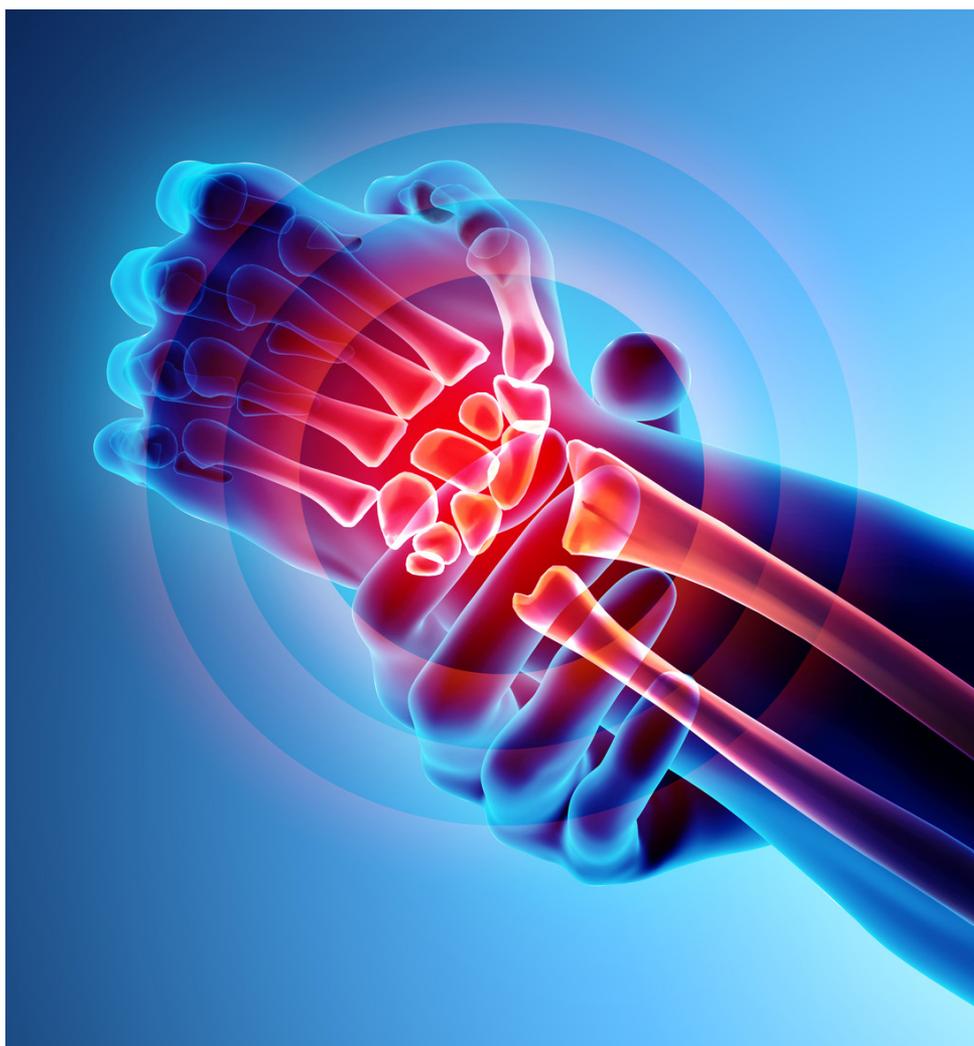




What to expect when you have Wrist Synovitis

Patient Guide



Introduction:

Like most joints in the body, the wrist joint has a capsule that surrounds it. The capsule is lined with tissue known as synovial tissue. This synovial tissue can be “pinched” on the dorsum (top side) of the wrist, particularly when the wrist is extended. When that tissue becomes inflamed it is referred to as wrist synovitis, or dorsal wrist syndrome. Synovitis can develop from acute or repetitive trauma to the wrist.



The signs and symptoms of wrist synovitis include:

- Reproducible pain with wrist extension with or without axial loading, such as when doing push ups or using a tennis racquet
- Pain on the dorsum (top side) of the wrist, typically associated with activity
- Decreased range of motion or painful range of motion

Most often, wrist synovitis can be treated without surgery. Initial treatment consists of wrist immobilization with a wrist brace at night time and application of a topical anti-inflammatory medication. Occasionally hand therapy can be implemented to help with the inflammation inside of the wrist joint. If initial conservative treatment is not helpful then a corticosteroid (cortisone) injection would be recommended into the wrist joint to help with the inflammation inside of the wrist.

Perhaps one of the most important aspects of treatment is activity modification. Try to limit or modify the activity that is causing the pain for a period of time. Most often patients will report having discomfort doing pushup, bench pressing, hand stands or other activities that cause excess load on the wrist. To help with doing pushups it is recommended to use push up bars, barbells as handles, or to perform pushups on your knuckles and keep your wrist straight. Wearing some type of a wrist support or brace can be helpful as well when doing these activities. Biomechanically, it is healthier for the wrist to perform these types of activities with the wrist in a neutral, or straight, position and to avoid the extremes of flexion and extension.

Occasionally, surgical treatment is necessary and this can be performed open or arthroscopically. Arthroscopic surgery involves multiple small incisions to place a fiberoptic camera and instruments into the wrist joint to debride the synovitis. An open procedure can be performed through a single incision on the top of the wrist and can often provide for a more efficient and through debridement of the joint.

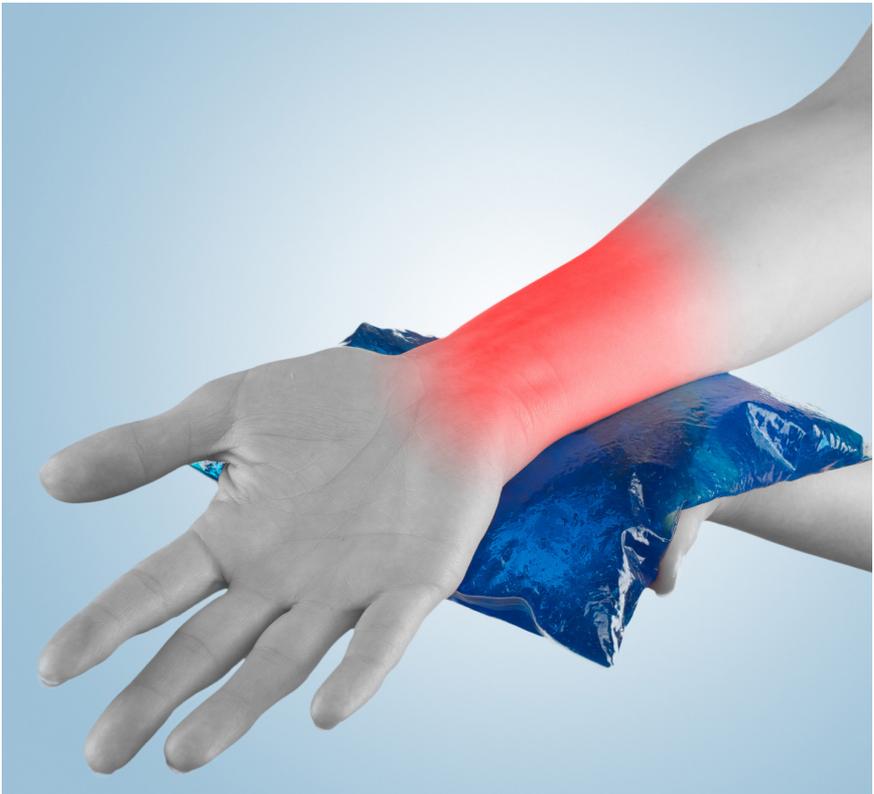
Day of surgery:

When you are planning your trip to the surgical center, be sure to wear a loose-fitted shirt, which will be easy to reapply post-operatively. Typically, you will arrive 1-2 hours prior to surgery time to meet with a pre-operative nurse who will start preparations by placing an IV on your opposite arm and clean the operative shoulder. Your surgeon will also see you to address any questions or concerns. The anesthesiologist will see and evaluate you preoperatively. You will have conscious sedation for your surgery supplemented with local anesthesia injected at the surgical site. The surgical procedure will take approximately 30 min. When you awake from surgery you will have a small soft dressing on your hand and wrist, but no splint.



First 24 hours post-operative:

You may feel drowsy for the first several hours after surgery, so try to get as much rest as possible. It is recommended that you stay ahead of your pain by following your pain medication prescription, elevate the hand and apply ice as needed. The pain after wrist surgery can be mild to moderate once the local anesthesia wears off (typically 6-8 hrs). We recommend you stay ahead of the pain as best as possible, using a combination of prescription and non-prescription medications as recommended by your surgeon. Pain medication can cause constipation and other side effects. Discuss these side effects with your doctor or pharmacist and have a plan in place if you experience any of the adverse effects.



Post-operative course:

The dressing applied at the time of surgery is to stay clean, dry and intact for the first three days after surgery. After three days the dressing can be removed at home and a band-aid can be applied to cover the surgical incision(s). Wrist and finger range of motion can begin the day of surgery and once the dressing is taken down the wound can start getting wet in the shower and with hand washing. It is recommended to avoid soaking the incision, i.e. bath or dish water, until the first post-operative appointment. You will be seen in the office at round 7-10 days after surgery for evaluation of the surgical wound. It is at this point that we may consider starting therapy.



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