

THE HAND OUT

Hand & wrist conditions in pregnancy and new mothers

Thumb and wrist pain is very common both during and after pregnancy. Two of the more common conditions are De Quervain's tenosynovitis and Carpal Tunnel Syndrome.

De Quervain's is the inflammation of the thumb tendons (Abductor pollicis longus & Extensor pollicis brevis) and this is often the more painful of the two conditions. One theory put forward as to why these occur include the retention of fluid during pregnancy which is then compounded by activities of infant care. Poor positioning during infant feeding can make it worse. In some cases it can be so painful that even hand movements are restricted.



For most women, the onset of carpal tunnel symptoms begin in the third trimester, and it can be worse for women who have an above average weight gain during pregnancy. Some women do not develop these symptoms until after delivery and beginning breast feeding. Breastfeeding temporarily lowers natural steroid hormone levels which heightens the potential for inflammation. When the onset is after delivery the symptoms can be more severe and take longer to settle down completely. Most women do find that they do settle once breastfeeding is discontinued.

Improvement in both conditions usually occur with conservative management such as splinting, rest, analgesia and gentle physiotherapy. Of these, rest and avoidance of aggravating factors are the most important. Patients should try to avoid repetitive movements and sustained positions. One technique recommended for feeding is the use of pillows to take the weight of the baby.

A soft splint can be worn which immobilises the thumb and wrist which will help to rest the affected tendons. Failing this, gentle massage of the affected areas together with stretches and nerve gliding exercises can be useful to help control symptoms. A Physiotherapist or Hand Therapist can help guide and monitor these exercises. Simple analgesia together with contrast bathing can help alleviate the pain. This involves alternate very warm (but NOT scalding hot) and ice cold soaks for 30 seconds each over 3 minutes.

Once all these measures have failed, an ultrasound guided cortisone injection to the affected area can be used to control the inflammation. Corticosteroids are classed as Category C drugs (Category D if used in the 1st Trimester). While it is best to try and avoid corticosteroids during pregnancy, a single dose injection is safe and especially in severe carpal tunnel syndrome, may be necessary to prevent irreversible nerve and muscle damage.

Surgery for carpal tunnel syndrome or De Quervain's tenosynovitis during pregnancy is rarely performed unless symptoms are recalcitrant to all the above measures and the mother has ceased breast feeding.



Dr. Jai Sungaran is a specialist Hand & Wrist surgeon in the Sutherland Shire. He treats both adults and children with all conditions of the hand and wrist.

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