

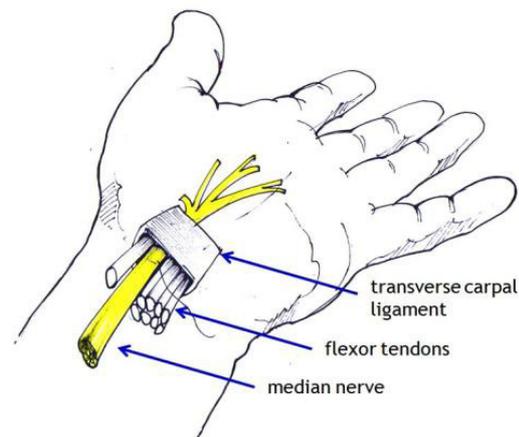
Carpal Tunnel Release **Information sheet: before the operation**

Aim of operation

To relieve symptoms of Carpal Tunnel Syndrome, and to relieve pressure on the median nerve so preventing further nerve damage.

What is the operation?

The operation involves opening the roof of the tunnel to reduce the pressure on the nerve (see diagram: the roof of the carpal tunnel is called the transverse carpal ligament). The operation is performed under a local anaesthetic.



Although CTS often affects both hands, it is best to operate on one at a time. If you need a second operation we can arrange this a few weeks later. The operation usually results in symptoms being cured. Night pain and tingling usually disappear within a few days. In severe cases, the improvement in numbness and muscle weakness may be slow or incomplete. It generally takes three to six months to regain full strength and a fully comfortable scar, but the hand can be used for light activities from the day of surgery.

How do I prepare for the operation?

No special preparation is required for Carpal Tunnel Decompression at Tollgate Clinic. Please arrive a few minutes before your appointment **and ensure that, if possible, you have removed any rings from your fingers, in case of swelling following the procedure.** You can eat and drink as normal before and after your procedure.

How long will the operation take?

On average the operation takes about 25 minutes but you will be at the surgery about an hour in all. You should bring someone with you to drive you home afterwards.

Will it hurt?

When the local anaesthetic is injected into the skin of the hand, you will feel some discomfort, but it is usually no more than you would experience with a blood test. As soon as the anaesthetic takes effect, you should feel no pain. Afterwards you may be sore for a couple of days, and you might want to take mild painkillers such as paracetamol (two every four hours). You will be provided with complete instructions about what to do after surgery.

How soon can I get back to work?

You should take it easy for at least 48 hours after your operation. If your job doesn't involve heavy work, you can then go back. You will recover quicker the sooner you return to normal light activities. Most patients can do all their normal work by two weeks after the operation; if you have heavy manual work, or work that involves a lot of repetitive hand and finger movements, you may need to start gently and it may take longer to recover fully, but it is still better to return to work early if you can. Patients can return to driving as soon as they are fully in control of the car.

What are the risks of the Operation?

As with all procedures, this operation carries some risks and possible complications. The important risks will be written on the consent form you will need to sign on the day of operation. If you have any questions about these you can discuss them with the team before having the operation

Common Risks (2-5%)

Pain: There is likely to be some discomfort during the procedure and some pain for the first two weeks after it. Injection of the local anaesthetic may be uncomfortable. This is the most difficult part of the procedure and lasts for only a short time before the hand becomes numb. You will still feel pressure and movement but no pain.

The operation scar and surrounding skin can be tender for a period of months. This is usually a minor inconvenience but eventually settles.

Bleeding: There may be damage to small blood vessels, which may cause bleeding and bruising.

Persistent feeling of numbness: Usually the tingling and ache settles very quickly after the operation, but these symptoms and/or a feeling of numbness may continue in the hand to some extent afterwards despite the operation; this is much more likely if the nerve is severely damaged beforehand. Often these residual symptoms will slowly settle over a period of 6 months.

Less Common Risks (1-2%)

Infection: the wound may become red, swollen, hot and painful. There may be a discharge of fluid or pus. Antibiotics may be needed to treat the infection. Often the infection is a reaction to the stitches (sutures), rather than a true wound infection— removing the remains of the sutures will help settle the infection.

Rare

Scar thickening or broadening or keloid scar: the scar may grow thickened or broad, or become red and painful (keloid scar). This is more common in Afro-Caribbean people.

Persistent painful wrist: this is usually temporary, but may be more prolonged, in which case Hand Therapy can help. The wrist may also be weak initially or the grip may feel weakened, but this usually resolves over some weeks.

Very Rare

Complex Regional Pain Syndrome (CRP syndrome): this is a painful syndrome that continues in the wrist of hand area long after any surgery and is much greater than one would expect. It is very rare but Hand Therapy and treatment in the Pain Clinic are helpful.

Damage to tendons or arteries: it is extremely rare to damage tendons or arteries in the hand, but this could cause loss of flexion of fingers or impaired circulation.

Nerve injury: It is extremely rare for the median nerve itself to be damaged. More often, but still rare, is an injury to the palmar nerve branch. This can leave numbness of the palm or be the cause of scar pain.