

De Quervain's syndrome

Staff Information Leaflet

This leaflet is designed to give you an understanding of De Quervain's syndrome, the treatment that may be beneficial and some advice on what you can do to help yourself. If your symptoms persist you should seek advice from your GP or Occupational Health Service.



Introduction

De Quervain's Syndrome results in the sheath covering the tendons on the thumb side of the wrist becoming thickened and painful. The sheath normally acts as a tunnel that holds the tendons in place. This allows them to slide up and down freely when the wrist or thumb moves. When the sheath thickens, the tunnel becomes narrower, and it is more difficult for the tendons to slide through. This can result in the tendons becoming inflamed and often results in pain when using the hand.



De Quervain's syndrome is most common in people between the ages of 30 and 55 years, although it can happen at any age. Women are six times more likely to be affected than men. It is more prevalent in women who have a young baby and more common in those women who are breastfeeding. It is not known whether this is due to hormonal changes as a result of pregnancy and childbirth, or due to lifting and carrying or feeding the baby. There are no causal links between De Quervain's and occupational risk factor.

Symptoms

- Pain on the thumb side of the wrist, which is usually a gradual onset.
- Pain is aggravated especially by lifting the thumb, as in the hitchhiker position or when using scissors, turning a door handle, turning a tap, texting, and gaming.
- You may experience tenderness if you press on the site of pain and sometimes you can experience swelling of the site of pain – compare it with same spot on the opposite wrist.

Diagnosis

The diagnosis is usually made based on the symptom history and examination. Advanced imaging is not necessary.



What can I do to help my symptoms?

De Quervain's syndrome is not harmful which means it is safe to continue to use the hand, however it can be a really painful nuisance. Milder cases recover over a few weeks without treatment. Most will improve over time but may take a long time.

Treatment options aim to help reduce the pain and include:

Activity Modification

Avoiding activities that cause pain, if possible altering how you grip and adapting how you do certain tasks.

Pain relief

Simple analgesia such as Paracetamol and an anti-inflammatory such as Ibuprofen can help manage the symptoms of De Quervain's Syndrome. You can obtain advice regarding medication from your local pharmacist or GP but remember to read the packet; and do not take over the recommended dosage.

Topical anti-inflammatory products in the form of a cream or gel can also be used. These are applied directly to the specific area of pain and can help reduce pain and inflammation without the side effects of the anti-inflammatory tablets. For further information you should discuss this option with your GP or pharmacist.

Splints

There is not much evidence that wearing a thumb splint will give symptom relief. However, in clinical practice some patients find it beneficial. A thumb splint, which can often be obtained from a pharmacist. It is desirable that the splint is only worn as needed for certain tasks for as short a period as possible. If a splint is worn too much it can have negative effects causing the thumb to get stiff and weak.



Steroid injection

Steroid Injection relieves the pain in about 80% of cases. The risks of injection are small, but it very occasionally causes some thinning or colour change in the skin at the site of injection.

What about work?

Maintaining all normal activities including work improves your chance of recovery by keeping you moving. This helps you keep your 'work fitness' and prevents your hand and wrist getting weak, which can prolong your pain.

Remember: You do not have to be pain free to return to or remain at work.

It may be necessary to do temporary lighter or modified duties. This should be discussed with your line manager initially. If further clarification is needed your Occupational Health advisor can identify more specific role modifications.

What should I do if I am still experiencing problems?

If you are unable to agree on restricted roles with you manager or you are still having problems (despite following this advice): your Occupational Health team can help. The Occupational Health team can advise you on how to bridge the gap to help you return to normal activities. You can also gain access to the Occupational Health physiotherapy team by:

Self-referral

The Occupational Health Physiotherapy team can assist in the management of musculoskeletal problems that affect your ability to work. Staff are able to self-refer to physiotherapy via the trusts Occupational health internet page.

<https://www.newcastle-hospitals.nhs.uk/services/newcastle-occupational-health-service/>

Management referral

If you feel your symptoms are having a significant effect on your ability to carry out your role, discuss this with your manager and request a referral to the Occupational Health Service.

For more information on De Quervain's syndrome please follow the link below:



<https://www.tims.nhs.uk/wp-content/uploads/2021/05/De-Quervains-Syndrome.pdf>

NewcastleOHS

Physiotherapy Team
Ground Floor
Regent Centre
Regent Farm Road
Gosforth
NE3 3HD

Tel: (0191) 2821188

nuth.newcastle.ohs@nhs.net

Review Date: January 2027



Healthcare at its best
with people at our heart