

# CARPAL TUNNEL RELEASE

Carpal tunnel syndrome is due to compression of the median nerve within a tunnel comprising a "U" shaped collection of bones with a tight ligament at the top. The nerve can gradually wither if the condition is not treated. This causes permanent loss of sensation and wasting of thumb muscles, which cannot be completely relieved by surgery.

There are a number of ways of treating the condition including activity modification, splinting, anti-inflammatory drugs, steroid injections and surgery. Surgery is recommended if you have had the problem for a long time, your symptoms are severe, non-surgical treatments have failed or if the doctor detects wasting of muscles or loss of sensation in the hand. Surgery involves cutting the ligament over the tunnel to relieve the pressure on the nerve.

The operation is usually performed under local anaesthetic. The hand will be dressed with a supportive dressing that permits finger movement and light hand use. You will be discharged with specific instructions ("Hand Surgery") relating to hand exercises and wound care.

Your stitches will be dissolving by about two weeks after your operation. Your pain at night should settle immediately but tingling in the fingers may take some weeks to disappear.

You can drive a car after two weeks as long as you are comfortable and have regained full finger movements. You will find that your grip is weaker than previously and slightly uncomfortable ("pillar pain"). This can be frustrating but you should be back to full power by about twelve weeks. Exercises, such as squeezing balls, will not speed the process and if overdone can delay recovery. The timing of your return to work varies according to your occupation but as general guidance: -

- **Supervisory, managerial:** 1 to 2 weeks
- **Light manual:** 2 to 4 weeks (e.g. clerical, secretarial)
- **Medium manual:** 4 to 6 weeks (e.g. cleaner, nurse, check-out operative)
- **Heavy manual:** 6 to 10 weeks (e.g. ground-worker, labourer, HGV driver)
- **Custodial or rescue services:** 6 to 10 weeks (e.g. prison officer, fireman)

**Wound** Possible problems include swelling, bruising, bleeding, blood collection under the wound (haematoma), infection and splitting of the wound (dehiscence).

**Scar** You will have a scar on the palm, which will be firm to touch and tender for some months. This can be helped by firm massage with the moisturizing cream.

**Nerve damage** Nerves running in the region can be bruised or damaged during the surgery and form a painful spot in the scar (neuroma) or numbness. The most commonly involved areas are the heel of the hand or the space between the middle and ring fingers. This complication is rare (2%) but may require a further operation to correct.

**Recurrence** If you continue to have attacks of tingling and numbness, it might mean that not all the ligament has been cut. This is rare (2%) but the operation would need to be repeated to correct this.

**Regional pain syndrome** About 5% (1 in 20) of people are sensitive to hand surgery and their hand may become swollen, painful and stiff after the operation. This problem cannot be predicted, is variable in severity and is principally treated with physiotherapy.

**Recovery** Patients who had very numb fingers or wasting of the thumb muscles before surgery will probably never regain full nerve function. Recovery can be very slow (6-12 months). As the nerves grow back, the fingers can actually feel tingly or even unpleasant.

