensation, or inability to move the limb. Prompt assessment is essential to prevent serious complications.

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BIẾN CHỨNG & ĐỒNG Ý

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Tỷ lệ biến chứng từ các tài liệu công bố

Được tổng hợp từ 10 nghiên cứu đã được công bố. Đây là các tỷ lệ ở cấp độ dân số, không phải là nguy cơ cá nhân của bạn — bác sĩ phẫu thuật của bạn sẽ thảo luận về những gì áp dụng cho bạn.

BIẾN CHỨNG	TỶ LỆ ĐƯỢC BÁO CÁO	GHI CHÚ
stiffness and loss of full movement	—	The dominant long-term problem. Infection inside the sheath causes adhesions between tendon and sheath; this is why hand therapy starts early rather than after the wound heals.
repeat washout	—	Pus within the sheath at the first operation is the factor most associated with needing a second washout.
tendon rupture or necrosis	—	Uncommon, and associated with delayed presentation, diabetes and vascular disease.
spread to deep spaces or amputation	—	Rare, and the reason this is treated as an emergency. Risk rises sharply with delay.
recurrence of infection	—	May reflect an unusual organism or an immunocompromised host.

Tôi đã đọc thông tin này và có cơ hội đặt câu hỏi cho bác sĩ Hirpara về thủ thuật, quá trình hồi phục dự kiến và các biến chứng được liệt kê ở trên.

BỆNH NHÂN — IN TÊN | CHỮ KÝ | NGÀY

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