

CARPAL TUNNEL SYNDROME

INFORMATION FOR PATIENTS

WHAT IS CARPAL TUNNEL SYNDROME?

Whilst more common at night, you may find that you're working at your desk, trying to ignore the tingling or numbness you've had for months in your hand and wrist. Suddenly, a sharp, piercing pain shoots through the wrist and up your arm. Just a passing cramp? More likely you have carpal tunnel syndrome, a painful progressive condition caused by compression of a key nerve in the wrist.

Carpal tunnel syndrome occurs when the median nerve, which runs from the forearm into the palm of the hand, becomes pressed or squeezed at the wrist. The median nerve controls sensation to the palm side of the thumb and fingers (although not usually the little finger), as well as impulses to some small muscles in the hand that allow the fingers and thumb to move. The carpal tunnel - a narrow, rigid passageway of ligament and bones at the base of the hand - houses the median nerve and tendons. Sometimes, thickening from irritated tendons or other swelling narrows the tunnel and causes the median nerve to be compressed. The result may be pain, weakness, or numbness in the hand and wrist, radiating up the forearm. Although painful sensations may indicate other conditions, carpal tunnel syndrome is the most common and widely known of the entrapment neuropathies in which the

The scar will be raised and tender at first but will soften and fade with time. You can help this process by massaging the scar with E-45 cream or Vaseline; three or four times a day after the stitches have been removed.

You will probably need some time off work. The period depends on the type of work you do. Heavy work may need 4-6 weeks. We can provide you with a sick note if you require an operation.

COMPLICATIONS AND RISKS

Any surgical procedure has an element of risk attached to it and occasionally things do not turn out as well as expected.

Fortunately with carpal tunnel release the risks are small and the outcomes usually very good. (90-95%)

Failure to improve after surgery is about 5-10%.

Recurrence of symptoms after successful surgery is rare, reported rates vary from 1/200-1/500 and can occur from 6 months to 20 years after surgery. Recurrent symptoms can be treated by re-operation but the results are not as predictably good. Serious infection is extremely rare, less than 1/1000, but you must take care to keep the dressings clean and dry. If you experience a lot of pain in the hand, swelling of the fingers, high fever or flu-like symptoms you should immediately seek advice. Minor, superficial infections may require antibiotics.

Damage to the nerve during the operation, causing numbness in the fingers or weakness of the thumb muscles is also extremely rare, less than 1/1000.

Scar tenderness can persist for several months but usually settles down in time.

Some patients who are not progressing satisfactorily because of persistent post-op pain, stiffness or finger

swelling may require physiotherapy but this is unusual.

A rare complication of injury to the hand, including surgery is "chronic regional pain syndrome". The hand is disproportionately painful and stiff with some swelling. You should seek advice promptly if you experience such symptoms. This can last for many months and is difficult to treat.

WHERE TO GET ADVICE

If you have any concerns during the post-op period you can get advice or help from one of these sources.

- Try your own doctor or nurse at your surgery
- Contact one of the surgical team at Probus tel: 01726 885104
- Out of Hours Service – contact the emergency number provided by your surgery
- MIU or Emergency Department of your local hospital

Severe pain, excessive swelling or bandages that are too tight or bloody should prompt you to seek advice. Insist that the dressings are removed and the wound inspected before redressing.

TRAINING OF STUDENTS

We are a teaching and training practice. Sometimes medical students or doctors in training may wish to observe or participate in procedures or operations. They will always be supervised by a senior doctor and will only participate with your approval.

If you do not wish to be seen by trainees or students you are perfectly entitled to withhold your consent.

If, after reading this information leaflet you have any further queries, please do not hesitate to contact the surgical team. Tel: 01726 885104

body's peripheral nerves are compressed or traumatised.

HOW TO BE REFERRED?

Once referred by your GP, you will be asked to choose where you would like to be treated. Choose Probus Surgical Centre.

PROBUS SURGICAL CENTRE

Probus Surgical Centre is easy to get to and has ample free parking. You will have a warm friendly greeting and a service of the highest quality.

TREATMENT/OPERATION

Your doctor has referred you to us because you may have symptoms of carpal tunnel syndrome (trapped nerve at the wrist). When we see you, there will be time for you to tell us about your problem and for us to examine you to find out what the problems are.



Sometimes it is necessary for us to arrange further tests (X-rays, blood tests or nerve conduction studies) to confirm the diagnosis and an operation may have to be postponed until the results are received. In most cases the diagnosis is straightforward and in some clinics we can proceed to offer you treatment immediately.

If you are on blood thinning drugs such as Warfarin, please contact our surgical team for further information prior to your appointment

Various options for treatment are available, **not always surgical**, i.e.:

1. If the symptoms are mild, a wrist splint may be recommended.

2. An injection of steroid around the nerve at the wrist is often useful for more troublesome symptoms.
3. If the symptoms are severe, an operation is usually required.

If you are offered an operation, the following information may be useful.

Please ensure that you remove all rings from your fingers before your appointment and that you wear a loose sleeved top.

Please also ensure your hands are thoroughly washed and clean and free of infection.

The operation is done under local anaesthetic. This numbs the site and wears off after a few hours. The fingers may also go temporarily numb.

The operation consists of dividing the ligament on the front of the wrist to relieve pressure on the nerve. The procedure takes about 30 minutes.

Please ensure that you have someone to drive you home afterwards.

If you are nervous you may ask your GP for a mild sedative to take before your appointment.

POST-OP CARE

Dressings

These comprise of wool and crepe bandages. They must be kept clean and dry until the stitches are removed.

Arrangements will be made to remove the stitches at either your local surgery or the nearest community hospital depending on where you live.

The stitches will be removed between 10-12 days post-op.

Wearing the sling

Use the sling for the first few days until you are feeling comfortable and you are sure there is little or no swelling in the fingers. Take the arm out occasionally to exercise the elbow and shoulder. At night keep the sling on and sleep in a semi-upright position or place the hand on some pillows to elevate it.

Finger exercises

Start immediately and repeat frequently. Fully straighten and bend the fingers for a few minutes every hour. This helps to prevent stiffness and scarring around the nerve.

Pain control

We recommend you take some painkillers such as paracetamol as soon as you get home and then regularly for the first 48 hours, following the instructions on the packet.

RECOVERY

The hand can only return to normal when the ligament that was divided during the operation has reformed. This will take several weeks. During this phase the hand will feel sore and weak and although some of the symptoms will have been relieved, sensation in the fingers can take several months to improve and some pain and discomfort can persist for several weeks. Although this operation is thought of as a quick day-case procedure the recovery period can be prolonged but the long term results are generally good.



Once the stitches are removed we would encourage you to use the hand for all day to day activities and to undertake finger and wrist stretching exercises. However heavy lifting and hard manual work should be avoided for about four weeks.