



## **DeQuervain's Release Post-operative Protocol**

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### **The Surgery**

Your DeQuervain's release 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 type of local anesthesia with sedation through an IV to make you more relaxed. Because of the sedation, it is very important that you have nothing to eat or drink after midnight the evening prior to surgery. 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 15 minutes to anesthetize, prep, and drape your arm. After this, the surgery itself will take about half an hour. During the operation, a two-inch incision will be made over your wrist to release the ligament causing the tendinitis. The incision will be closed with buried stitches. I usually inject the wound with a long-acting local anesthetic to give you an additional few hours of pain relief. A bulky splint is placed on the hand and wrist including the thumb, and you will be taken back to the preoperative holding area for recovery. Once you are comfortable and can drink clear fluids, you may go home.

### **Post-operative Instructions**

#### **The first week**

During this time, you should elevate and rest your hand as much as possible. Feel free to move your fingers, but it may cause some hand pain. Light typing or writing for no more than five minutes at a time is allowed, but if it causes pain you should discontinue. You may not lift anything heavier than a cup of coffee with your surgical hand. You will have some swelling in your fingers, but as long as you can move them

without severe pain, this is normal. You will be given a prescription for pain medication to take as needed.

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 drainage on the splint.

**The 1<sup>st</sup> follow-up visit (5-10 days after surgery)**

At this visit, I will remove your splint and check your wound. I will also check your range of motion. If you have significant stiffness, I may send you to occupational therapy for a few weeks. Otherwise, I will place you in a removable brace that includes your thumb for the next 3 weeks. You can lift up to 3 pounds for the next two weeks, then slowly increase to full lifting.

You may now get the wound wet, but you should not scrub it for two more weeks. Simply pat it dry with a towel when you are done washing. You can leave the wound uncovered as long as it is in a clean, safe environment.

**The 2<sup>nd</sup> follow-up visit (6 weeks after surgery)**

I will see you again in the office at about six weeks after surgery. If you have regained full range of motion, I will teach you some strengthening exercises and have you follow up with me as needed. 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.