

Patient Information

Plastic Surgery

Endoscopic Carpal Tunnel Release for Carpal Tunnel Syndrome

A guide for our patients

What is carpal tunnel syndrome?

Carpal tunnel syndrome is a condition where one of the main nerves to the hand (the median nerve) stops working properly.

The nerve crosses the wrist from the forearm into the hand in a tunnel called the carpal tunnel. The tunnel is a tight space surrounded by bones and a ligament. The nerve can become squashed in the tunnel, which leads to symptoms in the hand.

Symptoms of carpal tunnel syndrome include pins and needles, numbness or weakness in the hand.

What treatments are there for carpal tunnel syndrome?

Wrist splints

If you are having intermittent symptoms, for example pins and needles only at night, a simple treatment such as a splint can be enough.

Steroid injections

If your symptoms are more frequent or constant, then an injection of steroid into the carpal tunnel can help relieve your symptoms.

This is done in the out-patient clinic.

Surgery

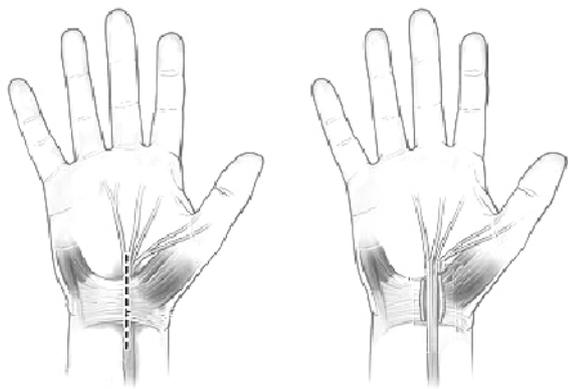
Most patients will require surgery for their carpal tunnel syndrome. The aim of surgery is to increase the space around the median nerve. This reduces the pressure on the nerve and should improve your symptoms.

It is important to realise that we cannot guarantee that all of your



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symptoms will go after the surgery. If there is already scarring in the nerve before the surgery, this cannot be changed by the surgery. However, the surgery should stop any further damage to the nerve by pressure.



A diagram of the carpal tunnel operation

What happens if I need surgery?

Surgery is usually performed as a day case procedure with you awake but with the area numbed with a local anaesthetic injection.

The injection is a little painful to begin with but once it is working you don't feel any pain.

How is the surgery usually performed?

Traditionally, an incision (cut) is made in the palm of the hand and may extend a little into the forearm. The ligament is released and the skin is sutured (stitched). This is called an open carpal tunnel release.

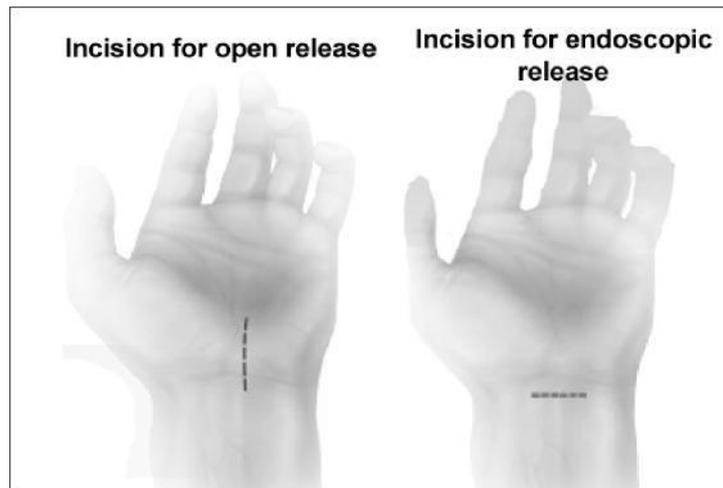
What is an endoscope?

An endoscope is a medical device that allows us to look inside the body and perform surgery without having to make large incisions.

What is an endoscopic carpal tunnel release (ECTR)?

In an endoscopic carpal tunnel release, an incision is made in the forearm, not the hand. An endoscope is used to see the ligament from inside the hand and it is divided without having to cut the skin on the hand.

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What are the advantages of an endoscopic carpal tunnel release?

There are several proven advantages to an ECTR:

- Both hands can be safely operated on in the same operation.
- You can return to work on average 8-14 days earlier than if you have had the traditional open surgery.
- Pain is less and grip strength is better than in the first 3 months after an ECTR.
- Patients are on average more satisfied with ECTR compared to open carpal tunnel release.

What are the possible complications?

There are no differences between the rates of complications comparing endoscopic and open carpal tunnel release.

Risks of a carpal tunnel release include, but are not limited to:

- Infection, requiring antibiotics or further surgery
- Bleeding
- A sensitive or tender scar requiring further treatment
- Delayed wound healing, requiring dressings
- Injury to the median nerve leading to permanent numbness or weakness in the hand
- Incomplete or slow relief of symptoms

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- Complex Regional Pain Syndrome, which can make your hand painful, stiff and needing intensive hand therapy. This is very rare, occurring in only 1 in 3000 patients having any form of hand surgery or treatment.

What should I do when I go home?

For the first week, you should use your hand as pain allows.

You should avoid activities that involve strong gripping such as driving, lifting heavy things.

You can wash and shower from the first day, but you should replace the dressing with a plaster if it becomes soggy. Avoid soaking baths for the first week and swimming for the first 2 weeks.

The stitches are all dissolvable and do not need to be removed routinely. If you find that your hand is becoming too painful to use or stiff, you must contact us as you may need some hand therapy to help your hand heal.

Additional information

If you have any concerns or questions, please contact us on the numbers below:

Plastic surgery secretaries (University Hospital, Coventry): 024 7696 5289

Plastic surgery secretaries (George Eliot Hospital): 024 7686 5065

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 5289 and we will do our best to meet your needs.

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