

Decompression of Carpal Tunnel

Information for patients

This leaflet tells you about the condition known as Carpal Tunnel syndrome. It explains what is involved in treating it and the common complications associated with this condition. It is not meant to replace the discussion between you and your doctor, but as a guide to be used in connection to what is discussed with your doctor.

What is carpal tunnel syndrome?

Carpal tunnel syndrome is a set of symptoms caused by compression (squashing) of the median nerve in the carpal tunnel. The carpal tunnel is a narrow space at the front of the wrist that the tendons that bend the fingers and wrist pass through. This space is roofed over by a tough ligament that prevents the tendons from pulling away from the wrist when it is bent.

The median nerve, (one of the two nerves that allow feeling in the hand) also passes through the carpal tunnel, and there is little or no room for expansion. Any swelling in the area, from any cause, tends to compress the median nerve and interfere with nerve impulses.

What are the symptoms?

Carpal tunnel syndrome causes tingling, “pins and needles” and sometimes pain, in the thumb, index and middle finger, and up the forearm. It might also lead to numbness in the hand, and a weakened grip in the affected hand. Symptoms vary depending on how “squashed” the median nerve becomes.

What causes it?

The problem is caused by conditions such as:

- a thickening of the overlying ligament, as in rheumatoid arthritis
- body overgrowth because of an excess of growth hormone from the pituitary gland (acromegaly)
- swelling due to diabetes mellitus
- joint fracture
- inflammation of wrist tendons
- an underactive thyroid gland (myxoedema)
- pregnancy (usually disappears after childbirth)

How is it diagnosed?

The area affected by the tingling is the area served by the median nerve. Other disorders of this nerve could cause similar symptoms, but this is the most common cause. Examination by a neurologist who can test the working of this nerve higher up the arm by nerve conduction studies can eliminate other causes and confirm the diagnosis. However clinical assessment and diagnosis may be from a variety of doctors, i.e. rheumatologist, orthopaedic surgeon etc., and nerve conduction studies are not always needed.

How is it treated?

A small cut (five centimetres or two inches) is made across the base of the palm through the strong band of tissue that is affecting the nerve. The skin is closed with fine stitches, which will need to be removed in around 7 to 10 days.

Will I have to sign a consent form?

Yes. The consultant will explain the procedure to you and you will be asked for your written consent before the procedure takes place. Please ask our staff any questions you may have regarding your treatment.

Will I need an anaesthetic?

In the majority of cases the procedure is carried out under a local anaesthetic i.e. you will not be asleep. If you have any concerns regarding anaesthetic, please speak to your consultant.

Risks and complications

You may find you are left with a tender scar for up to three months. Your wrist may ache for up to three months.

What are the alternatives to surgery?

The use of a splint and rest for several weeks may alleviate the symptoms.

Non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen may help to reduce swelling and inflammation.

Failing this, relief of symptoms may be obtained by an injection of a corticosteroid drug into the carpal tunnel. This is highly effective against inflammation and reduces swelling.

When all else fails, the syndrome may be relieved by a surgical operation to cut the ligament overlying the tunnel.

After the Operation - General Advice

Ensure somebody is with you to care for you at least for 48 hours following your operation. A member of staff from the Day Procedure Unit will telephone you the day following your operation. This is to see how you are progressing and to answer any questions you may have. Relax as much as you can and take plenty of rest.

Do not lock your toilet or bathroom when you use it as your carer may not be able to help you if you get into any kind of difficulty. Avoid smoking, drinking alcohol and taking sleeping tablets for 48 hours after your operation.

Your General Practitioner will be faxed all the details of your operation. Please remember that the Day Procedures Unit, surgical wards or your own doctor may be contacted for further advice.

- Keep your arm supported on a pillow when sitting for the first one to two days
- Do not allow your hand to hang down as it may increase the swelling

Pain Control

Some pain after your operation is normal and usually worse for the two days after surgery. The pain should ease as your body heals.

Taking care of your wound

- Leave your dressing on until have your stitches removed (in around 7 to 10 days)
- If you experience any loss of feeling, loss of movement or discoloration of your fingers contact the Day Procedure Unit urgently. The telephone number is at the bottom of this leaflet.

Eating and Drinking

- If you have had a general anaesthetic it is better to avoid large meals and eat small snacks instead.
- Increase your fluid intake. It should be 1-2 litres a day (not alcohol).
- If you have had a general anaesthetic and cannot pass urine for up to 6-8 hours after going home, call the Day Procedure Unit for advice or call the Accident & Emergency Unit.

Exercise

Do these sets of exercises at least three times a day as your bandages allow. Repeat each exercise ten times.

- Lift your whole arm above your shoulder. This will prevent your shoulder from becoming stiff.
- Rest your forearm on a firm surface (chair arm or table) palm downwards. Then without moving your elbow, turn your palm upwards as far as you can (as if you are receiving money) and then turn your palm down again.
- Touch your thumb to each finger if you are able.
- Keeping your fingers straight, move them apart then bring them back together again.
- Make a tight fist then stretch your fingers out straight as much as you can.
- Straighten your fingers out and bend them down at the knuckles.

Work

- Depending on the nature of your work you may be off anything from 2 – 3 days to 6 or 7 weeks.
- If you have had a general anaesthetic, do not operate any kind of machinery including cookers or kettles.
- Avoid making any important decisions or signing any important documents for at least 48 hours after your operation.

Driving

Do not drive until you have had your sutures (stitches) removed at 7 – 10 days.

Sex

Sexual activity may be resumed when you feel it is comfortable for you to do so.

Further Outpatient Appointments

You will only be given another appointment to come to the Outpatient Department if your Consultant considers this to be necessary.

Contact Details

If you are going to have an operation you may be asked to attend the hospital for a pre-operative assessment.

Information for Patients

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Information for Patients

Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
 - Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
 - Clinic Entrance Solihull Hospital Tel: 0121 424 5616
- or contact us by email: healthinfo.centre@heartofengland.nhs.uk.

Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email: patientinformationleafletfeedback@heartofengland.nhs.uk

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: www.patientopinion.org.uk
- I want great care: www.iwantgreatcare.org (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.

