

Patient Information Sheet

Carpal Tunnel Release

What's the Problem?

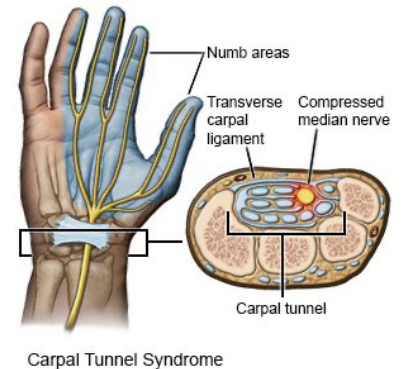
The median nerve runs through the carpal tunnel at the wrist. Sometimes, the band of tissue (the flexor retinaculum) that covers the tunnel can become tight and constrict the contents including the median nerve. This leads to numbness/pins and needles, pain and in the long term loss of muscle function to the thumb.

How can you treat it?

In some instances, non-surgical treatment is appropriate. This includes:

- Taking pain relief
- A splint around the wrist to help immobilise it, particularly at night

Ultimately, surgery is only reserved for patients whose pain and dysfunction is severe enough that they cannot tolerate it in most aspects of their life.



The Operation:

A carpal tunnel release is a small operation. An incision is made over the front of your wrist and the tunnel opened by releasing a thickened band of fascia (the flexor retinaculum). The constricted nerve can then be released to allow return of function.

The Anaesthetic:

If you wish, you can be asleep for the entire operation. However, because it is a short and small operation, some light sedation and local anaesthetic is another choice available to you. You will not feel any pain with the incision as the local anaesthetic will dull the nerves to the area.

What are the Risks of this Operation?

- **Infection:**
Usually only a superficial wound infection to the top-most layer of the skin. In rarer cases a deep infection can develop and this is a serious complication that may require further surgery. Rare but serious, <1%.
- **Tendon irritation or damage:**
A number of tendons to the fingers pass across the wrist joint and through the capral tunnel. Sometimes, these tendons can be irritated by the operation. Usually this resolves with time, but there can be some discomfort with flexing the fingers in the immediate post surgical period
- **Residual numbness/ongoing symptoms:**
This is rare but sometimes despite release, the symptoms do not improve. This might be

completely unchanged from before surgery, or the symptoms may improve, then recur again slowly with time. If this happens, there is usually another underlying cause which may need to be addressed.

- **Chronic Regional Pain Syndrome (CRPS):**

This is a chronic pain response that develops after an insult (like trauma or surgery) which we don't have a full understanding of. It usually presents as ongoing burning or stinging to the hand, with change in sensation as well. Some factors increase the risk of developing this such as injury to the hands or feet, middle age and female gender. Mr Lau routinely prescribes Vitamin C post operatively, which has been shown in some studies to reduce the development of CRPS, but if it does develop, then a prolonged rehabilitation with hand therapy may be required.

Benefits:

If Mr Lau recommends a carpal tunnel release, it is because he feels you will have a better outcome with surgery. The main focus of surgery is to reduce the numbness and pain at the wrist and hand. A secondary benefit is the prevention of muscle wasting to the thumb, which can occur if left untreated for a long period of time.

What can I expect?

You will wake up with your hand bandaged in bulky dressings. You will have had local anaesthetic to the area which takes 24-48 hours to wear off entirely. The nurses will provide you pain relief in the recovery area. Most patients recover reasonably quickly and are able to have their surgery as a day stay procedure. You will be discharged with pain medication and an appointment for a wound check at approximately 10 days will be made for you. Mr Lau will then see you again around 8 weeks after surgery.

What should I avoid doing?

- In the first 2 weeks: keep your wound dry. Try to mobilise your fingers and elbow as much as possible
- Once the wound has healed, there are no further restrictions

Return to...?

- **Work:** Depends what you do. Desk based work can be done from ~10 days post operatively, if you can do these tasks single handedly.
- **Drive:** In Australia, you can't drive unless you are in full control of both your arms. Therefore, whilst your hand is bandaged you cannot drive.
- **Sports/Hobbies:** No restrictions after 10 days if the wound has healed

Concerns or Questions?

If you have any concerns post operatively, or you would like further information, please contact Mr Lau through the VBJS on 03 5752 5020 or via email at admin@vbjs.com.au

These notes have been prepared by Mr Simon Lau. They are general overviews and information aimed for use by his patients. They reflect Mr Lau's views, opinions and recommendations. They do not constitute medical advice. The contents are provided for information and education purposes only. Please seek Mr Lau's specific advice with any questions regarding medical conditions and treatment.