



Flexor Tendon Repair Post-operative Protocol

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The Surgery

Your flexor tendon repair surgery is an outpatient procedure that will be done in a formal operating room. After checking into our registration desk, you will be taken to a preoperative holding area where you will change into a gown, meet with your surgeon, your anesthesia staff, nurses, and other members of our team to evaluate you and prepare you for the procedure. You will then be taken to the operating room. The surgery is typically performed under a general or local anesthesia. It is very important that you have nothing to eat or drink after midnight the evening prior to surgery if you are getting general anesthesia or sedation. You will also need to have someone else drive you home. If you are unable to meet these two needs, your surgery may have to be cancelled and rescheduled for another date.

In the operating room, the OR staff will require about twenty minutes to place you under anesthesia, then prep and drape your arm. After this, the surgery itself will take between one and two hours. During the operation, I will make a zig-zag incision on the fingers with tendon injuries and sew the tendons back together directly or reattach them to bone according to the nature of the injury. In some situations, the tendon sutures are tied over a button placed on the fingernail, and they are removed six weeks later. The wound is then closed with nylon stitches. A long-acting local anesthetic is often injected for pain relief. I then place a bulky dressing on the wrist and forearm, then you will be awoken and taken to a recovery room. Once you are comfortable and can drink clear fluids, you may go home.

Of note: Because of the critical need to start therapy soon after surgery, I strongly recommend that you schedule your first hand therapy appointment as soon as you know the date of your surgery.

Post-operative Protocol

The first two weeks

During this time, you should elevate and rest your hand as much as possible. A bulky splint will prevent you from moving your fingers. You will be given a prescription for pain medication to take as needed.

You must keep the splint clean and dry. Cover the hand and arm with a plastic bag (a newspaper bag works well) when you shower.

You should be seen by a hand therapist two to seven days after the surgery. At this time, the therapist will remove your operative splint and make a custom molded plastic splint to protect the repair and start a supervised regimen for finger range of motion.

I will see you again in my office two weeks after the surgery. If your wounds are well-healed, the stitches will be removed. You can then shower and allow the wound to get wet, but do not scrub the incision. Pat it dry with a towel when you are done.

Do not do any lifting with the injured hand.

The 3rd and 4th weeks

During this time, your chief goal is to regain finger motion. You will continue with therapy, emphasizing passive motion. You should not do any active flexion of the finger because the repair may pull apart or rupture.

You should call my office if you have progressively worsening pain that is not relieved by icing, rest, elevation, and your prescription pain medication. You should also call if you have a persistent fever of greater than 101°F or notice any drainage from the incisions.

I will see you in the office again at 4 weeks after surgery. I will evaluate tendon function and usually start some active motion at this stage.

The 5th and 6th weeks

At this point, I expect to see slow but steady improvement in finger flexibility and function. You should be having less pain at this time also. The therapist will start an active motion protocol. First you will make a passive fist and actively hold it, then you will progress to active flexion.

You can now lift up to 2 pounds with your injured hand unless I give you other instructions.

I will see you in the office at 6 weeks after surgery. At this time, I will pull any remaining sutures or buttons. You can start to soak the wrist and hand in warm water after this to help decrease any residual stiffness.

The 7th and 8th weeks

You will continue to aggressively pursue range of motion of the wrist and hand. This almost always requires the help of an occupational therapist a few times a week. You may now lift up to 4 lbs (e.g. half a gallon jug of milk) with the injured hand if it does not cause pain.

The 9th and 10th weeks

You should now work on strengthening your wrist and fingers. I will re-evaluate you at 10 weeks. If the tendon is healed, and your motion and strength are returning well, you may progress your activity and return to normal use of the hand over the next month.

If you are still having stiffness, numbness or pain, I will start other treatments such as medications, therapy, or splinting as indicated. Additionally, I will personalize further follow-up visits to meet your needs.