

de Quervain Tendon Sheath Steroid Injection

LAND MARK GUIDED

GP Referral and Patient Information/Consent Form

GENERAL PRACTITIONER REFERRAL SECTION

1. Patient's Name: _____
2. Patient's D.O.B: _____ Patient's phone no: _____
3. Symptomatic hand: Right Left
4. Brief history of complaint: _____

5. Tender over the abductor pollicis longus and
extensor pollicis brevis tendons: No Yes
6. Finkelstein test positive No Yes
7. Is the patient on anti-platelet or anticoagulation? No Yes
If yes: Name and dose medication _____
Indication for medication _____
8. Is the patient diabetic? No Yes
If yes: Is this patient on insulin? _____
What is the BSL control? _____
9. Is this patient on immunosuppressants? No Yes
10. Any other relevant clinical history? _____

GP Name: _____ GP Signature: _____ Date: _____

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PATIENT INFORMATION and CONSENT SECTION

What is de Quervain tendinopathy?

De Quervain tendinopathy is a common cause of wrist pain in adults. The pain is over the thumb side or radial side of the wrist and is caused by inflammation of two tendons; the abductor pollicis longus (APL) and extensor pollicis brevis (EPB). Their function is to straighten the thumb. It is thought that de Quervain tendinopathy is caused by repetitive activities.

De Quervain tendinopathy can be treated with:

- Application of ice and non-steroidal anti-inflammatories
- A wrist splint provided by a hand therapist
- Steroid injection
- In the rare cases where patients' symptoms have not responded to the above non operative treatments, surgery is considered.

What is a de Quervain tendon sheath injection?

A steroid injection may be recommended by your doctor to treat your de Quervain tendinopathy. During this injection, a mixture of local anaesthetic and steroid is introduced into the tendon sheath around the affected tendons (APL and EPB). We avoid injecting into the tendons as this can lead to weakening of the tendons. The local anaesthetic that is injected may give some immediate pain relief, but will wear off after some hours. The steroid is designed to reduce inflammation around the tendon and give more lasting pain relief. The effect of the steroid may lag by 1-2 days.

Ultrasound guided versus landmark guided injection

The injection can be performed with ultrasound guidance or using anatomical landmarks to guide the injection. To date, research has not demonstrated that one technique is significantly more effective than the other. At the Pioneer Health Musculoskeletal Injection Clinic we prefer to guide the injection by using anatomical land marks. If you wish for an ultrasound guided injection, please ask your GP to refer you to the local specialist radiology provider.

What can I expect from a de Quervain tendon sheath steroid injection?

The proposed injection is a minor, practice based procedure performed by an experienced clinician. After completing the informed consent process, the doctor will examine your wrist and identify the affected tendons as well as the point of maximal tenderness along the tendons. This process of palpation may cause some discomfort. The doctor will then use a sterile technique, which involves cleaning the skin over the injection site with antiseptic solution. The injection is slightly painful. A mixture of local anaesthetic and steroid is injected into the tendon sheath which usually causes a slight ballooning of skin at the injection site.

Following the injection, pain relief from the local anaesthetic may be immediate, but will wear off after some hours. The effect of the steroid may lag by 1 to 2 days. It is important to understand this injection does not come with a guarantee of symptom relief. Most patients have significant relief, but this does not apply to all patients. Also, the length of pain relief varies from patient to patient. Some patients obtain pain long term pain relief. Others have more short term pain relief of some days to weeks.

What are the risks of a de Quervain tendon sheath steroid injection?

Like any procedure, this injection does have potential complications. These are:

- **FAILURE** A small number of patients may gain no pain relief, or only short term pain relief. This may be because the injection was not correctly sited, or because there is another condition causing the wrist pain, such as arthritis of the thumb joints.

- **BRUISING AND BLEEDING** A small bruise may form around the injection. More severe bleeding complications, such as a haematoma, may occur if you are on blood thinners or have a bleeding disorder. If you are taking blood thinners, please discuss this with your doctor before the injection. You may be advised to stop your blood thinner some days before the injection, and then restart the blood thinner immediately after the injection. However, such advice will be individualized to your specific circumstances.
- **INFECTION** This is probably the most severe potential complication. The incidence of the injection introducing infection is very low. We give the injection using a sterile technique to avoid this complication.
- **DISCOLOURATION OF THE SKIN AT THE INJECTION SITE** A small proportion of patients may note that the skin around the injection site changes in colour some weeks after the injection. The skin may become slightly lighter or darker than the surrounding skin. This is a side effect of the steroid component of the injection, and resolves after 3 months in most patients.
- **INJURY TO THE SUPERFICIAL RADIAL NERVE BRANCHES** Injury to these nerve branches may cause reduced sensation in the skin of the back (dorsum) of the thumb. This complication is extremely rare.
- **DISRUPTION OF BLOOD SUGARS** This is generally only an issue for diabetic patients. If you have diabetes, please be aware that your blood sugars may run higher some days after the injection.

How much will the de Quervain tendon sheath steroid injection cost?

Fee	Medicare Rebate	Out-of-pocket cost
\$120	\$39.10	\$80.90

This price will cover the doctor's and nurse's time, all consumables and the local anaesthetic and steroid to be injected.

What should I do after my de Quervain tendon sheath steroid injection?

- You should be able to return to normal activities after your injection.
- If you have been prescribed a wrist splint, please consult your hand therapist about weaning off this splint.
- If you are engaged in repetitive duties involving your hands and wrist that may have contributed to the development of the de Quervain tendinopathy, we recommend that you amend such duties or wear wrist splint to protect your wrist tendons.
- If you have stopped a blood thinner ahead of your injection, please restart this blood thinner promptly following the injection.
- If after your injection you experience increasing pain or swelling of the wrist or thumb, or develop fevers, please promptly contact the Musculoskeletal Injection Clinic at Pioneer Health Albany.
- Finally, we would like to hear if your injection has helped with your symptoms. We will be contacting you via a phone call in one week to see how you are progressing. Please let our reception know if you do not wish to be contacted.

If you have any questions about the above, please discuss these with your GP or with the doctor on the day of the injection.

I have read and understood the above and hereby consent to proceed with the procedure of de Quervains tendon sheath steroid injection.

Patient Name: _____ Patient Signature: _____ Date: _____

Doctor Name: _____ Doctor Signature: _____ Date: _____