

Introduction

This leaflet explains what will happen when you come to our clinic for your operation. It is important that you understand what to expect and feel able to take an active role in your treatment. This leaflet will answer some of the questions that you may have but if there is anything that you and your family are not sure about then please ask your doctor or nurse.

What is carpal tunnel?

The carpal tunnel is a small tunnel at the base of your hand that is made up by the small bones (carpals) of the hand and a ligament which runs over the top. The median nerve runs through this tunnel and typically supplies sensation to the thumb, index, middle and half of the ring finger. In cases of Carpal Tunnel Syndrome (CTS), the space inside the tunnel shrinks, placing pressure on the median nerve. Compression of the nerve results in symptoms of pain, tingling or numbness in your hand and fingers.

How is it treated?

There are three main forms of treatment for CTS:
Supportive wrist splinting
Localised steroid injections
Surgery

Surgery involves releasing the pressure within the carpal tunnel by making an incision (cut) into the ligament which forms the 'roof' of the tunnel.

Whilst this procedure has a high success rate, it does not always fully relieve the symptoms, especially if they have been present for a long period of time.

There is a risk of recurrence in the future which may require surgery again. The surgery is usually performed under local anaesthetic (you are awake but the area is numbed) and by one of the members of the hand surgery team (i.e. not always the same doctor you saw in clinic). Alternatively, symptoms sometimes settle over time without surgery.

What are the risks of having CTD?

Any operation has risks. Although rare, these include the risk of infection, reaction to the anaesthetic and nerve damage. The scar can sometimes also become thickened or sensitive.

On the day of surgery you will be told when and where to arrive at the surgery and at what time you may need to stop eating and drinking. You will be seen by the surgical staff before the operation. They will check the details of your case mark the arm in question and ask you to sign your consent form when you are completely clear about what is involved. The consent form will include reference to the possible complications of CTD.

What will happen after I am discharged?

Pain - Should be minimal after the surgery but if you are in pain, take your normal painkiller, such as Paracetamol, following the dosage instructions on the pack. The site of the operation can be tender for a few weeks afterwards.

Driving?

You must not drive whilst you have stitches in your wound.
Once they have been removed, you can resume driving as soon as you are comfortable.

Work

You may need a certificate for up to 3 weeks depending on your job, this will be provided by your GP.

Wound care

You will have a small sticking plaster on your wound. On top of this will be a wool bandage and a crepe bandage. We will also provide a broad arm sling which will support your hand to prevent swelling and bleeding.

You do not need to wear the sling in bed, or whilst sitting down, as long as your arm is well propped up. You can remove the sling, wool and crepe bandages 48 hours after your surgery.

We will give you a spare sticking plaster and if your plaster is soiled after you remove both bandages, you can replace it.

Please keep your wound dry You will need to make an appointment at your own G.P. practice to have your stitches removed, 12-14 days after surgery. Once you have had your stitches removed, please start firm massage with unscented moisturising cream two/three times a day for two weeks, this will soften the wound and aid healing.

Activity and exercise

You must move your fingers for five minutes every hour to exercise them to encourage good circulation. Keep your hand raised for the first few days following surgery to prevent swelling (for example on a pillow or, if you have one, in a sling. You should avoid heavy lifting and repetitive work with the affected hand for at least 6 weeks.

The following exercises should be started the day after your operation. They should be done with your hand at shoulder level.

Stretch your fingers upwards.

Spread them as far apart as possible and then bring them together again.

Make a full fist with fingers touching palm.

Touch each fingertip in turn with your thumb.

Do these exercises 3-4 times a day, repeating each one 5 times.

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Who do I contact if I have any problems following my surgery?

If you experience any problems following your operation we advise you to contact your GP Surgery in the first instance.

If you have any urgent queries regarding your post-operative recovery please call 111 or visit the nearest Urgent care center



COMMUNITY HEALTHCARE LTD

Louth County Hospital
High Holme Rd
Louth
Lincolnshire
LN11 0EU
Louth

PHONE: (01507) 631297

Carpal Tunnel Information Leaflet



Bringing Healthcare Closer to Home

Community Surgical Scheme

Telephone: (01507) 631297

Mon - Fri

Between 09:00 and 17:00

Carpal Tunnel Syndrome

