

EXTENSOR TENDON REALIGNMENT

The extensor tendons that straighten your fingers normally lie right over the heads of the metacarpal bones at the knuckles. They are stabilised in this position by ligaments (sagittal bands) and inter-communications (juncturae) between tendons.

If these stabilising structures stretch or are damaged, the tendons can slide to one side of the knuckle. This change in their position alters their line of pull and makes them inefficient at straightening the fingers.

The change in tendon position can have several effects: (i) a snapping sensation as you straighten the finger, (ii) an inability to straighten the finger from a bent position and (iii) deviation of the finger away from the thumb. The problem worsens over time and ultimately the affected fingers can become stuck in a bent position at the knuckle joint.

The operation involves splitting the affected tendon(s) and then using part of the tendon to recreate the stretched ligament.

Your hand will be initially placed in a bulky dressing that includes a splint to rest it. The dressing will be removed after one to two weeks. At this time, you will see the Hand Therapist who will fit you with a light-weight plastic splint and instruct you about your exercises. These are along the following lines but may be varied according to your requirements:

Immediate Straighten your fingers so that they lift off the splint then bend the finger joints only, leaving the knuckle joints straight (claw).

4 weeks You will start using the hand without the protection of the splint during the day for very gentle activities. During this time, you should avoid making a full fist. The splint should still be worn at night and be put on in the day for protection.

6 weeks You can begin to step up activities carefully and you can now attempt a full fist

8 weeks You should be returning to normal daily activities and driving.

12 weeks The operation is strong enough to allow a return to sports and heavy activities.

Wound Possible problems include swelling, bruising, bleeding, blood collection under the wound(s) (haematoma), infection and splitting of the wound (dehiscence).

Scar You will have one or more scars, which will be firm to touch and tender for some months. This can be helped by firm massage with the moisturizing cream.

Failure The operation does not always work and the problem can recur if the reconstruction is too loose, weak or stretches again. The problem can also occur in neighbouring fingers

Tendon snap The tendon is split and part used to stabilise itself. The remaining tendon could snap causing loss of finger extension. Repair would be necessary to recover this function.

Stiffness Some loss of joint movement is possible because of scarring.

Nerve injury Damage to local nerves can leave you with small patches of numbness

Regional pain syndrome About 5% (1 in 20) of people are sensitive to injury and/or hand surgery and their hand may become swollen, painful and stiff. This problem cannot be predicted, is variable in severity and is principally treated with physiotherapy.

