Fig 5 Suggested management algorithm for adult patients. MCPJ=metacarpophalangeal joint; NSAIDs=non-steroidal anti-inflammatory drugs

Surgery

Surgery is done under local anaesthetic in the operating theatre. The A1 pulley is exposed through a palmar skin incision, and the pulley is divided under direct vision. Success rates vary from 60% to 97%. Complication rates can be high; complications include long term scar tenderness, inadequate release, nerve damage, and flexor sheath infection.^{24 25}

Treatment in children

Children represent a distinct group of patients not only epidemiologically but also for treatment. The thumb is involved in 90% of cases. Treatment has traditionally entailed surgical release, but this has become increasingly controversial as authors have presented good results with non-operative methods of treatment.^{6 w13- w15}

Non-operative methods of treatment include physiotherapy administered by the parents with or without splintage. With physiotherapy alone, success rates of between 52% and 80% cure have been reported in patients whose thumb is not fixed in flexion or extension.^{w13 w14} With splintage, reports give success rates of 77-89%. In both groups, success rates seem to be higher in younger children and decrease with age.^{w14 w15}

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People who influenced my practice

Many doctors influence what we do by what they teach us. A few have disproportionate effects because they do not necessarily intend at that moment to instruct. This has happened to me on more than one occasion, and at least one affected my lifetime practice.

In the days when rigid bronchoscopy was current (the marvels of the flexible instrument had yet to be developed) the late Dr R Machray taught a method, ghostly to contemplate now, of local anaesthesia. He had just supervised my administration of cocaine to a conscious patient. The bronchoscopist, with whom he worked regularly, was Sir Clement Price Thomas, a doyen of both

thoracic surgery and of bronchoscopy, who was, I thought, unlikely to need support from a tyro anaesthetist.

I therefore left the operating room, but Dr Machray hustled me back with his never to be forgotten words, "Make encouraging noises, my boy, make encouraging noises." From this I learnt that, to be successful with regional anaesthesia in a conscious patient, it is important to maintain contact with the patient, and thus sustain their confidence.

That lesson is simple and widely practised today. But it was his phraseology that struck me and has never left me since.

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