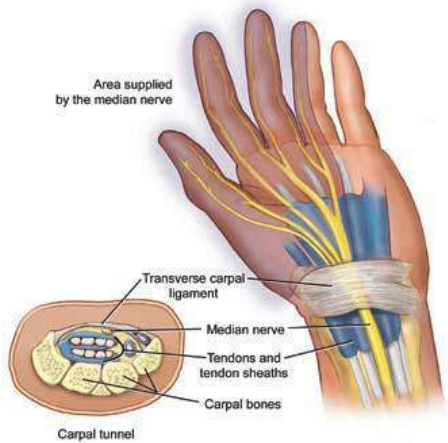


Post-operative care and recovery

Upon completion of your CTD a small bandage is placed around your wrist and a sling used to elevate your hand for at least 3 days. Your fingers are capable of being moved immediately following the procedure but the use of your hand will be restricted by discomfort for a few days. The hand bandage can be removed in two days leaving the small dressing in place for a further week. The sutures I use are absorbable so no suture removal is required; simply start washing your wound from 10 days after the operation and the sutures will fall out over 2-3 days. Depending on your job you can usually return to work after 2-4 weeks and start driving between 1-2 weeks. The wound can remain tender for a period of some weeks or occasionally months, settling gradually over time. Complications of CTD are infrequent but can include wound infection (1%), bruising, stiffness, recurrence of CTS and rarely nerve injury causing pain, numbness and weakness.



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**PAUL JARRETT
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**Hand
Upper Limb
Orthopaedic Trauma**

**Your Guide to
Carpal Tunnel
Syndrome**



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CARPAL TUNNEL SYNDROME

Introduction

This guide is designed to assist you in recovering from carpal tunnel syndrome.

What is happening to cause my carpal tunnel syndrome (CTS)?

The median nerve, a large nerve supplying some of your hand's function, enters the hand from your forearm by passing through a tunnel bound on the back of your wrist by several bones and on the palm side of your wrist by a thick ligament called the transverse carpal ligament. This tunnel is called the Carpal Tunnel. If the nerve becomes compressed within the tunnel it fails to function normally and the symptoms of CTS result. It is possible for conditions which cause swelling of the body or for lumps such as ganglions (fluid filled cysts) to result in compression of the median nerve but the usual cause for CTS is called "idiopathic carpal tunnel syndrome" the cause of which is not known.

Who gets carpal tunnel syndrome?

CTS is a common hand disorder with approximately 1 in 10 people developing the condition during their lifetime. It is especially common in late pregnancy, following childbirth or as a result of a number of medical conditions including diabetes or thyroid disease.

What are the symptoms of carpal tunnel syndrome?

Sufferers experience pins and needles and numbness in the thumb, index, middle, ring and often the little finger in addition to pain in the wrist sometimes going up into the forearm. CTS can develop over a short period or often over a period of some months. The affected hand may feel weaker than normal and clumsy and often sufferers will drop or find it difficult to manipulate small items. The symptoms often cause the sufferer to wake from their sleep and can be quite debilitating if severe. CTS can occur in both hands at the same time.

How is CTS diagnosed?

A doctor should assess you and your hand to confirm the diagnosis, ensure there are no additional conditions present to cause the symptoms and to look for any particular causes for the CTS. Sometimes an additional nerve test called Nerve Conduction or EMG Studies will be used to further confirm the diagnosis and to work out how poorly the nerve is working. The nerve conduction studies are usually carried out by a neurologist by passing some small electric currents within your arm and hand to measure the way that the electrical signals pass along the nerves.

How is carpal tunnel syndrome treated?

Early management may consist of changing your activities and using a splint at night to rest your wrist. Should this be ineffective a short course of non-steroidal anti-inflammatory medications such as ibuprofen and hand therapy may be beneficial. A steroid injection into the carpal tunnel may be used in some cases with good effect, although this is tem-

porary. Some patients symptoms settle with the above therapies, but should these not work then an operation called a Carpal Tunnel Decompression (CTD) is usually recommended.

A CTD involves the release of the transverse carpal ligament on the palm side of the wrist, thereby taking the pressure off the median nerve. The operation is carried out through a small wound on the palm usually under local or general anaesthetic as a day surgery procedure. If the CTS affects both hands it may be reasonable in some patients to perform CTD operations on both hands during the same sitting. This operation is very effective in markedly improving nearly all sufferer's symptoms and should provide some relief in nearly all patients. If the CTS has been long standing prior to operation the nerve may take some time to recover following CTD and rarely if the nerve has been scarred by longstanding CTS recovery is limited.

