

Mr. Jochen Fischer

State Exam Med, MRCSEd, FRCS (Tr&Orth), MD

Consultant Orthopaedic & Upper Limb Surgeon



www.jf-ortho.co.uk

www.manchesterorthopaedicgroup.co.uk

DeQuervain's release

You've been listed for an operation called DeQuervain's release. You should have received most of the information during your last consultation with me. While the operation is successful for the vast majority of patients, there is a small risk of complications. As part of the consent process I will explain some common and/or significant complications to you. This list doesn't include every single complication that could possibly occur, but will focus on the important ones. While it is important that you understand the risk of complications, this shouldn't put you off having the operation, as the potential benefits of successful surgery by far outweigh the small risk of complications. Please don't hesitate to get in touch with me if you've got any further questions about this.

Infection: There is always a small risk of infection following any surgery. The risk is small. If the wound should become red/hot/swollen/painful following the operation you should see myself, your GP or a Doctor in the A&E department for advice. A short course of Antibiotics will usually eradicate the infection.

Nerve damage: There is a small risk of accidental damage to fine nerve branches. This could leave you with a small area of numbness. Sometimes damaged nerve endings can grow a painful neuroma, this may respond to physiotherapy or may require further surgery.

Incomplete release: During surgery the pulley tying the tendon down to the bone is released. The anatomy of the tendons that are released varies. Sometimes there are more than the 2 expected tendons, and sometimes they can run in more than one tendon compartment. I will routinely explore the area for the presence of extra tendons and extra tendon compartments. An incomplete release of the tendon compartments may result in ongoing pain and this may require further surgery.

Scar tenderness: This can sometimes be a problem. Most patients will respond to physiotherapy.

Pain syndrome: This is a rare but potentially disabling problem. It is a poorly understood condition where patients experience pain out of proportion following surgery. In severe cases this can also cause stiffness of the fingers. While intensive Physiotherapy can help most patients to control the symptoms, very few patients can be left with severe pain and stiffness leading to long-term disability.

POSTAL ADDRESS
Spire Regency Hospital
West Street
Macclesfield
Cheshire SK11 8DW
Appointments:
01625 505 494

BMI Alexandra Hospital
Mill Lane
Cheadle
Cheshire SK8 2PX
Appointments:
0161 495 7770

Private Secretary
T: 07935 480 188
F: 01625 505 435
E: jfortho.secretary@gmail.com

Macclesfield District
General Hospital
Victoria Road
Macclesfield
Cheshire SK10 3BL

NHS Secretary
T: 01625 661 095
F: 01625 661 866

Mr. Jochen Fischer

State Exam Med, MRCSEd, FRCS (Tr&Orth), MD

Consultant Orthopaedic & Upper Limb Surgeon



www.jf-ortho.co.uk

www.manchesterorthoepaediogroup.co.uk

Following Surgery:

Bandages: You will have a padded bandage around your wrist and hand. This will leave your fingers free so you can use your hand. You can remove the outer bandages after 2 days. Keep the sticky dressing on. If it gets wet, replace it with a dry dressing. After 2 weeks the dressing can be removed and you can get the wound wet.

Sutures: They are absorbable. You will be able to see them. Once the inside has been dissolved the outside bits will fall off. This usually happens after about 2 to 3 weeks. There is usually no need to formally remove the sutures.

Mobilisation: Keep your hand elevated, especially in the first couple of days when the tendency to swell up is strongest. You can mobilise as pain allows. Try to get on with your normal life as good as you can. As long as you apply a bit of common sense you will be fine.

Pain killers: You will get some to take home from the ward. The local anaesthetic will start to wear off a few hours following surgery. When you start feeling the first sensations coming back, take some painkillers straight away. They work best when you take them early before it's really painful. Take some painkillers before you go to bed. If pain levels are high: Take painkillers regularly to keep the blood levels high. If pain levels are low: Take painkillers as and when required.

Problems following surgery: Phone the ward for advice.

If you would prefer to discuss this again with me prior to treatment then please contact my secretary: Tel 07935 480188, email jfortho.secretary@gmail.com

POSTAL ADDRESS
Spire Regency Hospital
West Street
Macclesfield
Cheshire SK11 8DW
Appointments:
01625 505 494

BMI Alexandra Hospital
Mill Lane
Cheadle
Cheshire SK8 2PX
Appointments:
0161 495 7770

Private Secretary
T: 07935 480 188
F: 01625 505 435
E: jfortho.secretary@gmail.com

Macclesfield District
General Hospital
Victoria Road
Macclesfield
Cheshire SK10 3BL

NHS Secretary
T: 01625 661 095
F: 01625 661 866