

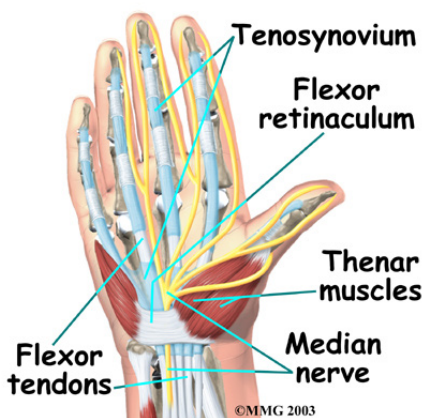
Common Hand Problems

Carpal Tunnel, Trigger Finger & Dupuytren's Disease

Carpal Tunnel

The classic patient I may see is:

- A 70 year old retired cane farmer - usually they have big strong hands, and have worked hard all their life.
- They have had symptoms on and off for about 10 years but have had an acute deterioration in the last 3-6 weeks.
- They describe pins and needles, and if severe, a burning night pain affecting their thumb, index and middle fingers. If prolonged, it radiates into their forearm.



They may have already tried:

- Steroids - which can have enormous benefit but should only be given 3 times to prevent avascular necrosis of the hip or shoulder.
- NSAIDs, which have helped during previous flares of symptoms.
- Night splint - which should have given them some relief (and therefore is useful as a diagnostic tool).

What I do is:

- Surgical release - I do keyhole surgery, under local anaesthetic. This requires a relaxed, informed patient who can tolerate a tourniquet around their forearm for approximately 10 minutes.
- The older the patient, the quicker the recovery. A 70 year old will commonly make a fist at 1 week
- The numbness resolves over 3 weeks but most patients report immediate relief. The recovery time is dependent on duration of symptoms and pre-existing diabetes.

Trigger Finger

The classic patient I may see is:

- The 50 year old busy administrative officer.
- Waking at 2am with a finger that is jammed in a flexed position. With some force, they are able to straighten the finger completely.
- They have noticed that it happens during the day when they curl their finger completely into their palm.

They may have already tried:

- A steroid injection - and this is often quite successful.
- A splint of their own fabrication which effectively prevents the finger from fully flexing.

What I do is:

- A release of the tendon pulley under local anaesthetic.
- The tendon is secured to the bone by 4 pulley-anchors which allow the tendon to glide freely. If the tendon swells or the pulley swells, then the tendon is unable to move. The flexor tendon can pull the swollen tendon through the pulley but the weaker extensor tendon cannot pull it back.
- I simply split the pulley and the tendon can slide freely. If the patient is awake, they can demonstrate the free movement of the tendon at the time of release.

Dupuytren's Disease

The classic patient I see is:

- A 60 year old who has noticed a lump in their palm and then more recently has noticed an inability to straighten the finger.
- The difference diagnostically from a trigger finger is that the trigger finger does usually get full extension intermittently (when not locked), but a Dupuytren's is a gradual (often unrecognised) loss of straightening of the finger.

I always tell them:

- It is not causally related to alcohol consumption.
- It may affect the other hand, the feet or the penis. I explain that I am not a penis doctor!

What I do is:

- Surgical removal of the entire Dupuytren's band from the palm of the hand along the entire finger.
- I then create a 'fire break' to recurrence by forming a rotation flap to redirect the tendency of the hand to re-create the Dupuytren's band.

I hope this has helped you to help your patients.

FIXING BROKEN WINGS
SARAH COLL - ORTHOPAEDIC SURGEON
CAIRNS, QUEENSLAND - FRACS, FRCGS, MBS



About Dr Sarah Coll

Dr Sarah Coll is a Cairns based Orthopaedic Surgeon with over 20 years of experience treating injuries of the knee, hip, shoulder, elbow, wrist and hand. She has a specialist interest in hand and shoulder surgery.

Contact

Serviced Medical Suites
2 Upward Street
Cairns QLD 4870
P 07 4052 1247 F 07 3053 8213
Email: info@smscairns.com