

Carpal Tunnel Decompression

Information for patients

What does the operation involve?

The aim of the operation is to get rid of the nasty pins and needles that bother you. If you already have altered feeling, or loss of feeling in the fingers, or weakness of the thumb, then these are unlikely to be improved by an operation. However, in the vast majority of people, the pins and needles are significantly reduced or disappear after surgery.

The operation is called a “Carpal Tunnel Decompression”. It is done under local anaesthetic as a day case procedure. You stay awake for the operation, but someone will chat to you throughout. We numb the palm of your hand with some local anaesthetic which can sting a little. Your hand will be covered with surgical drapes, and you will not see any of the operation itself. During the operation you should not have any pain, but you may feel some pressure and sometimes an occasional mild discomfort when we are near the nerve.

The operation takes about 10-15 minutes to do. We make a wound through the skin at the base of the palm, divide the ligament that is tight over the nerve, and then stitch you up.

Aftercare

You will have stitches in for two weeks and a bandage on for that length of time. It is really important that you keep your fingers moving throughout this time, but you should avoid using the hand for heavy lifting. At the two-week stage, the bandage comes off, the wound is checked, and the stitches can be removed. You can start moisturising the scar after the wound has healed completely.

It is normally six weeks before you are doing any heavy lifting and we can provide a sick line for work if required. You are unlikely to be able to drive for 2 to 4 weeks after your operation.

Risks and complications

Although it is a good operation for getting rid of the pins and needles, there are some risks associated with it, as with any operation.

The risk of serious complications, such as nerve, vessel or tendon damage is very rare, at around 0.07%.

Minor complications are more common. These include a tender scar or pain either side of the scar (also known as pillar pain), which can last a few months, even up to a year in rare instances. The rate of pillar pain can be up to 30%.

There is a small risk of infection, persistent symptoms, recurrent symptoms, and stiffness of the hand.

A very unusual and rare condition that can occur after any hand surgery is called CRPS (Complex Regional Pain Syndrome) which is stiffness, swelling and increased pain compared to what you have previously experienced. It is like a reflex to pain that hasn't switched off. Treatment of CRPS includes early recognition, lots of physiotherapy and sometimes some special pain relief.

Overall the operation has positive outcomes and most people are very happy once it has been done.

Alternative treatment options

If you don't want to have an operation you may consider one of the alternatives:

- You may choose that you do not want any treatment. Carpal tunnel syndrome symptoms can come and go. If your symptoms are intermittent and very mild you may not feel you need any further treatment at the moment. If however, your symptoms persist or become more severe, there is a risk of permanent damage to the nerve if it remains untreated.
- Splints can control your symptoms at nighttime, allowing you a better night sleep. They can take a little getting used to. It is a safe treatment but may not improve your symptoms in the longer term. You can find carpal tunnel splints (Futuro splints) online. We recommend making the metal bar flat to keep the carpal tunnel as open as possible, reducing the pressure on the nerve as much as possible.
- We do use steroid injections as an aid to diagnosis in specific circumstances. While some people with carpal tunnel syndrome will have an initial positive response to the injection, in most cases it merely masks symptoms for a relatively short period of time. The most common risk of the injection is pain (which can be severe for 72 hours and sometimes longer). Other risks include infection, tendon injury/rupture, nerve injury, and reaction to the steroid which are all rare. Slightly more common risks are alteration of the colour of the skin or thinning out of the fat in the area of the injection.

If you would prefer to discuss your options in person, please contact the administration team on **01506 522180**, stating that you wish to be assessed in clinic following the Carpal Tunnel Virtual Pathway, and we will make an appointment for you in clinic.

