



CARPAL TUNNEL SYNDROME DECOMPRESSION

Patient information Leaflet

April 2017

WHAT IS A CARPAL TUNNEL SYNDROME?

The carpal tunnel is the space between the carpal bones of the wrist and the connective tissue over the flexor tendons. It contains the flexor tendons and the median nerve. Carpal tunnel syndrome is a combination of pins, needles, numbness and pain affecting all of the hand except the little finger and half of the ring finger. It is a condition caused by compression of a key nerve in your wrist.

WHAT ARE THE BENEFITS OF HAVING SURGERY?

Carpal tunnel release is one of the most common surgical procedures. Generally surgery is recommended if non operative treatment fails to improve the symptoms. Generally the results of carpal tunnel decompression are excellent and patients experience relief of the painful condition. Decompression surgery in late severe carpal tunnel compression with irreversible changes in the nerve are unsatisfactory.

ARE THERE ANY RISKS INVOLVED IN HAVING SURGERY?

Please be sure to ask any questions you may have during your pre-operative assessment appointment or when you see your consultant BEFORE your operation. It is important you know about, and accept, any possible risks BEFORE you sign your consent form.

- The local anaesthetic injection will be painful and is the worse part of the procedure. This lasts for only a few seconds before the hand becomes numb.
- The scar can be painful and can be distressing to look at but this will normally settle down with time and using the hand.
- Bleeding can occur after your operation, this is usually minimal oozing that stops after several minutes.
- Persistent pain, tingling and numbness may continue after your operation, if this happens it may indicate other sites of nerve compression other than the wrist and you may need a repeat surgical procedure
- Weakness in grip strength may occur after your operation but this usually improves over time and with use of the hand.
- Infection – your wound may become red, swollen and hot. There may also be a discharge of fluid or pus. This all usually settles with antibiotics.
- Painful wrist may occur after your operation but this is usually temporary but may be prolonged.
- CRPS (Complex regional pain syndrome) – this is pain which is disproportionate to the operation and may lead to severe stiffness in the hand and upper limb and may require a referral to a pain specialist.
- Damage to tendons - this is rare but it may cause loss of function in the fingers and an operation may be required to repair the tendon.
- Injury to the nerve is extremely rare.
- Blood clots in the leg and lungs are rare.
- If you have had severe nerve compression for a long time, the recovery of the sensation and weakness may be delayed or incomplete.

WHAT ARE THE ALTERNATIVES?

Carpal tunnel syndrome can be treated by the use of a splint at night time to keep the wrist and hand in neutral position.

Anti-inflammatory medications are commonly used to reduce inflammation and decrease pain.

Steroid injections may also provide temporary relief.

If left for too long without surgery to release the compression of the nerve, there is a risk of irreversible damage to the median nerve which can lead to persistent numbness and weakness of the hand.

HOW LONG WILL I BE IN HOSPITAL FOR?

You usually come into hospital, have your operation and go home on the same day. Others may need to stay in hospital overnight. This will have been discussed with you in the outpatient clinic.

ARE YOU ON BLOOD THINNING AGENTS LIKE WARFARIN OR NEWER ORAL ANTICOAGULANTS?

If yes, please do not forget to mention this to the surgeon. These are to be stopped well before the operation and appropriate blood thinning injections are to organised to bridge the gap if indicated.

ARE YOU A DIABETIC ON TREATMENT?

If yes, please make sure that the diabetic control is optimal. Sub optimal control of diabetes increases the risk of complications in the perioperative phase.

WHAT HAPPENS TO ME WHEN I ARRIVE AT THE WARD?

A nurse will take you to your bed, check your personal details and take your pulse, temperature and blood pressure. Please tell the nurse if you take any medication or if you have any known allergies. Please ensure you also inform the nurse if you have any other medical condition. You will be asked to sign a consent form if you haven't already done so in the clinic. If you are having a general anaesthetic, you will need to starve before your operation. Details of this will be in your admission letter. Please do not chew gum as this causes an increase in saliva. You will be given a hospital gown to wear. You may be given medication to relax you and prepare you for surgery.

WHAT HAPPENS IN THE OPERATING THEATRE

If you are having your operation under local anaesthetic, your surgeon will give you an injection to freeze the area around the wrist to make it numb. This is the worse part of the operation as it will sting whilst it goes in and it takes about 5-10 minutes before it starts to take effect. You will be lying down in the operating theatre with your arm stretched out to the side, resting upon a small side table. A tight blood pressure cuff (tourniquet) may be placed on your arm, this is to limit the amount of bleeding and also to provide a bloodless, view for the surgeon to perform your operation. This may feel uncomfortable but should only be used for 10-20 minutes. Not all surgeons use a tourniquet. The skin on your hand and forearm will be cleaned with an antiseptic solution and following this your hand will be draped with sterile sheets.

This is done to reduce a risk of infection. A cut will be made through the skin around the wrist. The surgeon will release the tight roof of the tunnel. It is very important that you stay still during this part of the operation; if you are not comfortable please let one of the theatre team know. If the nerve is too sensitive you may get a feeling of an electric shock during your operation, this is usually a temporary feeling.

WHAT HAPPENS AFTER MY OPERATION?

After the operation, you will be taken back to the ward and asked to rest. Your blood pressure and pulse will continue to be checked. You will be given medication for pain if required. You may feel sleepy after a general anaesthetic. You should keep your arm elevated on a pillow or use a sling for a few days afterwards. Do not walk with your arm hanging down – use the sling. Make sure you bend and straighten your fingers to reduce the risk of stiffness. Avoid using your hand for any heavy lifting or over use, do not get the dressing wet. You will have a bulky bandage in place which you can remove yourself after 48 hours but make sure the dressing underneath remains in place and undisturbed. After 2 weeks the district nurse or clinic nurses will remove the stitches and you will be followed up in the clinic between 6–8 weeks, this appointment will be sent to you. You will have a sling to rest your arm for about a week. When you feel ready to eat and drink, refreshments will be offered.

GOING HOME

If you do not have pain killing tablets at home you will be prescribed some to take home with you. You will be sent an out patient appointment through the post.

You should ask someone to fetch you home from the hospital. A responsible adult should stay with you for at least 24 hours following your surgery. You will be told whether your stitches will dissolve or if they need taking out. You should not operate machinery or drink alcohol for 24 hours. If you are worried about your condition, please contact your GP or if you feel it necessary attend the Accident & Emergency Department.

WHEN WILL I BE ABLE TO DRIVE?

You should not drive a car until your stitches have been removed and the surgeon has deemed you safe to drive. This is usually two weeks after your surgery. 5 of 6

WHEN WILL I BE ABLE TO RETURN TO WORK?

Be prepared to take at least two weeks off work. If you need a sick note please ask the nurse on admission who will organise this for you. Depending on the extent of the surgery you will be able to return to normal activities including sport after three to four weeks.

WHO SHOULD I CONTACT IF THERE IS A PROBLEM FOLLOWING MY SURGERY?

If you have any problems concerning your surgery, please contact either your GP or DSEU on 0161 922 6219 (24 hours) or if you feel it necessary and at weekends and evenings, the Accident & Emergency department.

Alternatively you can call Go to Doc (GP service) 0161 785 0805 (out of hours).

