

Orthopaedic Connection

A Plethora Of Hand Problems

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Transforming patient information into patient understanding.

Let's turn now from the bone problems our hands can have to the soft tissue. This includes a lot of complicated structures – but relax, I'll make it understandable (I hope!).

Tendons

If you didn't have tendons (and muscles attached to the tendons) your hand would just sit there immovable.

Patients call tendons "cords". They are somewhat thin, whitish structures that are attached to the forearm muscles above and connected to various bones in the hand. They move smoothly back and forth in thin tissue envelopes that contain fluid. They work together in teams to move the fingers and wrist.

- Trigger finger (or thumb)

For many different causes the tendon gets stuck in its little sheath when the finger is down to the palm. Trying to get it back up it can catch, pop and hurt. It may go away with splinting, ibuprofen, heat, time, etc. Cortisone injections around tendons are dangerous and can cause tendon ruptures. Surgical release of tight tendons I find is very successful.

- DeQuervain's tenosynovitis is a similar problem but involves 2 tendons that go to the thumb on the thumb side of the wrist. The 2 tendons get pinched in their sheath and require surgical release that is also very successful. The condition has many causes, but only one good treatment that is surgical release.
- Palmar fibrosis (also call Dupuytren's contracture)

It is a condition that develops slowly in the palm causing the tissues under the skin to become lumpy and gristle like. It causes contracture or bending of the fingers down toward the palm. It can be present for years, but usually progresses enough that patients seek treatment. Enzyme injections into the gristle have been used, but I have found that it isn't completely effective, can be expensive and the gristle often returns. When I remove the bad tissue in surgery it is effective and has a low recurrence rate.

Trauma

I don't have enough space to discuss all the kinds of trauma and injuries to the hands that I have seen. We are all using our hands constantly, which can take a toll on many of the hand structures and cause a variety of ways the hand can malfunction. I have to figure out what the problem is and how to improve it. Acute trauma of course is much more obvious if it is a fracture, tendon or nerve laceration or damage to various ligaments. However, I find that fractures are frequently overlooked by patients, parents and even the doctor. It takes a careful exam and correctly read x-rays to make an accurate diagnosis.

Sprains

I am giving sprains their own space even though they are part of trauma. Why, because they are so often ignored by patients hoping it will heal itself. Unless it is very mild it usually doesn't. Ligaments are tough fibrous structures holding all the little hand and wrist bones together. Untreated sprains can lead to weakness,

instability, stiffness and even arthritis over time. While proper splinting can be effective, I sometimes need to surgically repair the torn ligament.

What's left? (this is exhausting!)

Hand Infections, superficial and deep
Nerve Problems

Hope to see you next week for the final exciting episode of "Han Pain and Dysfunction"!!

My patients put their trust in me and what I do improves the quality of their lives.

Gratiot County Herald Archive and Office Website

I sincerely hope all of our loyal readers will take advantage of an endless amount of musculoskeletal information. It is easy! Log onto www.orthopodsurgeon.com.

It gives access to all Website articles, Your Orthopaedic Connection and every GCH article from most recent to the first. Full text! It covers everything I do in the office and hospital.

Good Health. Good life. All the best to you.

Dr. Haverbush