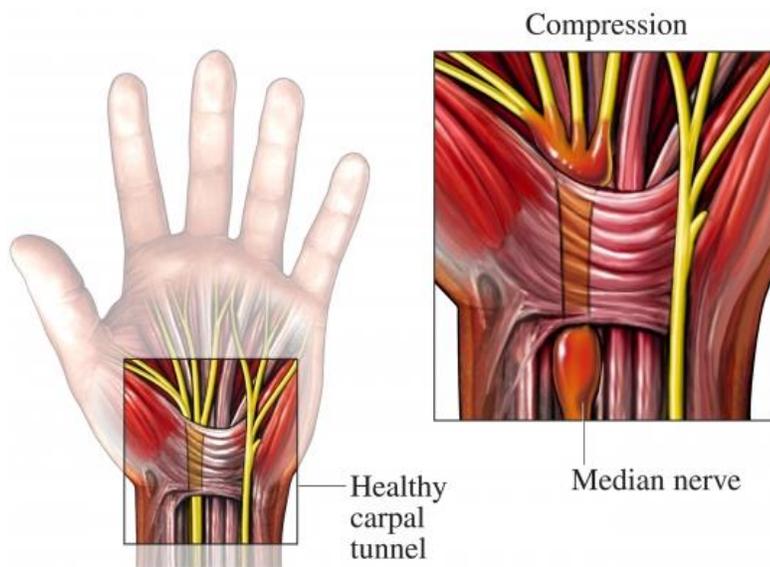


# Carpal Tunnel Syndrome

## What is carpal tunnel syndrome

Carpal Tunnel Syndrome is a condition where one of the nerves called the median nerve, does not function properly. Usually this is thought to occur because there is pressure on the nerve as it runs into the wrist through an opening called the carpal tunnel. The tunnel is made up of the bones in the wrist at the bottom and a strong fibrous ligament at the top (see diagrams below). The condition causes pain and tingling in the fingers and hand, and in severe cases it may cause numbness and weakness in the affected part of the hand. If left untreated damage may be caused to the nerve.



## Aim of surgery

The surgery aims to release the nerve in order to prevent further damage or neurological deterioration, and help reduce pins and needles. However any existing nerve damage (e.g. loss of feeling and muscle weakness) is often permanent. The name for the procedure is a carpal tunnel decompression, and it is usually performed under local anaesthesia – where a needle is used to place anaesthetic agents in the palm of your hand. Your hand and fingers will go numb so that you feel no pain, but you will still be awake and able to move your arm. Some surgeons will use an arm tourniquet which feels tight on your arm to perform the surgery safely with no blood loss.

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### What happens at surgery?

A small cut, usually less than 4cm, is made at the front of the wrist. Through this opening the surgeon will cut the ligament that makes up the top of the carpal tunnel. Cutting the ligament takes the pressure off the nerve **and may allow it to recover**. The wound is stitched using sutures that are non-dissolvable, and your hand will be bandaged. You will not be able to drive yourself home.

### What happens after surgery?

- In a small number of cases the nerve endings may become oversensitive. This means that normal touch is more intense and uncomfortable. Light massage with cream or rubbing the area with different textures or materials can help this, after the sutures have been removed.
- After surgery your hand will be heavily bandaged for two to three days, the dressings should then be reduced at home but the wound should remain covered and dry until removal of your stitches.
- **Movement is encouraged, but you should avoid any heavy gripping or loading of the hand until the sutures have been removed. Even after this period, the palm can remain tender inside for several months as the tissue under the skin frequently takes longer to heal in this part of the body. Feel free to refer to the 'simple generic hand exercises' leaflet.**
- You may need painkillers during this time. Your surgeon will advise you, but usually simple paracetamol or ibuprofen will suffice.
- Approximately **14 days** following surgery the dressings will be taken off and the stitches removed. This is usually done at your GP practice.
- It is usual for the pain and pins and needles to subside quickly after surgery. However patients who have suffered loss of sensation and weakness for a long time should expect recovery to take much longer **and may be left with permanent deficits or symptoms**.
- **You may be offered an hospital appointment for a clinic review at around six weeks after the surgery. Alternatively you may be discharged with an open access or "opt-in" appointment to discuss any concerns, to prevent you having to take time out of your life or work commitments to attend a hospital appointment when all is well. We are also in the process of setting up a telephone or virtual follow-up hand clinic.**

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### What are the possible complications

Complications specific to carpal tunnel surgery are uncommon but can include:

- swelling and stiffness of the wrist, fingers or thumb.
- continuing pain and numbness – it can sometimes take several months for discomfort to disappear.
- infection – this can be treated with antibiotics.
- recurrence – **it is possible for symptoms of carpal tunnel syndrome to return at any time, even many years later.**
- damage to nerves, blood vessels or tendons in the wrist which may require surgery to repair.
- loss of strength when pinching or gripping objects, although this usually improves with time.
- **a pain syndrome – rare but may require a prolonged hand therapy.**

There may be tenderness around the scar. This normally subsides by six weeks but it may persist for up to **six** months. Massage to the scar can be helpful to relieve these symptoms. Should you have any concerns please take the opportunity to discuss them when you are admitted for surgery.

### How long will I be off work?

Return to work is expected within a few weeks depending on the nature of your job.

### When can I drive?

You may find driving difficult during the first few weeks after surgery. Before attempting to drive you should be able to make a complete fist and grip a hard surface without pain, such as squeezing the back of a dining chair.



## PATIENT INFORMATION LEAFLET

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### Further information

In the event of you experiencing any problems please do not hesitate to contact **your consultant's secretary, the Day Surgery Unit or your general practitioner.**

Further information sheets will be available to you when you leave the hospital:

- Post-operative Hand and Arm instructions
- Carpal tunnel surgery – this includes advice on exercises and looking after your scar
- Care following a general anaesthetic

For further information on your procedure please contact:

- the Day Surgery Unit on 024 7696 6861 or 024 7696 6868
- the Day Surgery Unit St Cross Hospital Rugby on 01788 663264

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6861 and we will do our best to meet your needs.

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#### Document History

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