

Patient Information for Consent

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OS33 Surgery for De Quervain's Disease

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Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit <https://www.gov.uk/coronavirus> for up-to-date information.

Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks of having your procedure if you have coronavirus. It is then up to you to decide whether to go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this document. If you would rather delay or not have the procedure until you feel happy to go ahead, or if you want to cancel, tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time beforehand (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly your healthcare team will have the most up-to-date information.

What is de Quervain's disease?

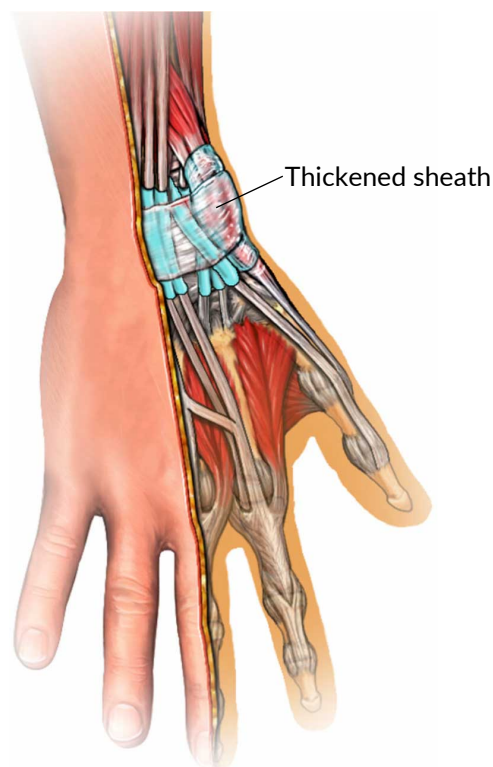
De Quervain's disease causes pain when you move your wrist and thumb, and usually a tender swelling at the base of your thumb.

Your surgeon has recommended an operation to treat your de Quervain's disease. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does de Quervain's disease happen?

The two tendons that move your thumb usually glide freely through a tight tunnel (sheath) at the base of your thumb. If the fibrous roof of the tunnel thickens, the tunnel becomes too tight, usually resulting in pain when you move your wrist and thumb. Sometimes your wrist and thumb may feel stiff and your thumb may lock slightly when you move it.



De Quervain's disease

It is often difficult to tell the difference between pain caused by de Quervain's disease and pain caused by osteoarthritis of your wrist or thumb. Your surgeon will be able to discuss this with you.

De Quervain's disease is more common in women who have recently given birth, in people who have had trauma (where a physical force is applied directly to your wrist) or a wrist fracture, and in people with medical problems such as diabetes or thyroid disease. Sometimes it can also be caused or made worse by repetitive activities. However, for most people there is no particular cause.

What are the benefits of surgery?

The aim is to relieve the pain at the base of your thumb.

Are there any alternatives to surgery?

If your symptoms are mild, resting your wrist and thumb, wearing a splint at night, physiotherapy and anti-inflammatory painkillers such as ibuprofen may help.

A steroid injection into the base of your thumb can treat the problem in up to 8 in 10 people. However, you may need more than one injection.

Steroid injections may cause discolouration where the injections are given. This is more noticeable if you have dark skin and usually improves over time.

Steroid injections may also cause wasting of the fat layer under your skin where the injections are given. This is more noticeable if you have thin wrists and usually improves over time.

What will happen if I decide not to have the operation?

Your symptoms may improve if there is an underlying cause that is treated.

If there is no underlying cause, symptoms usually continue.

What does the operation involve?

Remove any rings from your hand before you come into hospital.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct thumb. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation can usually be performed under a local anaesthetic and usually takes about 30 minutes.

Your surgeon will usually use a tourniquet (tight strap) to reduce bleeding. This helps your surgeon to see important structures, such as nerves, while they perform the operation.

Your surgeon will make a small cut at the base of the thumb. They will cut open the fibrous roof of the tunnel that is causing the de Quervain's disease. This allows the tendons to glide freely through the tunnel.

Your surgeon will close your skin with stitches.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by having a bath or shower either the day before or on the day of the operation.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain. You may get continued pain when you move your wrist and thumb if your surgeon is not able to completely release the tendons or if you have pain caused by osteoarthritis.
- Bleeding during or after the operation. The risk is reduced because your surgeon will usually use a tourniquet. Any bleeding usually settles if you keep your hand raised above your heart but you may need another operation if the bleeding continues.
- Scarring of your skin. The scar usually becomes almost invisible over time. If you have dark skin, the scar can sometimes stay thick and red.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days if you keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.

Specific complications of this operation

- Numbness at the back of your thumb caused by damage to a nerve. This can be permanent. However, this problem is not serious as the skin at the front and on the tip of your thumb should keep its normal sensation.
- Tenderness of the scar is common for 6 weeks and usually gets better. It can be a permanent problem if a nerve under the scar is damaged (risk: less than 5 in 100). You can get a shooting pain up your arm when the scar is pressed or knocked.
- Thumb tendons moving out of place (tendon subluxation). You may need another operation.
- Severe pain, stiffness and loss of use of your hand (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your hand can take months or years to improve. Sometimes there is permanent thumb and finger stiffness.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You will have a bandage on your hand and may need to wear a sling.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

Your surgeon will tell you when you can return to normal activities. Keep your hand raised and bandaged for 2 days.

It is important to gently exercise your fingers, elbow and shoulder to prevent stiffness.

After 2 days the dressing can be reduced but keep your wound clean and dry until any stitches are removed.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

For 8 in 10 people, symptoms improve quickly but your wrist and thumb may ache for a number of weeks.

Summary

De Quervain's disease causes pain when you move your wrist and thumb, and usually a tender swelling at the base of your thumb. If treatment with steroid injections has failed, surgery should relieve your pain.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer: Tim Davis (ChM, FRCS)

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