

# Management of elective hand conditions during the COVID-19 pandemic

The care of non-emergency hand and wrist patients will mainly be suspended during the COVID pandemic. In line with guidance it is not appropriate to treat patients in a face to face manner. The British Orthopaedic Association has issued clear guidance on this. (1)

## Consultation:

- Telephone or video conferencing calls to minimise hospital visits
- The calls should only be recorded with consent and following GDPR rules
- Notes should be written as for standard consultations clearly documenting a pragmatic approach during the Pandemic
- [Useful guidance for video consultations](#)

## Treatment:

### General

There is new guidance around the use of non-steroidal anti-inflammatory (NSAIDS) drugs as well as oral and injected corticosteroids including into joints. There is equivocal evidence that these and, in particular, steroid injection could promote the development of a COVID influenza in a patient who is at risk or could possibly be incubating the virus. Patients need to be consented about these risks.

[NSAID guidance](#)

[Steroid guidance from British Orthopaedic Association](#)

### Specific

- **Trigger finger, trigger thumb and de Quervain's:** There is also evidence that the injection of anti-inflammatory drugs in a liquid form such as Ketoralac is an alternative, the evidence for this is again equivocal.(3). There is evidence that shockwave therapy (where routinely available) has successfully been used to treat trigger finger.(4) De Quervain's patients should be guided on splinting of the wrist and if patients are unable to travel to see a hand therapist then splints can be bought online. For a painful or locked trigger digit or de Quervain's a percutaneous release can be performed by either by a surgeon with experience or a musculoskeletal radiologists using ultra sound.(2)
- **Thumb CM CJ OA and digital OA:** Painful arthritic joints should be managed in a regular manner with strengthening exercises that can be used directly from a hand therapy app(5) and a splint. An alternative to steroid injections are hyaluronic acid injections . Rigid splints for the thumb can be uncomfortable without adjustment from hand therapists, thus neoprene or similar soft splints are recommended in the absence of a therapist to supervise.
- **Wrist arthritis:** Can be approached in a similar manner to the thumb and finger with more reliance on firm splinting
- **Scaphoid non-union:** Surgeons should not feel forced to proceed with time sensitive bone grafting in cases of early non-union. Sensible and not excessively prolonged periods of immobilisation should be followed. Low Intensity Ultrasound where available can be used to promote bone healing(6)

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- **Lumps:** Ganglia, solid lumps and Dupuytren's disease may not be as symptomatic as some of the above mentioned conditions but they can result in tremendous anxiety.
  - Typical ganglia should be aspirated with advice regarding recurrence
  - Patients with atypical worrying lumps should be sent for ultrasound
  - Dupuytren's contractures unless causing hygiene problems should be left alone
- Most tendinopathy (ECU, Tennis elbow etc..) settles with activity modification, eccentric loading and time. Epicondylitis can be treated with shockwave therapy and a wider range of injected products that are more commonly used in sports medicine. The evidence for the injection of tendinopathies is not as strong and unless the tendinopathy was significantly debilitating, injection would not be strongly recommended.
- Nerve compression can be extremely painful and often interrupt sleep.

The approach to Carpal Tunnel syndrome can be stratified according to symptoms :

- I. Mild - wait, avoid provocative activities and try splints for night use
- II. Moderate - consider adding steroid injections but with extensive consent re possible exacerbation of symptoms of Covid 19
- III. Marked - try a steroid injection with above provisos or try nerve irritant suppressants for pain e.g. Amitriptyline or Gabapentin but these can have appreciable side-effects especially in the elderly. It is unlikely surgery will be available in the near future

Ulna neuritis:

- A similar strategy to the above can be taken, however modification of activities plays a bigger role here. There is an anticipated increase in home viewing of film or reading on devices with persistent flexed elbow posture. Advice such as ulna nerve gliding exercises, elbow stretches and soft self splinting can help symptoms.

Patients should be directed to online resources for hand exercises and therapy. There are dedicated applications for this (6). Splints should be encouraged but advice regarding mobility should accompany any splinting to prevent long term unnecessary splinting.

It is likely that during an extended period of confinement or 'lock down' that people will undertake more or different exercises to usual putting more strain on the hand and wrist. If consulted about this, it is important to give advice on appropriate technique and rest where possible.

## REFERENCES

1. BOA. Management of patients with urgent orthopaedic conditions and trauma during the coronavirus pandemic. 2020.2 | Page
2. Zhao JG, Kan SL, Zhao L, Wang ZL, Long L, Wang J, et al. Percutaneous first annular pulley release for trigger digits: a systematic review and meta-analysis of current evidence. J Hand Surg Am. 2014;39(11):2192-202.

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3. Leow MQH, Hay ASR, Ng SL, Choudhury MM, Li H, McGrouther DA, et al. A randomized controlled trial comparing ketorolac and triamcinolone injections in adults with trigger digits. *J Hand Surg Eur Vol.* 2018;43(9):936-41.
4. Yildirim P, Gultekin A, Yildirim A, Karahan AY, Tok F. Extracorporeal shock wave therapy versus corticosteroid injection in the treatment of trigger finger: a randomized controlled study. *J Hand Surg Eur Vol.* 2016;41(9):977-83.
5. App for Hand therapy - <https://apps.apple.com/gb/app/hand-therapy/id1480829730>
6. The use of low-intensity pulsed ultrasound in hand and wrist nonunions.  
Elvey MH, Miller R, Khor KS, Protopapa E, Horwitz MD, Hunter AR. *Plast Surg Hand Surg.* 2019 Nov 26;1-6. doi: 10.1080/2000656X.2019.1693393. [Epub ahead of print]