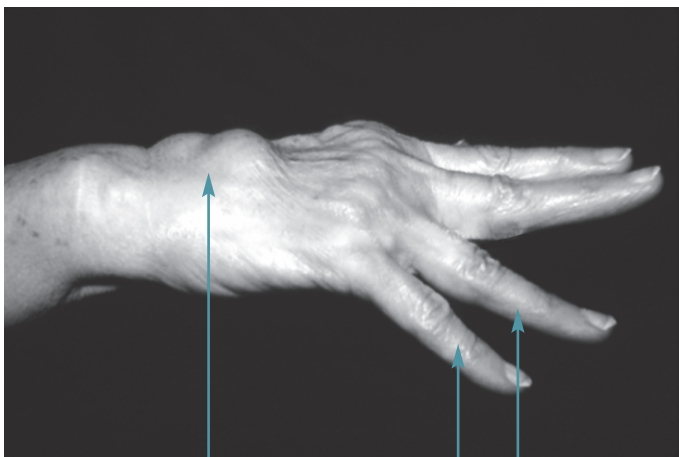




SURGERY

Tenosynovectomy

Extensor tendon ruptures to ring and little fingers



Thickened tenosynovium around tendons

Fingers unable to straighten out as tendons not working

What does this involve?

This involves removing inflamed, thickened lining tissue (tenosynovium) from around tendons. On the front of the wrist this is often combined with a carpal tunnel decompression.

The abnormal, inflamed tissue to be removed has got an increased blood supply so there tends to be more swelling and bruising after this operation than you might expect.

The inflamed tissue has often invaded and damaged the tendons it surrounds. This damage can often be trimmed back to a smooth outer surface on the tendon. Despite this such damaged tendons can take some time to settle down after this operation and may never return completely back to normal.

Sometimes, usually when the inflammation has been present for a long time, the tendons have been ruptured (broken) by the inflammation. Preventing this is one of the main reasons to perform a tenosynovectomy. If the tendons are ruptured various reconstruction options are available, including performing a tendon transfer. This can be done in various ways but the idea is to take a remaining good tendon and attach it to the far end of the ruptured tendon. The new tendon then takes over the job of the ruptured tendon.

When is surgery needed?

In most cases inflammation around tendons settles down with rest, painkillers, a removal support, activity modification and time.

Sometimes the inflammation has started because of a system wide inflammatory process, such as rheumatoid arthritis. In this case treatment for the underlying cause is important to relieve the swelling around the tendons and also to avoid other complications from the underlying condition. Rheumatology Consultants are experts in these conditions and their input is often very useful in these cases.

Steroid injections into the inflamed area can sometimes be useful but these can further weaken tendon tissue and so should be used with caution, particularly if the inflammation is very long standing.

Patients with persistent inflammation that has resisted other non-surgical treatment methods are candidates for surgery.

Which operation is the right one for me?

The operation performed will depend on which tendons are affected and how badly damaged they are when the tendons are inspected.

Type of Operation	Day case
Length of Procedure	0.5 to 1.5 hours (depending on the complexity)
Anaesthesia	Regional Anaesthetic (arm numbed) and/or General Anaesthetic (asleep)



What are the main risks of this operation?

Swelling, Stiffness and Scar pain

This can be reduced by keeping the arm elevated and moving all the free joints as soon as possible. Local swelling around the surgical site can persist for several months. Local swelling can be helped by massaging the tissues and this may also improve any irritability in the surgical scar. Occasionally patients are troubled by more swelling and stiffness than average. In this case complex regional pain syndrome (CRPS) is sometimes the cause (see relevant information sheet in 'Conditions we Treat'). Severe CRPS occurs in less than 1% of cases.

Infection

This is unusual in the hand (less than 1% of cases). Local wound infections can often be treated with oral antibiotics. Rare, deep seated infections may require re-admission to hospital, antibiotics into the vein and occasionally more surgery.

Nerve Damage

The nerves most at risk with these operations vary with the site of the inflammation. Most commonly injured are small branches supplying the skin next to the scar. Occasionally the ends of these nerves can be very tender after the operation but usually this responds well to time and massage.

Residual symptoms

This depends on how badly the tendons have been by the inflammation around them. If some of the tendons were ruptured and required reconstruction you are likely to have more long-term symptoms than if the tendons had not ruptured.

Recurrence

The risk of this is related to what caused the inflammation in the first place. Recurrence is more likely if there is an underlying inflammatory condition to blame, such as rheumatoid arthritis.

Post Operative Course

Day 1 - 14

- A dressing and padded bandage is applied after the operation
- A plaster support will be applied if a tendon reconstruction has been needed
- Keep the dressings clean and dry
- Keep the arm elevated in a sling or on pillows to reduce swelling
- Start moving all the joints that are not immobilised immediately after the operation to prevent stiffness
- Take painkillers before the anaesthetic wears off and as necessary thereafter

In the first 2 weeks

- An appointment will be made for a wound check and removal of sutures (if necessary). The details will be arranged on the day of surgery.
- Further splintage and rehabilitation will be arranged as necessary. This will require the help of the Hand Therapists if a tendon reconstruction has been performed.

6 Weeks

- Most people are back to normal activities by this stage although scar massage may still be useful
- Further rehabilitation may be necessary for those who have had a tendon reconstruction

3 Months

- It may take this long for residual discomfort in the scar and wrist to settle down, longer for those who have had a tendon reconstruction

Plaster Cast Information/Post Operative Difficulties

Contact your surgical centre if:

- Your fingers become blue, swollen or numb and tingling with a plaster cast in place or in your dressing
- You see any discharge, wetness or detect any unpleasant smells from around your cast or dressing
- The cast becomes cracked, soft, loose or uncomfortable.

Outside normal working hours you may need to attend your local Accident and Emergency Department for help with these issues.

Driving

You may drive when you feel confident to control the car, even in an emergency.

Many patients will feel able to drive following this surgery after the first wound check at two weeks.

Those who have had a tendon reconstruction may not feel confident to drive for at least 2 months.

Time off Work

This will vary depending on the nature of your job.

Sick notes can be provided on the day of your operation, at your clinic visits and by your own GP.