

What is De Quervain's Disease?

De Quervain's disease causes pain when you move your wrist and thumb, and usually a tender swelling at the base of your thumb. Two of the tendons that move your thumb usually glide freely through a tight tunnel at the base of your thumb. If the tunnel thickens and becomes too tight, it becomes painful to move your thumb and you may experience stiffness or locking when you move it.

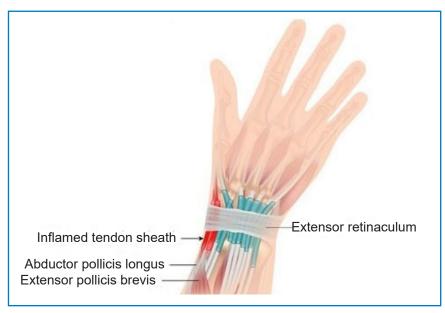


Diagram with the permission of Pain Spa limited

Who gets it?

- More common in women who have recently given birth
- People who have had direct trauma
- Following a wrist fracture
- People who do repetitive activities

What are the symptoms?

- Pain on the thumb side of the wrist. Pain is aggravated especially by lifting the thumb.
- Tenderness if you press over the site of pain
- Swelling at the site of pain
- Stiffness of the wrist and thumb
- Occasionally, there may be clicking, snapping or locking of the thumb on movement



Things that can help relieve symptoms?

De Quervains[®] syndrome is not harmful, but it can be a painful nuisance. Milder cases recover over a few weeks without treatment.

Rest - Trying to avoid activities that aggravate your thumb.

Splint - Wearing a splint called a thumb spica at night and during aggravating activities can help relieve symptoms. It needs to immobilise the thumb as well as the wrist and should be used for at least 4-6 weeks to see improvement.

NSAIDS (Non-steroidal anti-inflammatory drugs) - Taken regular, medication can be helpful. Particularly when the symptoms have just started and when used in conjunction with rest and splinting. Make sure you consult a medical professional before starting any medication.

A steroid injection - An injection into the base of the thumb is beneficial for approximately 70% of people. The risks of injection are small, but it very occasionally causes some thinning or colour change in the skin at the site of injection. You may need more than one injection.

Surgery - Surgical decompression of the tendon tunnel. Through a transverse or longitudinal incision, and protecting the nerve branches just under the skin, the surgeon widens the tendon tunnel by slitting its roof. The tunnel roof forms again as the split heals, but it is wider and the tendons have sufficient room to move without pain.

Pain relief is usually quick. The scar may be tender and unsightly for a few weeks. As the nerve branches were gently moved to see the tunnel, transient temporary numbness can occur on the back of the hand or thumb. Other risks are the risks of any surgery, such as infection (less than one in 100 risk) or stiffness.

When to return to clinic

If your condition has not improved and you require further intervention, you should return to your GP or MSK Team for advice and further management.

Web Address:

http://www.cht.nhs.uk/services/clinical-services/physiotherapy-outpatients/patient-careinformation/

QR Code

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If you have any comments about this leaflet or the service you have received you can contact:

Physiotherapy Department Huddersfield Royal Infirmary Telephone: 01484 342434

MSK Physiotherapy Admin Office Telephone: 01484 905380

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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