

Information for patients

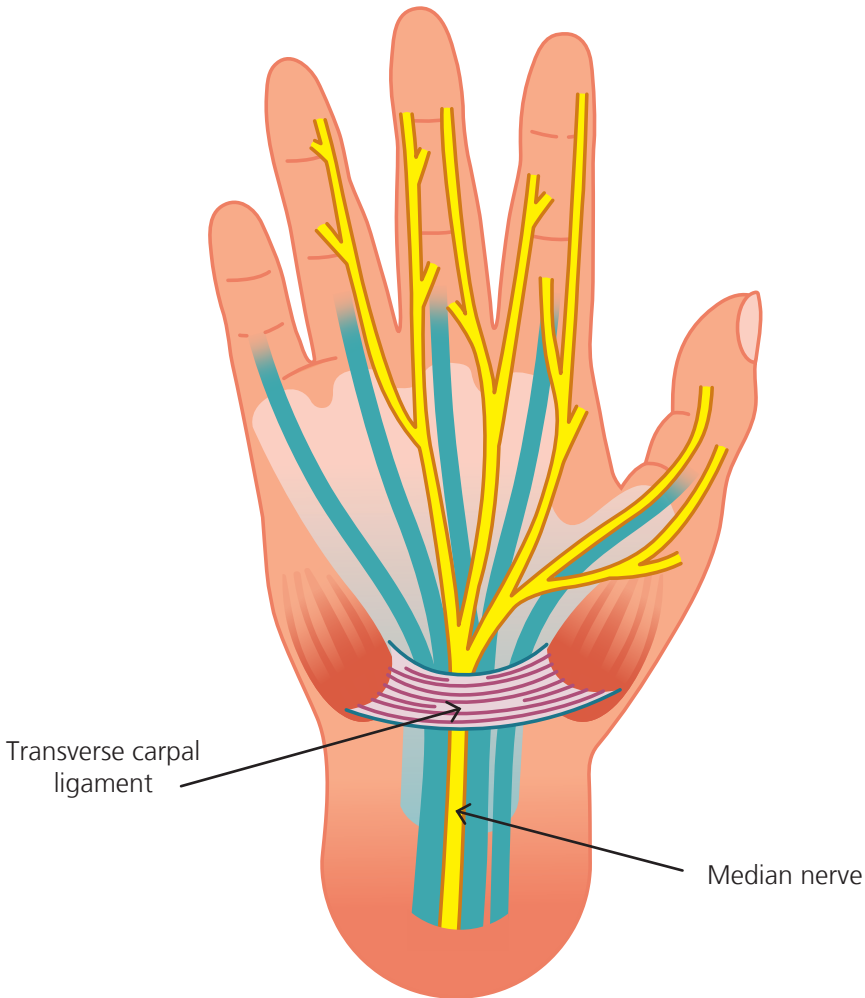
Carpal Tunnel Syndrome



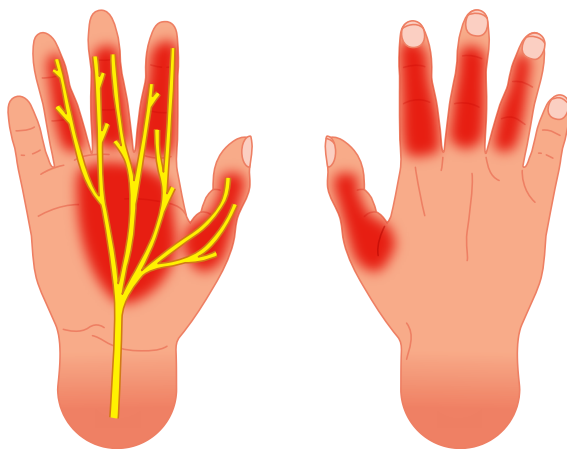
Hand and Upper Limb

Carpal Tunnel Syndrome

Carpal Tunnel Syndrome is a condition causing pain or pins and needles in the thumb, index and middle and sometimes ring fingers. It occurs when the median nerve is squashed near the wrist. The carpal tunnel is the space between the wrist bones and the transverse carpal ligament.



When the median nerve is squashed this can cause pain and pins and needles in the thumb, index and middle fingers.



Symptoms can be worse at night; when reading a newspaper or driving, and may cause you to shake your hand to get relief from the pins and needles and pain. The fingers can also feel 'dead' or numb. Over time your hand and fingers can feel clumsy and weak and tasks such as fastening buttons can become difficult. You can also lose muscle in the hand.

Left untreated carpal tunnel syndrome can cause permanent nerve damage.

Diabetes, thyroid problems and rheumatoid arthritis can be associated with carpal tunnel syndrome. However, in most cases the condition has no obvious cause.

Your clinician will diagnose your problem by listening to your story and examining your hand. For some patients, it is difficult to diagnose so you may need to have nerve conduction tests. These tests involve stimulating the nerves in the hand and arm and measuring how well the nerves work. This procedure is done by a clinical neurophysiologist (a nerve specialist).

Treatment

For mild cases of carpal tunnel syndrome, wearing a wrist splint at night and a programme of exercises can help. A steroid injection into the carpal tunnel can often reduce the inflammation around the nerve and can ease the symptoms.

If these treatments don't work or you have a severely squashed nerve surgery may be recommended.

Surgery

Your operation is day case surgery, under local anaesthetic, where part of your hand is numbed with an injection.

A wide band, called a tourniquet is placed on your upper arm. This inflates with air and will become quite tight to help control bleeding during surgery. The pressure from the tourniquet can be uncomfortable.



A cut is made in the palm and the ligament is cut to free the nerve. The wound is then stitched, and a dressing applied to your wrist.

Some surgeons choose to do this as a keyhole procedure. This means you will have a smaller scar which may reduce post-operative discomfort.

Complications and Risks of Surgery

Continuing numbness

If your fingertips were continually numb before the surgery, this may not improve after the procedure. In severe cases the numbness may never improve.

Wrist pain

Having an aching pain in the wrist or thumb for up to 3 or 4 months after surgery is normal. Occasionally this takes longer to settle.

Scar Tenderness

The scar will be tender, and this can be helped by massaging it with non-perfumed moisturiser or scar oils (bio oil), after the stitches have been removed. Massaging also helps to improve the irritability and appearance of the scar. Long term scar problems are rare.

Swelling and stiffness

This can be reduced by keeping your wrist elevated and using your hand normally as soon as possible, whilst keeping the wound clean and dry.

Complex Regional Pain Syndrome (CRPS)

Occasionally patients can be troubled by more pain, swelling or stiffness than expected. This is rare and usually resolves with specialist therapy but can occasionally lead to lasting disability.

Infection

Infections are very rare and occur in less than 1% of operations. Infection to the skin can be treated with antibiotics. Deep seated infection may require further surgery to wash the infection away and antibiotics that are given into a vein. This will mean a further hospital stay.

Nerve damage

This is a very rare complication of surgery that can lead to lasting numbness or pain.

Recurrence

Carpal tunnel syndrome very rarely comes back again.

Post Surgery

Day 1–2

After surgery you will have stitches in the palm of your hand. Keep your dressing clean and dry. Keep your hand elevated and start moving the fingers, hand and wrist as soon as possible to reduce swelling and prevent stiffness. Take pain killers before the local anaesthetic injection wears off.

Day 3–14

At this stage your surgeon might say you can debulk your dressings but leave the smaller dressings on over your stitches. (You will be told this prior to leaving the hospital.) Continue to gently move your hand. You can use your hand for light activity but avoid heavy loading and avoid positioning your hand below your waist.

If you have dissolvable stitches, please remove the dressing at 14 days and start massaging the scar. Any remaining stitches tend to come out with this process.

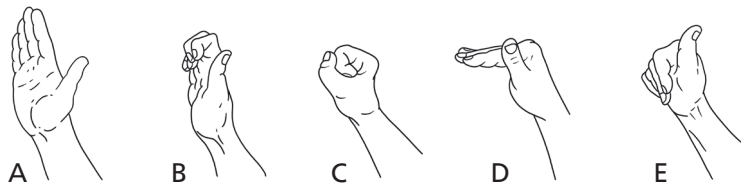
If you have non-dissolvable stitches, these should be removed after 10–14 days and is usually done at your GP practice or in clinic.

You will be informed of the type of stitches you have before you leave. At this time, you can start doing some gentle exercises if your hand or wrist feels stiff.

Exercises

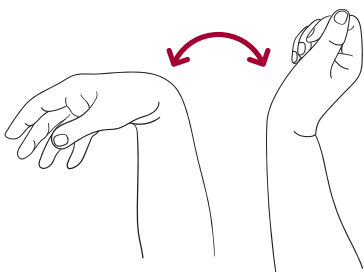
The goal of the exercises is to improve the way your tendons move through the carpal tunnel of your wrist and alleviate pain that can limit your ability to perform normal, everyday functions like typing or grasping.

Tendon gliding exercises

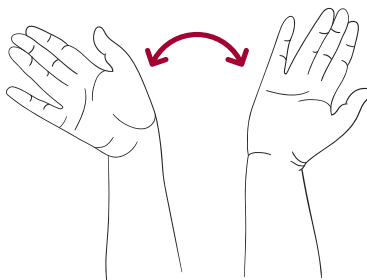


Wrist active exercises

Flexion/Extension

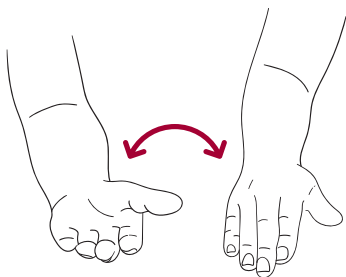


Ulnar/radial deviation



Bend your wrist forwards/backwards. Put your hand on a flat surface. Bend your wrist in the direction of your little finger and then your thumb.

Supination/Pronation



Glue your elbow to your waist, then turn your wrist so that the palm faces up then down.

2 weeks

Continue to use your hand for activity as comfort allows. 24 hours after the stitches are out, and when the wound has healed over, we recommend massaging the scar with non-perfumed moisturiser for couple of minutes up to 3 times a day. This will help with scar sensitivity, soften and flatten the scar.

6–8 weeks

Most people are back to normal activity, although scar massage can still be useful. You will have a telephone clinic appointment with a health care professional around this time to discuss your progress and you may be discharged if you are doing well.

3 months onwards

It can take a few months for any post-surgical discomfort to the wrist and scar to settle down and for grip strength to return to normal. We advise that you can return to driving after your stitches are removed, at around the 2 weeks. However, you must be able to control the car, especially in an emergency.

Time off work

Many patients in administrative or light duty jobs can return to work within 2–3 weeks. Some patients who do manual work need to take up to 6 weeks off work. Sick notes can be provided by hospital team on the day of surgery or by your GP.

Postoperative difficulties

If you have any worries or problems following your operation, please contact:

Your surgeons secretary

Tel: **01691 404000**

Baschurch Day Unit (Monday–Saturday)

Tel: **01691 404494**

Weekends:

Contact switchboard tel: **01691 404000** and ask for the on call doctor.

If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

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