

After The Operation

After the surgery you can use your hand almost immediately, but try to keep it dry and avoid heavy lifting for the first 2 weeks. You can drive when the bulky dressing comes off & **you can safely control the car**. You can return to sports such as tennis and golf after about 3 weeks. You will be reviewed in clinic after 6 weeks to check the wound

What Are The Risks?

All operations carry some risk, these include, **infection** (fortunately low risk for this surgery), **bleeding**, and there will be a **Scar**.

Complex Regional Pain Syndrome (CRPS) which can lead to a generalised pain, stiffness and swelling, can occur with any surgery. It can be identified in 2-5% of patients after CTR, though fortunately most of these are mild. Taking Vitamin C 500-1000mg per day for 2 days before and 50 days after the operation can help to reduce the risk.

There are some more specific risks;

Pillar Pain is an aching pain, which is felt in the heel of the hand. This can be made worse with gripping and pressure, but you are not doing any harm by using the hand. This can go on for several months.

The operation relieves the compression of the nerve but if there is internal scarring there may be **only partial or no recovery**. As we are operating over the nerve and tendons there is a small risk of **Nerve or tendon injury**.

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Alternate Wednesday 08:00-12:00

Alternate Thursday 18:00-20:30

Fridays 08:00-12:00 or 14:00-18:00

To Book

0800 585112

Self Pay Enquires

01582 714420

One Hatfield Hospital

Alternate Wednesdays 13:30-17:00

Contact

01707 443333

Procedure Code A6510

Carpal Tunnel

www.hertshandsurgeon.com

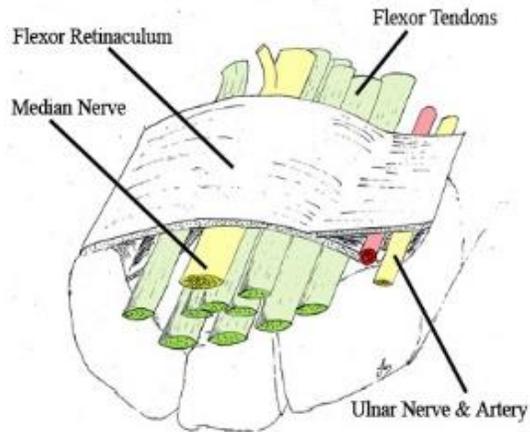
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What Is Carpal Tunnel Syndrome?

Carpal tunnel syndrome (CTS) is a condition caused by compression of the median nerve as it passes through the carpal tunnel. The carpal tunnel is an arch formed by the bones of the wrist which has a fibrous roof called the flexor retinaculum. The carpal tunnel contains tendons that bend the fingers and thumb as well as the median nerve. *See diagram below.* Anything that reduces the space available in the tunnel will squash the softest thing in there, which unfortunately is the median nerve.



CTS may be related to pregnancy, thyroid disease, diabetes & rheumatoid arthritis. It can also be caused by trauma and other rarer conditions, though many people will have none of these.

Symptoms of CTS include tingling, pins & needles or numbness especially in the thumb, index and middle fingers. Clumsiness and pain in the hand and forearm can also occur. These symptoms are often worse at night, or with the hand raised, for example reading a book, driving or using a phone. With severe symptoms wasting of the muscles at the base of the thumb can occur.

Making The Diagnosis

The diagnosis of CTS is normally made on the basis of the history (what you tell the doctor) and the clinical examination. Sometimes if it is not clearly CTS then it is necessary to perform further tests. These may include nerve conduction tests, ultrasound scan or blood tests.

What Treatments Are There?

No Treatment: Some cases of CTS, especially those related to pregnancy will resolve with no treatment, particularly after the baby is born. Correcting thyroid problems can also improve CTS.

Night Splints: A removable splint used at night can help relieve symptoms, in many cases without the need for further treatment.

Steroid Injection: Injection of a low dose of corticosteroid into the space of the carpal tunnel can help reduce symptoms by reducing any swelling or inflammation of the tendons or soft tissues that may be compressing the nerve. This treatment may cure the problems or only give temporary relief. Injections can be repeated if required.

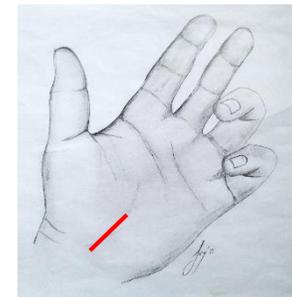
Carpal Tunnel Release: A surgical procedure to release the fibrous roof of the carpal tunnel. This relieves the symptoms by providing more space for the nerve & taking the pressure off it.

What To Expect From Surgery

In most cases carpal tunnel release (CTR) is performed as a day case under a local anaesthetic. This means that you will be awake during the procedure and should be able to go home shortly afterwards.

The local anaesthetic is normally given a few minutes before the procedure but may be earlier as the effects will last for several hours. The local anaesthetic used contains a small dose of adrenaline, this is to help control bleeding and avoids the need for a tourniquet.

In theatre your hand will be cleaned with an antiseptic solution and covered with sterile drapes. An incision will be made on the hand. *See Diagram.* The surgical procedure usually takes around 10 minutes but this can vary. At the end of the procedure the wound will be closed with dissolvable sutures. There will be a sticky dressing and then a big bulky dressing.



Following the operation you can go home as soon as you are comfortable. Your fingers will be free and you can use your hand but avoid heavy lifting.

Take the bulky dressing off after 5 days and then remove the sticky dressing at 10 days. After this you can get the hand wet. The stitches will drop out in a few more days.