

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.

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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
1-2 weeks Most patients go back to office work and light tasks within a few days to two weeks, and to driving once the wound is comfortable, any comfort splint has been removed and the steering wheel can be held and turned confidently. In one study of the standard operation, patients were back at work after about two weeks on average.	4-8 weeks Return to heavier manual work and sport varies more than after most hand operations. In a randomised trial, patients went back to work after an average of about eight weeks (range 4 to 16), and return to sport is usually expected at six to nine weeks.	12 months Maximum improvement and plateau of pain/strength are typically noted by 12 months post-surgery.

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. De Quervain's release is an operation that opens the tunnel of tissue around two thumb tendons at the wrist, so the tendons can glide without catching. We usually offer it when other treatments have not given you enough relief.

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 wrist, and arrange imaging if it is needed to confirm the cause of your pain. For this condition, non-operative care usually comes first. That means a cortisone injection, which is the preferred initial treatment, often with a splint and hand therapy. A single cortisone injection relieved symptoms in 82% of patients, with over half remaining symptom-free for at least 12 months. Repeat injections can also work well.

Surgery is considered when injections and splinting have not settled your pain, or when your symptoms are severe enough to affect daily life. The operation aims to relieve pain and let you use your thumb and wrist normally again.

Before the operation

Your surgeon will confirm the diagnosis at your appointment, usually with a gentle wrist examination and, if needed, imaging such as an X-ray, ultrasound or MRI scan to plan the operation. Most people need nothing more before surgery day. If you have other medical conditions, you may need blood tests or a review with the anaesthetist. On the day, stop eating and drinking seven hours beforehand; we ask for this so your operation can be brought forward if the theatre list runs early. Your surgeon will tell you which of your usual medicines to skip. Bring a written list of everything you take. Arrange for someone to drive you home afterwards, and wear loose, comfortable clothing with a sleeve that slides up past your wrist.

On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You then meet the anaesthetist. 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 are then taken into the operating theatre, where the operation is performed. Afterwards 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 operation is called a release of the first dorsal compartment. That is the tunnel of tissue on the thumb side of your wrist that squeezes two tendons as they pass through it. Your surgeon makes a small cut over that tunnel, on the thumb side of the wrist, and opens the tunnel so the tendons can glide freely.

Sometimes one of the two tendons sits in its own separate space within the tunnel, divided off by a wall of tissue. If your surgeon finds that during the operation, they open that space as well, so both tendons are freed.

Once the tendons glide without catching, your surgeon closes the cut with stitches and covers it with a dressing. You keep the dressing on for about 10 days, as described in the section after this one.

The whole operation is a short, focused procedure on a small part of your wrist. You will go home the same day with instructions on caring for the wound.

After the operation

You wake up in the recovery area, where nurses keep an eye on you while the anaesthetic wears off. This is usually a day case, so you can expect to go home the same day, although occasionally patients stay overnight. Someone should stay with you for the first 24 hours. Your wrist will have a dressing over the stitches, and 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. You can move your fingers, thumb and wrist as comfort allows, and most people use their hand for light tasks straight away. Many people feel relief within the first day or two.

Recovery

Many people notice relief within the first day or two, once the tight tunnel has been opened and the tendons can glide. Some soreness and swelling around the wound is normal in the early days. Resting with your hand raised on a pillow eases this, as does gentle movement of your fingers, thumb and wrist as comfort allows.

You can use your hand for light tasks straight away. Keep the dressing clean and dry, and leave it on until we review it. Hand therapy after surgery is with Ruby Doolan at Extend Rehabilitation. Your hand therapist will guide you through simple exercises so the tendons keep gliding smoothly, and will make a splint for you if one is needed.

As the swelling settles, everyday activities become easier. You will find your grip and thumb movement return gradually. Once you can grip and turn a steering wheel without protecting your hand, and the wound is comfortable, you can usually drive again; see our page on [Driving after upper-limb surgery](#). Work and other activities can resume as your comfort and strength allow.

Recovery varies from person to person. Your timeline may differ, and your surgeon and 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.

Sometimes the tight tunnel is not fully opened, or a tendon slips out of its groove as it glides. You might notice the same catching or pinching feeling you had before the operation, or a snapping sensation at the base of your thumb when you move it. If that happens, bring it up at your next review. Further surgery can rebuild the tunnel and hold the tendons in place if they keep slipping.

The nerves that give feeling to the back of your hand and thumb run close to the tunnel. If one is irritated during surgery, you may notice tingling, numbness or a sharp, electric feeling in your thumb or the back of your hand. Most of these feelings settle, but tell your surgeon if they do not, or if they seem to be getting worse rather than better.

Recovery can also take longer than you hoped. Some people find the soreness and stiffness linger for weeks rather than days, and this can be frustrating. If your wrist is still painful after a reasonable time, or the relief you expected has not arrived, raise it at your review appointment so we can look at what is going on.

Occasionally a cortisone injection given before surgery does not work as well as expected, and the pain continues. If that has been your experience, it does not mean anything has gone wrong with your wrist. It simply means the next step, surgery, is the right one for you.

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

When to call us

Most people recover without problems, but some symptoms need urgent attention. Call us if you have a fever, if the wound becomes more red or starts to leak fluid, or if your pain suddenly gets much worse. Go to emergency if you have swelling or pain in your calf, or shortness of breath. Call us straight away if your hand or thumb goes numb and stays that way, or if you cannot move your fingers or thumb. When in doubt, call us.

Where to read more about the condition

This page is about the operation itself. The condition it treats, including what the evidence shows about when surgery helps and when it does not, is covered in more detail on the [De Quervain's Tenosynovitis](#) page.

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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.

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